



Rural Care at Home Report

healthwatch
North Lincolnshire

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About us

Who are Healthwatch North Lincolnshire?

Healthwatch is the independent consumer champion for people who use health and social care services. Our role is to ensure that the voices of those who use health and social care services are listened to by those who plan and provide them.

Healthwatch also has a statutory power to 'Enter and View' local services, where we can provide recommendations for improvement. To find out more, please visit www.healthwatchnorthlincolnshire.co.uk/enter-and-view/

Disclaimer

All the views, opinions and statements made in this report are those of the public who participated in our research across North Lincolnshire.

All comments included in this report are written verbatim to capture the tone and authenticity of the experience, therefore no editing of comments has taken place.

Introduction

Background

The Care Act 2014 sets out local authorities' duties when assessing people's care and support needs. A Care assessment is the opportunity to discuss support and care needs, a decision will be made in principle as to whether you qualify for care and support. A financial assessment will take place to work out if you should pay towards any services you need. The outcome of the financial assessment will be that the local authority will agree to meet the full cost of your care needs or agree to meet some of the cost – and you'll need to top up the rest, or you meet the full cost of your care. You'll get a statement called a 'personal budget' that sets out the cost of the care, the amount you must pay and how much the local council will pay.

You can ask your local council to arrange the care services for you or receive direct payments from the local council and organise things yourself or have a 'mixed package' – this is where the local council arranges some parts of your care, and you receive direct payments for other parts. If you decide on receiving direct payments, then a pre-paid card account can be set up.

If you opt for direct payments, you can also ask someone else to manage your budget and organise services for you.

If your local authority tells you that you don't qualify for support because your care needs aren't great enough, they must still give you information and advice about where else you can get help. For example, through charities or other local organisations.

Care at home enables people to be cared for and supported to live independently in their own home. Care at home or domiciliary care includes a range of support such as help with getting up and going to bed, personal care and help with food and medication.

In the past 'Care at home' was referred to as 'Home care' by North Lincolnshire's local authority. The commissioners had started a project in August 2022 to look at Care at home services. As part of their research, they carried out a survey with existing funded clients. They received over 100 responses to their survey. They also spoke with Care at home service providers.

After receiving this feedback, they decided to look at 'block pay' rather than pay by call. They were also considering commissioning in zones; however, this may mean some clients would no longer receive the same provider. It was felt that some people wouldn't be satisfied with this option. It was thought that a better option would be to give clients the choice of staying with their current care provider using a personal budget.

A pilot scheme was rolled out in the South of the Isle using the 'block pay' model.

Why this subject?

Healthwatch North Lincolnshire had received feedback regarding rural care at home services.

"A gentleman was trying to get care at home for his mother who lived in Whitton. Cost was not an issue as he could fund the visits. But all providers that he had tried had said that it was too far out to travel".

"A gentleman, currently in a local care home following a hip replacement, was unable to return home due to being unable to get care at home services in place within New Holland".

"A lady was unable to be discharged from Hull Royal without a care at home service being put in place".

Healthwatch North Lincolnshire also were asked by North Lincolnshire Council Commissioners to speak to members of the public in rural areas who were accessing Care at home services. They wanted to know if people were waiting a long time after receiving a Care assessment before Care at home services were accessed. They also wanted to know

Was living in a rural area impacting on being able to start the Care at home service? Did this lead to people having to seek extra medical attention or having to rely on friends and family?

They were also hoping to find out if people would be interested in using more digital equipment such as the GenieConnect®.

GenieConnect® is a digital companion for Remote Care to help older adults live independently for longer while reducing the impact of loneliness. Allowing the user to connect with friends, family and carers from the comfort of their home using video calls, health check-ins and medication reminders. GenieConnect® is the

brainchild of Rob Parkes and Tim Morgan, who both have elderly parents who've found themselves living alone after losing their respective partners.

