

Local Neighbourhood Care

Service – Part 2:

Service User Experience

Contents

Overview	2
Acknowledgements.....	4
Aims.....	4
Methodology	4
Recruitment of Participants.....	4
Service Feedback.....	5
Limitations	6
Findings.....	7
Conclusion	14
Recommendations	15

Overview

Home Care (also called domiciliary care) is social care provided in people's own homes. Home Care can include personal care, such as help with washing and dressing as well as other types of support like preparing meals, doing laundry, and general housework.

Royal Borough of Greenwich response: Ideally, we would not include housework as a care task as this is part of our strength-based approaches (see footnote 1) to assessment and connecting people with local community assets and support. However, we recognise we are not quite there yet.

1

Some people live in self-contained, independent accommodation with on-site 24/7 support, called Extra Care. Many of these residents also use Home Care services too.

Local Neighbourhood Care Service (LNCS) is a new neighbourhood model for integrated care and support in the Royal Borough of Greenwich. This service provides care and support to people living in their own homes (Home Care), including those living as independently as possible in one of three sites with 24hr staff presence (Extra Care).

Service users for Home Care and Extra Care include people with disabilities, long term conditions, and older people. Care can be offered for a short period of time, for example - following hospital discharge (reablement) or long term, for permanent ongoing support needs.

Home Care and Extra Care are means-tested, which means that some will have part or all of their care paid for by the Royal Borough of Greenwich, and others will pay for care themselves.

Royal Borough of Greenwich response: Everyone in need of social care will have a financial assessment to determine how much they have to contribute towards their care (see footnote 2).

2

¹ <https://www.scie.org.uk/strengths-based-approaches/guidance>

² <https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/financial-assessment-means-test/>

Most Home Care is provided by the private sector, and Home Care providers who deliver personal care (such as help with washing and dressing) are regulated by the Care Quality Commission (CQC). In addition to this, many people rely on family or friends for some or all their support.

Royal Borough of Greenwich response: Personal care is a CQC regulated activity and therefore all homecare is CQC regulated not most. There may be limited exceptions e.g., those who are self-employed or employed PAs [personal assistants] and deliver personal care as part of arrangements in Direct Payments (see footnote 3).

3

Local authority-funded Home Care and Extra Care is commissioned via a competitive tendering exercise. A group of both those receiving Home Care, and those living in 24hr staffed accommodation (Extra Care), and their informal carers took part in the panel interviews with potential suppliers, as part of the competitive commissioning process to win new contracts. The views of service users/informal carers received a 5% weighting on the overall score awarded to potential suppliers. The report on this can be found here: [Local Neighbourhood Care Services \(LNCS\) report: Part 1 | Healthwatch Greenwich](#)

Timeline

- The proposal for Healthwatch Greenwich to support service user and informal carer involvement as part of the procurement process for Home Care and Extra Care suppliers was agreed by the Royal Borough of Greenwich (RBG) in early **December 2021**. Healthwatch Greenwich were commissioned by RBG to carry out this activity.
- At the request of RBG, the service user element of the project was delayed until the end of **February 2022**. The delay to the overall commissioning process was communicated to all potential suppliers via a portal.
- The LNCS Pt 1 report presented to RBG commissioners in **April 2022** set out how we involved service users and informal carers in the commissioning process.
- Originally, feedback from service users and informal carers on Home Care and Extra Care services was presented as part of the same report. At the request of RBG, service-user/informal carer feedback was removed and contained in a separate report (Pt 2).
- The LNCS Pt 2 report was presented to RBG in **October 2022**.
- Comments and responses from RBG on this report were received in **January 2023** and included to enable this report to be published

³ <https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/personal-budgets/>

Acknowledgements

We would like to thank service recipients and informal carers for the generous sharing of their time, views, and experiences. We'd also like to thank officers at the Royal Borough of Greenwich and care provider staff and management for their support. Particular thanks to James Drake, Rebecca-Jane Moran, and Maxine Bruniges from the commissioning team at the Royal Borough of Greenwich who facilitated this project.

Aims

To share service users and informal carers feedback on Home Care and Extra Care service provision

Methodology

Recruitment of Participants

In Greenwich, more than 1,650 people receive Home Care services, including over 150 people who live in one of three Extra Care sites. To involve as many service users and informal carers as possible we created a range of information on the project including a flyer and frequently-asked-questions, and shared:

- On our website and social media channels
- With our contacts and networks, including over 50 community/neighbourhood groups in Greenwich
- With providers and care staff and council officers involved in the delivery of Home Care and Extra Care

We gave out hard copies of information in libraries and on the three Extra Care sites. In addition, we knocked on every door (approx. 150) in the three Extra Care sites to tell them about the opportunity to get involved.