As the recommissioning of care at home was impending and there had been some feedback from members of the public, it was decided that it was an appropriate time to provide feedback to commissioners to influence the commissioning process.

Aims and Approach

Aims

We tried to gather as much feedback as we could from the public on their experiences of receiving care at home within rural areas of North Lincolnshire.

Approach

Part One-Survey

A survey was created based on the questions and initial meetings with North Lincolnshire commissioners. This was placed on North Lincolnshire Healthwatch's website. An accompanying leaflet was designed with a QR code stating that we wanted to hear about experiences getting Care at home within rural areas. The survey and leaflet were promoted via our social media pages and by our partners in health and social care. These included: The Carers' support service, Elite Care Solutions and Humber and Wolds Rural Action.

The survey was taken out and the leaflet displayed on engagements within the Community hubs in Barton, Brigg, Epworth, and Crowle. Two community events were also attended in Garthorpe and South Ferriby Village Hall.

We accessed the library bus on routes covering the following villages: South Ferriby, Bonby, Worlaby, Wrawby, Hibaldstow, Burton, Dragonsby, Risby, Appleby, Roxby, Winteringham, West Halton, Coleby and Thealby.

Part two- Conversations

Amphion Homecare Services limited were also suggested as a contact by North Lincolnshire Council, due to them piloting the 'block pay' approach. After meeting with the Registered Manager, we were given contact details for clients and their families.

Findings

Part 1 – Survey

The questionnaire from the initial survey comprised of thirty-nine questions within six parts. There was an optional final part that contained demographical questions. We had ten completed questionnaires.

Question one – Are you completing the form?

Nine people responded that they were completing it on behalf of someone else. Only one person answered for themselves.

Question two – Please say why you need care?

Ten people answered. One person stated that they didn't need care. Other reasons were due to medical conditions such as Alzheimer's disease (2) Epilepsy (2), Parkinsons disease, Multiple Sclerosis, Dementia, Disability, and support to help get out of bed and to get breakfast.

Question three – Where do you live?

Nine people answered. Two were living in Scunthorpe, three in Broughton, one in Burton upon Stather, one stated a village, and one skipped the question.

Question four –What is your postcode, however it wasn't made clear that it was for the area that the person who the form was being completed about.

The following postcodes were given DN9, DN15 (3) DN16 (2) DN20 (3) and MK1

Question five –Have you had problems accessing care at home because of where you live?

Two people skipped this question, three answered no and five answered yes.

Question six– If yes, please state why?

Six people answered this question. These are their comments:

"There are agencies, but they do not have the staff and it is very expensive".

"I could not get any carers at all. All the care companies that serve Broughton had no availability; I have therefore had to go into a care home".

"Finding people who live locally so that transport is not an issue".

"No carers were available after a fall when my hip was broken. We have had to find private carers which took weeks and doesn't cover the needed slots. My daughter who is struggling financially but can't work due to a lack of carers available and having to stand in for them. We have been left to sort it unfortunately".

"The care agency I would like to use has a waiting list".

"I don't know because I've never tried to get care".

Question seven - Over the last six months, have you been given any information about activities, community hubs or support groups that could improve your life?

six people answered yes, three people said no and one person said other (Parish newsletter).

Question eight- Are you currently receiving care at home?

Three people answered yes. One person answered no, I am currently waiting for a care needs assessment. Four people answered no, but I have had a care needs assessment and two people answered with other circumstances apply.

One person stated:

"I had a care needs assessment but couldn't get carers so I had to go into a residential home".

Question nine- How long did it take for you to have your care needs assessment after applying?

Five people skipped this question. Out of the five that answered, one answered more than a week but less than one month, two answered one-two months, one answered three to four months and one answered over six months.

Question ten- What impact did waiting for your care needs assessment have on you and / or those who help care for you? (For example: the impact on your mental health or financial circumstances)

Six people skipped the question and four people answered. Their answers were as follows:

"No impact on me but for my family member it was stressful".

"It impacts my wife who is my main carer. She is getting older and finds it hard to do everything in and around the home including my care".

"We managed, knowing that we were waiting to be assessed helped keep us focussed".

"We had to just get on with it".

Question eleven - Did the wait for your care needs assessment mean you needed to:

Visit the GP, Visit the hospital or be admitted to the hospital more?

Five people skipped this question. One answered No, they hadn't visited the GP and one answered Yes, they visited the GP. Three answered that they had visited the GP more than once. Three people answered no, they didn't visit the hospital, one answered yes, and one answered more than once.

Question twelve- Whilst waiting, were you given advice or information, which could help you with your self-care?

Six people skipped the question and four answered. Two answered no and one couldn't remember if they had been given advice to keep themselves safe at home. Three people answered that they had been given information of places/avenues of support.

Question thirteen-Were you able to follow the advice given?

Five people skipped the question. Three people answered that they could not follow the advice given. One answered that they could follow some of the advice given and one answered that no one had given them any advice.

Question fourteen-Please give details of any difficulties you faced in following the advice given (If applicable).

Five people skipped the question and five answered. Here are their answers:

"I did not understand what was said and forgot most of it anyway".

"I cannot go anywhere on my own. I cannot make phone calls although I can talk on the phone if helped. I do not get up early enough to attend any groups. I am reluctant to get ready to go anywhere".

"Needed registered home care".

"It is all talk".

"We have quite unique needs in that some of the support offered by the LA is not suitable to us as we have children with attachment disorders so respite away from the home is not right for us much of the time".

Question fifteen-Did your Care assessment take place face to face, over the phone, or online?

Five people skipped the question and five answered face-to face.

Question sixteen-Did your assessment include:

How well you manage things yourself, for example making a cup of tea?

A referral for an assessment of your home to see if any alterations would help benefit you, or a carers assessment for any informal/unpaid carers?

Three people answered that they were asked about a cup of tea, two didn't answer. Two people answered that they were offered a referral for an assessment of their home. Two people answered that they hadn't been asked and one couldn't remember. As for a referral for a Carer's assessment, one person answered yes and three couldn't remember being asked.

Question seventeen-Were you able to discuss your views and opinions regarding the care you require?

Five people skipped the question. Five people answered yes.

Question eighteen-Overall were you satisfied with the care needs assessment?

Five people skipped the question. Four people answered yes, and one said no.

Question nineteen-Would you like to share any comments about how the assessment took place?

Six people skipped this question and four people answered. One said that they didn't understand the question. Below are their answers:

"Having lived and experienced services in three different counties and it is my opinion that North Lincs are fantastic in comparison".

"I felt I could express my thoughts and feelings (my wife/carer would have a different opinion)".

Question twenty–Please tell us about any other positive experiences of your care needs assessment.

Seven people skipped this question and three gave an answer. Their answers were as follows:

“It didn’t seem rushed”.

“Nice lady who chatted to me about my hobbies”.

“Our whole family needs were assessed, and we were given options. We have opted for group activities for one child and direct payments for the other. This works well for us”.

Question twenty-one. Please tell us about any other negative experiences of your care needs assessment.

Seven people skipped the question and three people answered. Their answers were as follows:

“The only negative is some confusion regarding pathways in that certain caring and support partners have stated that they are unable to help us when they are”.

“I didn’t really understand why she was asking me these things”.

“I didn’t get a copy and I forget”.

Question twenty-two. Please tick the box if you are not receiving care at home.

Seven people skipped this question and two answered that they were not receiving care at home.

The next section and questions were for people who currently have care at home.

Eight people skipped this section and two people answered some of the questions. Both people answered that they were using private services. They had been receiving the support between six to twelve months. They were partially self-funding for the service, with the Local Authority paying some through direct payments. They hadn’t received a choice of providers but were satisfied with the support that they received. They felt that their providers responded quickly and well to any change in their needs.