We offered two levels of involvement – (1) sharing views, experiences and feeding into the questions that would be asked on the commissioning panel to potential suppliers and (2) taking a seat (virtually) on the commissioning panel to ask questions of potential suppliers.

In total, 30 service users and informal carers helped to formulate the themes and questions for the panel and 12 sat on the panel to ask the questions. 17 originally indicated their willingness to take part on the panel but ill-health, hospital appointments, and calendar clashes reduced the number to 12.

All participants received £75 as a thank-you for their time and efforts.

Most service users (and some informal carers) that took part were frail/living with significant long-term disability or poor health. This included physical or mobility disabilities, visual impairments, and cognitive impairment.

LNCS Panel Participants			
	Men	Women	Total
Service User	2	5	7
Informal Carer	1	4	5
Total	3	9	12

Age of Participants				
50-59	60-69	70-79	80-89	Total
3	1	5	3	12

LNCS Panel Participants - Ethnicity				
White British	White Other	Black Caribbean	Other: non-white ethnicity	Total
7	1	2	2	12

Service Feedback

Using semi-structured interviews, we asked Home Care & Extra Care recipients (both service users and informal carers) about the service they received and levels of satisfaction. We also spoke to council officers, care staff and care management personnel.

Service users and informal carers told us about a variety of factors that are important to them, the most valued included the following:

- Continuity of care staff
- Staff reliability
- Kindness, respect, friendliness, and understanding shown by care staff
- Competence in undertaking tasks

- Good communication of changes

The following are perceived as a source of dissatisfaction:

- Poor quality in completing caring tasks or lack of initiative
- Staff unreliability
- Frequent changes of carer staff
- Lack of time for care staff to complete tasks (care staff in a hurry)
- Lack of communication of changes
- Lack of opportunities to provide meaningful feedback
- Lack of appropriate training for care staff

Recipients of Extra Care and their informal carers also raised responsiveness to call bells to request urgent attention.

Limitations

While we used our networks and contacts to engage with service users/informal carers, we did not have a list of all those receiving either Home Care and/or Extra Care. GDPR and data protection limitations precluded RBG from sharing service user/informal carer details with Healthwatch Greenwich.

While GDPR and data protection restrictions precluded RBG from sharing service user/informal carer details with Healthwatch Greenwich, RBG could have shared Healthwatch Greenwich details with service-users/informal carers, enabling those who wished to – to take part.

Due to capacity, we were informed that it was not possible for council officers to send out any information, via any medium, to service users to inform them of the opportunity to take part.

As such, it is likely that many recipients of this service and their informal carers were not aware of this project and were therefore excluded from sharing their views or experience.

Findings

Many Home Care and Extra Care users and their informal carers spoke highly of paid carers.

“Most of the girls are lovely”

“Some carers are amazing”

“80% of the staff are caring and friendly”

“They are very nice”

“I have no complaints”

“I’m perfectly happy with my care”

“Residents get looked after very well”

“Carers seem efficient and friendly”

“The care staff are good”

“The management [Lakeview] are amazing”

“The care is marvellous. They’re very gentle”

“At first, it’s embarrassing [receiving personal care], but they are lovely.”

When we asked them to describe the ‘good’ care received we were given examples of empathy, good communication, compassion, responsiveness, taking time to talk to recipients of care, being listened to, and personalisation – small touches, going beyond the basics that made service users feel understood and valued.

“One of the carers is lovely – when I was waiting for the ambulance, she came and comforted me and got my meds together.”

“They fold up my laundry so beautifully and they leave it outside my door when I’m not here which is nice.”

Not all gave positive experiences. Some described how the service they received didn't meet their needs or is delivered within such tight parameters that tasks are completed poorly or not at all. Others described how their approach and paid carers approach to tasks differed, creating friction.

“Say you only have 4 items to wash, and you see a dirty cloth – don't you just take it and wash it? It's just common sense? Personally, I think they can't be bothered, we're all just tick boxes to them.”

Quality of Care – timeliness

In addition to how tasks are completed, the arrival of paid carers or the timing of tasks is an issue for some. Most recipients of care and their informal carers understood that at times, because of staff sickness or emergencies, this couldn't be helped. However, we were told many times that they are not always told if paid carers are running late or if they can't come at all. In addition, not all understood that arrival times are flexible within certain limits and a paid carer due to arrive at 10am, could (for example) arrive anytime between 10am – 10:30am and still be 'on time'. Inadequate communication exacerbated frustration and anxiety with some feeling a lack of commitment to person centred care.

“Sometimes they don't turn up when they're supposed to. We expect them, and they come later, sometimes they are very late. My husband has dementia, and I can't move him, I can't put him to bed, I can't bathe him, I need help and when they don't come on time – I get worried and anxious.”

“Lunchtime is really late, they don't have a client centred schedule, they have a [paid] carer centred schedule.”

“I get a daily early morning check-in call to see if I'm OK – one time they phoned me at 12pm!”

“They never come on time. In fact, they were meant to be here five minutes ago.”

“They don't offer a replacement if a carer doesn't turn up – the care company says they can't find a replacement.”

Getting to know the preferences of service users is important to delivering individualised care. While many service users have care plans, on a day-to-day basis these do not always incorporate key information.

“I had to relay a request that they [paid carers] don’t sit and watch her eating – as she finds that demeaning. While she has short term memory loss, she still retains her former persona as an intelligent, well-travelled, well-informed person.”

This informal carer told us the service user found being watched while eating humiliating and impolite. Moreover, this could be counterproductive – potentially reducing her appetite and how much she ate, seeking to get meals over and done with as quickly as possible.

Quality of Care – communication and respect

Informal communication is important. Service users and informal carers told us that ‘checking in’ or being greeted by paid carers, saying hello, and generally being acknowledged is an important way to show they are interested in the person and the person is more than a task for them to complete.

“I would like greetings or a friendly hello.”

“I came home from hospital, and no one even checked in on me – to see if I was alright!”

For some this went beyond politeness and is linked to respect.

“They keep calling me ‘she’ or ‘her’ and I have a name – they should call me by my name.”

Communication works both ways and service users told us they don’t always know the name of their paid carer – which makes it harder for them to strike up a conversation, make requests – or complain if they are unhappy. Service users and informal carers would like to see better customer service skills.

“The carers don’t wear their name badges; we don’t know who they are.”

Service users living in Extra Care had concerns about not being able to easily identify carers.

“Last year they said they are going to put a poster up on the wall with the names and photographs of the carers, but it hasn’t happened.”

Quality of Care – complaints and feedback

While those living in Extra Care had received questionnaires to record their feedback, many said they wanted a more meaningful way share experiences, for example, regular residents’ meetings.

“The last residents meeting to address issues was held over 2 and a half years ago!”

Royal Borough of Greenwich response: These were paused face to face due to the Covid pandemic and resumed as soon as Government guidance permitted.

In addition, residents with visual impairments found questionnaires hard to read and navigate and not all have good manual dexterity, because of long-term conditions, and manipulating a pen can be difficult.

Service users and informal carers told us it is difficult to share their experience and get changes because of a lack of opportunities for them to communicate with management or the local authority. Others are worried about repercussions and are afraid they (or their relative or friend receiving services) would receive less than optimum care if they raised concerns about paid carers.

More than half of those we spoke to told us it’s difficult to raise concerns because they don’t know who to speak to or what the process for complaints is. Others had tried to complain, but never received a response.

“I asked about the complaints process three month ago, via email – no response.”

“I’m told carers are off sick or on holiday, so there is no one to respond to my email. I now have four different email addresses to make sure it gets through to them.”

The lack of name badges makes it difficult for service users and informal carers to make a complaint.

“They don’t wear [name] badges...I wanted to complain about a [paid] carer, but I didn’t know their name.”

One service user told us their complaint (sent to management) had gone back to the paid carer, potentially souring the relationship. This had put them off making a complaint or raising concerns again.

“If you complain, that goes back to the carers, the complaints procedure does not work.”

Quality of Care – responding to call bells

Those living in Extra Care facilities have the assurance of 24/7 on-site staffing and a call bell/emergency buzzer for rapid help. Some said this worked well, with rapid response to buzzer alarms and good care offered as a result.

“... one time I pressed the buzzer, and they came very quickly.”

“I had a fall...they got me up immediately and made me a cup of tea for the shock.”

Others told us that response to call bells could be very long and sometimes repeated requests are needed before alarm calls are answered.

“They took over three hours to respond to my call button.”

One service user said paid carers refused to help when requested to do so.

“Feeling really ill, I called the [Extra Care] office at 2am in the morning – they said, ‘what do you want me to do about it?’ I was having a heart attack. I had to phone for an ambulance myself.”