Only one person who answered had been offered any assistive technology and the person who hadn’t been offered would be interested in technology solutions.

This part of the survey was aimed at those people who would like care at home but who were not receiving it.

When asked did your Care needs assessment show that you required care at home. Four people skipped the section. One person answered no. Two people answered that they hadn't had a care needs assessment and three people answered yes.

From those that answered yes, they gave the following reasons for not receiving any care at home.

"Family can manage at the minute. Plus, I think I can manage but I really can't."

"I am self-funding, but providers will not come out to me due to my where I live (living in a rural area)"

"I've not had a care needs assessment. I am waiting for care at home to be arranged"

We asked - If you are self-funding but struggling to find a care at home provider has the local authority helped? From those that answered their responses were as follows. "No - I have not contacted them for help."

"No - I have contacted them, but they cannot help me."

"Yes, they helped me."

When asked to provide more information on the problems experienced when trying to get care at home and to provide as much detail as possible. The following responses were, "I haven't tried yet".

"I have contacted all care providers and there are no services available."

"I tried for my relative but it's a village location and community services are limited, so we rely on neighbours".

"The agency I want to use have a waiting list".

When asked the question 'How does not having care at home affect you and your family?' The following answers were provided

"I have had to go into a care home".

"It isn't affecting me but sometimes it's stressful for family member".

"Elderly Person, requires, regular, care and support. Unpaid Carer, Care/support, is stressful and exhausting, on the family, at times".

"I worry about not managing and becoming poorly. I have memory problems and forget a lot of things".

When asked what difference it would make to you and your family if you were able to receive care at home, the following answers were supplied.

"I could have remained at home longer".

"It probably would disturb me as I like my own routine, but it may benefit my family carer".

"Reduction in stress. More care coverage. Sharing, of duties/tasks, would lighten the load. I would be less tired".

"I like to be independent but my carer from Creative Support helped me contact people to pay bills or sort stuff out that I didn't understand".

When asked the question while living with no care at home, who in your life has provided care for you? The following answers were given.

"My wife".

"Great niece and her husband".

"Family members and family friends/neighbours help and assist, when and where they can".

"My disabled son".

"No one".

When asked the question what improvements you think could be made to care at home services. The following answers were provided.

"The provision of care should be a local government responsibility not a private provision. It is too important to be left to the market".

"Flexibility to work around the individual. Especially with Alzheimer's as routine is key".

"Help to support and value unpaid and paid home carers".

"Help the carers to feel more, at home with each family they visit and care for (generally). For example, offer, to make, a Cuppa, for them, sometimes, so they can relax".

"More trained staff".

"I don't know. I have never had help at home".

Part 2 – Conversations



We were given contact details of a selection of Amphion clients and families, who had consented to have a telephone conversation about how they had found accessing care at home services. Out of twenty-six clients that were asked to take part, eight agreed to be contacted. This is what they told us:

“Dad had a fractured spine and went into hospital. He has Parkinsons and whilst there started hallucinating and had delirium, a DoLS had to be put in place. He became medically fit but was unable to be discharged because of the delay in getting a care package. He spent six weeks in a care home waiting for the care package to be available. I felt that it was down to family members to co-ordinate the discharge. My Mum would say everything was okay to people when it really wasn't. There appeared to be a lack of a joined up service and lacking empathy from the medical team in the hospital. Little physiotherapy was offered. A Care package is now in place and Dad is back living at home. They were offered a Genie that could act as a reminder to drink fluids but declined. No Community support groups were offered or accessed. We are dreading having to use hospital services again”.

“It has been two years since my relatives received a Care needs assessment. Both relatives had been struggling to manage at home but were too proud to ask for help. One relative spent time in hospital and in a Nursing Home. I feel that if they had been supported six months earlier, then the death of one of my relatives could have been prevented, rather than them wasting away. We are still waiting for an appointment with the memory clinic, the referral went in at the end of Summer 2023. They were offered a Genie, from Home First. No Community groups are accessed. They receive Local authority funding.”