As a result, some Extra Care service users are reluctant to use their call bells.

“I wouldn’t press my buzzer again. What’s the point in them if they don’t respond in a timely way when I press it?”

One informal carer said staff in Extra Care had not responded to her relative’s call bell and suggested no call had been made. However – she was on a video call with her relative at the time and could see the call had been made.

Some service users lacked confidence in the ability of paid care staff in an emergency and are concerned that basic first aid training is lacking.

“I had a stroke, and the care staff did not know what to do...they left me lying on the floor. I had to wait a long time for an ambulance...it would be good if they knew what to do when I had my stroke.”

Informal carers gave similar examples of Home Care services.

"...she developed a chest infection that was not picked up by [paid] carers...The weekend [paid] carers did not notice that she was still in her pyjamas at lunchtime – totally out of character – or that she was so exhausted that she could barely walk up the stairs to her bathroom."

Luckily, a visiting friend noticed the change in behaviour and notified health care services.

Quality of Care – consistency and continuity

Service users and informal carers would like to see greater quality control and consistency with regards to support services. Many service users and informal carers remark on a lack of consistency, describing some staff as *'amazing'* and others as *'really bad'*.

All service users and informal carers are frustrated with high staff turnover.

"...why don't we have regular carers? The moment we start to know someone – they change."

Staff turnover is especially difficult for people who are affected by dementia who are likely to be more distressed by encountering new and unfamiliar staff. Continuity of care is one factor in building trust. Lack of trust can have significant implications with service users becoming reluctant to share important information.

"She will tell me when she is feeling unwell, but she won't tell her [paid] carers because she is frightened they will take her away to hospital. This means they often don't realise how unwell she is unless I tell them – which makes the whole process [of getting help] much slower."

High staff turnover negatively affects care and is linked to worse health and wellbeing outcomes. It leads to reduced satisfaction among recipients of care and makes it harder to create meaningful and supportive relationships. Recipients of care and informal carers want to develop trusting relationships with paid carers – built on familiarity and shared understandings of preferences and needs.

“It takes time to trust someone, if people change all the time, I can’t build a relationship.”

Quality of Care – support and independence

Some service users and informal carers feel the balance between encouraging independence and giving sufficient care is just about right and they are pleased with regular reviews for changes in circumstances.

“They’ve already started thinking about and amending the care plan for post-operation and they have discussed this with me.”

“I had a fall, and they amended my care plan. They have been very attentive and transparent about my care plan.”

Others would like the opportunity to do more to maintain their independence but recognise this may change over time.

“I’d like to do more housework myself.”

“I like my independence and they are encouraging of that, but they also need understand that I will need more help after my operation”.

While others feel they are being asked to do too much.

“They ask me to help them changing the bed!”

“He’s got dementia and I can’t leave him alone. I’d like to go out, just to get a break, but I don’t have that option.”

Some informal carers with relatives or friends in Extra Care felt the level of support offered is not always adequate. Leaving them needing to ‘top-up’ with daily or almost daily visits to their loved one. For some, this reflected service users’ reluctance to ask or make requests of staff.

“Mum rings me 3 or 4 times a day. She says – *“oh I’ve spilt tea - or something - on the kitchen floor”*, and I say *“mum, you can ask the [paid] carers to wipe that up when they come”*, but she says *“oh no – they’re always in such a rush, I can’t ask them to do that”*, so I have to

go over most days and sort it out because I'm worried she will try and do it herself and have another fall."

Not everyone has friends or relatives who can offer additional support, particularly at weekends when service users and informal carers felt that staffing levels are sometimes lower.

More assessments to adjust care plans and more reviews to see how care plans are working would be welcomed by both service users and informal carers.

"I recently came back from hospital, and it would have been nice for someone to knock on the door and check in on me and ask me how I am".

Quality of Care – our observations

While many service recipients and their informal carers spoke highly of some or all paid carers, we did observe and hear some less than kind comments or behaviour from service users and informal carers towards paid carers. Some, inappropriately, commented on paid carers colour, ethnicity, and accent, both direct and indirect racism. There is an opportunity to improve knowledge, understanding, relationships, and create a kinder environment for all those who deliver and receive Home Care and Extra Care services.

Conclusion

Many of the themes we have identified in our findings are national rather than local issues. The lack of a national workforce strategy and a plan for sustainable funding for the care sector means the workforce crisis and lack of paid care staff are now greater than before the pandemic, with turnover continuing to increase⁴. While these are systemic issues, there are opportunities for improvement at local level.

Service users and informal carers welcomed the opportunity to take part in the commissioning process. However, most felt there were few chances for them to share their views on how the service could be developed or improved. While many had received service provider questionnaires, most felt this was an

⁴ <https://www.homecareassociation.org.uk/resource/homecare-workforce-shortages-deepen.html>

inadequate way to collate views and experience, particularly given not all felt able to take part in this way because of long-standing illness or disability. Greater clarity on the complaints process and more rigorous adherence to the wearing of name badges by paid carers would also be useful.

Many would welcome regular, meaningful, face-to-face or telephone engagement to share their views and experiences. However, this would require independent facilitation as some were fearful that less than positive feedback could weaken existing relationships with paid carers or even lead to retribution. Most were not keen on, or able to use, digital options for engagement.

While arriving on time and consistently having the same paid carers is not always possible, what is achievable is more effective and timely communication of changes. In addition, greater consideration of not only what tasks need to be completed, but service users and informal carers preferences on how tasks should be completed, with regular reviews and updates. A greater focus on service users preferences and needs to provide care and support that is more respectful of and responsive to them would be welcomed by service recipients.

Greater understanding by paid carers of levels of independence and normal presentation would aid more effective, and faster, identification of decline or when expert help or further support is needed. In addition, greater staff first aid training or in spotting signs of (for example) mini strokes, and communication with service users and informal carers of training received by paid carers would aid building of greater trust and confidence in adverse situations and give reassurance that paid carers are able to spot something out of the ordinary.

Recommendations

1. Regular engagement, with independent facilitation, with service users and informal carers – for example a quarterly telephone dial in meeting for Home Care service users and informal carers and regular in-person meetings for service users and informal carers at each of the three Extra Care sites.

Royal Borough of Greenwich response: All tenants were invited to be part of interview process [Healthwatch Greenwich knocked on every door on the three Extra Care sites] and they set the questions. New providers will pick up service user engagement and local improvement opportunities as part of the mobilisation.

2. Complaints process to be clarified, produced in 'plain English', and shared with service users and informal carers.
3. Monitoring and adherence to wearing of name badges for paid carers.
4. Greater communication with service users and informal carers on what first-aid training paid carers receive.
5. Inclusion of 'normal presentation' (an understanding of what a person is like when well), in paid carers notes/handovers.
6. Monitoring of time-keeping (with recipients of care and informal carers) of paid carers and how quickly service recipients are notified of changes to schedules.
7. Monitoring of timeliness (with recipients of care and informal carers) of response to call bells in Extra Care.
8. Kindness workshops at Extra Care sites to encourage greater understanding and expectations of behaviour to ensure those who use Home Care and Extra Care services recognise unacceptable conduct and the consequences.

Royal Borough of Greenwich/ Integrated Commissioning response: In developing our new model of Homecare through a Local Neighbourhood Community Support service we have implemented a number of improvements to ensure people receive good quality care which promotes a strength-based approach [see footnote 1] and links people with local community assets [see footnote 5]. Part of our learning from previous feedback has informed how we plan to do things differently in the future and the contract management and quality monitoring is strengthened in the new contractual requirements.

This insight from Healthwatch will form part of our learning and continuous improvements. Some recommendations in this report already form some of the new contractual requirements:

- Regular engagement: All extra care schemes have this as a contractual requirement, and form part of quality assurance visits and CQC inspections*
- First aid training: This is a new contractual requirement for the workforce including completion of the Care Certificate including a basic life support module.*
- Monitoring of time keeping: The new contracts include the requirement of electronic care monitoring with the ability to see in a timely manner late or missed visits.*

We will share details of Healthwatch should people like an opportunity to talk about the care and support received or be involved in future projects. We will also explore how this feedback could be related to compliments about the care people receive rather than be focussed entirely on improvements people see are needed.

⁵ <https://www.nice.org.uk/guidance/qs148/chapter/quality-statement-3-identifying-community-assets#:~:text=All%20communities%20have%20strengths%2C%20or,knowledge%2C%20social%20networks%20and%20relationships.>



healthwatch
Greenwich

Gunnery House
9 – 11 Gunnery Terrace
Woolwich Arsenal
SE19 6SW

www.healthwatch.co.uk

t: 0208 301 8340

e: info@healthwatchgreenwich.co.uk

📱 [@HWGreenwich](https://www.instagram.com/HWGreenwich)

📘 [Facebook.com/Healthwatchgreenwich](https://www.facebook.com/Healthwatchgreenwich)