One person told us they received care from Home First for longer, five/six months due to not being able to access a care package. They are Local authority funded. They do not access any support groups for MS. Find most community activities are held during the day and as they work full time, they are not able to support them to

attend. They trialled the Genie but found that it glitched due to the weak Wi-Fi signal”.

“Dad has Dementia. Originally, he had a different Care company, but it went bust overnight. Amphion are brilliant. We are waiting for another financial assessment due to the change in care company, as they had a pre-paid card. Nothing was given out regarding community groups but there is a local dementia group in an evening at the GP surgery. No assisted technology, however, they have got a pendant alarm, and the smoke alarm is connected to alert the family if it goes off”.

“No difficulties accessing care and support services, there was a cross over from Home First to Amphion. We are Local authority funded. No assisted technology used. I’m no longer mobile but I have a husband who supports me, so I do not need any community support groups”.

“It was very straightforward; I am receiving care and support services from the NHS. No community advice or support groups have been offered. But I am terminally ill with heart failure, I already had a lifeline pendant alarm in situ”.

“I didn’t find any problems with getting care at home. I had a brain tumour and have lymphedema. I have a combination of self and local authority funding. I can’t remember if I was offered any information regarding what services are available in the community or assisted technology. I don’t attend any groups as I am house bound”.

“I am continually waiting for services to do what they promise. My husband has dementia. I feel like I go forward ten steps to then go back ten steps. I am still waiting for the financial assessment to be sorted. I received a pre-payment card with no money on the card. I haven’t been given any information about assistive technology. The carer that I have is one in a million, she understands. Living in a rural area means that the transport is terrible. Carers support service is brilliant, but Incontinence services are awful”.



Staff feedback

We also spoke with two members of staff from Amphion. They told us that since they were being paid for the entirety of their shifts, and not just per call it was a lot better. Before the changes they had considered leaving care. If a client went into respite, their working hours could drop which they couldn't afford to keep happening. They now had piece of mind and felt more settled within their job roles. They didn't mind being out all day and didn't have to worry about travel costs.

Conclusion

The initial scope of the project was to look at rural care at home services following feedback to Healthwatch. It also aimed to provide information from the public to feed into North Lincolnshire Councils recommissioning of care at home services. One of the potential issues that had been raised at the beginning of the project was the difficulty of finding people to talk to and low survey numbers. This has been highlighted within the approach section of the report.

With the support from North Lincolnshire Council, sharing of contacts, enabled conversations to be had with clients who lived within the rural community and who were happy to consent to having a conversation about their experiences of care at home services.

After speaking with families and people who use care at home services it was clear that some had struggled to access care at home due to where they lived. Once a care package had been arranged and care at home services were in place, it was a relief and had become a vital support to their family carers.

The pilot of block pay was in its infancy when the rural care at home survey was first discussed. After speaking with the Manager from Amphion she stated that the block pay pilot across the Isle of

Axholme had made a huge difference. They were able to take on extra staff and increase care at home provision.

Recommendations

Healthwatch North Lincolnshire make the following recommendations for North Lincolnshire Council Provider development team:

1. North Lincolnshire council should consider the wider implementation of the care at home pilot to ensure equity of access across all rural communities in North Lincolnshire.
2. North Lincolnshire council should ensure that care at home services provide information packs for all new services users with details about local services, other support that is available and information about the care staff that will be visiting them.

Next steps

The report will be shared with North Lincolnshire Council Provider development team who will have 20 working days in which to respond to the recommendations.

Acknowledgments

Healthwatch North Lincolnshire would like to thank everyone that contributed their experiences to this project, including service users, relatives and care staff.

We would like to thank in particular – Debbie from Amphion Care who helped to facilitate conversations with the service users.