Healthwatch East Riding of Yorkshire

Homecare 2025 Engagement

Report created 2023/24

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Introduction

What we do

Healthwatch East Riding of Yorkshire (HWERY) is the independent consumer champion for health and social care. We have the power and influence to ensure people's voices are heard by those providing and commissioning local health and social care services. In addition to seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

Healthwatch also has a statutory power to 'Enter and View' local services, where we provide recommendations for improvement. To find out more, please visit: https://www.healthwatcheastridingofyorkshire.co.uk/enter-and-view/
Every month, Healthwatch gathers information from the public about local health and social care services, which is shared anonymously with the providers and commissioners of these services. This process allows for issues to be addressed as early as possible in order to prevent further escalation.

This Report

Homecare Project Questionnaire

For this project Healthwatch East Riding (HWERY) were asked to conduct engagement work on behalf of ERYC around the new commissioning framework (Homecare 2025 project). HWERY were asked to obtain service user voice on the paid care and support they receive at home to shape the new framework.

The Care Act 2014 says that the council must help people who need care and support to get the help they need. To help ERYC do this HWERY spoke to service users and carers to find out what mattered most to them.

Healthwatch spoke to people in the East Riding of Yorkshire who received homecare services, which had been arranged by East Riding Council (ERYC).

The purpose of the project was to find out whether homecare services are meeting service users' wellbeing needs and outcomes and whether the service user feels they have control over the care they receive, to inform commissioning.

What HWERY did

Following meetings with members of the East Riding Adults Team HWERY staff created a questionnaire based on the questions and criteria created by ERYC (Appendix A). A leaflet was designed explaining the project and asking people who received homecare services to contact us (Appendix B). Contact details and a QR code were included.
As HWERY did not have access to service user contact details the project was promoted via our social media, sending it out to partners and volunteers and asking them to promote it in their communities.
The poster was sent out to partner organisations in the community to publicise.
These included:

- Beverley community group socials
- Bridlington Health forum
- Withernsea residents' forum
- East Riding carers support service

In addition, HWERY staff took the leaflets and sign-up sheets (Appendix C) out to engagements and asked people directly whether they received homecare services (arranged by ERYC) and if so whether they would consent to being contacted to answer a questionnaire. HWERY stressed that this was about giving homecare service users a voice and that their feedback would be used to improve services.
A guidance sheet was devised for HWERY volunteers, so they were fully informed about how to go about going through the questionnaire with service users, ensuring that people were eligible for the project and that they were fully informed before consent was obtained (Appendix D).

Response

10 People agreed to take part.
7 completed questionnaires with HWERY volunteers or staff.
3 were ineligible due to arranging own care or being in a different situation.

Three telephone calls and 1 email were received through promoting the project on social media. A further 6 service users were recruited through engagements.
HWERY think that we only had a limited response as fewer older people use social media.

Due to the low response rate the East Riding team suggested HWERY contact a number of organisations including:

- Matthew's enterprise
- Mires Beck Nursery
- Active
- Caring Hands
- Sunbeam
- Swan House
- Connect into care
- https://www.yourlifeyourway.uk/local-community-and-care-services/

However, when HWERY contacted these organisations, some were not appropriate, for example service users at Matthews Enterprise all lived in Avocet Trust properties in Hull. Other organisations said they would let service users know about our project and take our poster to promote. Unfortunately, this did not result in any contacts.

In addition, HWERY contacted Moorview Care and Carers Plus but did not receive any contacts.

East Riding Carers Support service kindly sent a list of telephone numbers for all the Community Wellbeing Teams (CWT) who put together the care packages for service users.
HWERY contacted the teams by telephone and email to let them know about the project. We asked whether they could contact service users to let them know about the project and ask them if they would consent to their details being passed on to us. This was in order that HWERY could contact service users rather than leaving it to them to contact HWERY as this was not working.

The community wellbeing team response was that they couldn't pass on information due to this breaching GDPR.

HWERY clarified that we didn't expect them to breach GDPR just asked that if they spoke to a person, they had arranged care for, if they could ask if they would like to get involved and have someone contact them about the homecare they receive and ask if they would consent to that.

Unfortunately, we didn't receive any responses from this either. HWERY acknowledge that the community wellbeing teams are a very busy service.

HWERY arranged to attend a club for carers and the cared for run by Shores in Withernsea where we managed to get another 2 questionnaires completed.

In total 10 people agreed to complete questionnaires
3 of these proved to be ineligible due to having arranged their own care or their circumstances not meeting the requirements.

Through engaging with service users at events we learned that there are many reasons why people, even those with serious long-term conditions, do not receive homecare. Listed below the general themes of why people are not in receipt of homecare services:

- Not qualifying for homecare services due to quite stringent qualifying conditions.
- People having arranged their own care package privately.
- People not wanting strangers coming into their homes.
- People saying they don't want to have to pay for care (even if this would be partly funded by ERYC).
- People saying that despite both partners having serious long-term conditions they manage by taking care of each other.
- Older men preferring their wives to provide care as they don't feel comfortable having personal care delivered by young women.

As a result, even where service users meet the strict criteria for paid homecare, many carers are not receiving support they desperately need.

One older lady, who is a carer for her husband, told us that although they'd had carers coming in to support her to care for her husband initially, that her husband felt so uncomfortable having care provided by the young female carers who used to attend that she has had to go back to looking after him which is very difficult for her due to her own debilitating health conditions. She said she was currently in a great deal of pain in her right hand and waiting for an operation but didn't want her husband to be distressed.

Another carer told us that she has been providing round the clock care for her husband, who has been very poorly for over 3 years, with no break. We discussed respite and getting support from the carer's support service. However, she felt that this would not be fair to her husband. Her words were that "her health has been put on hold in order that she can provide the care he needs."

Another carer explained that her husband was in total denial of his dementia diagnosis and even though they probably would qualify for homecare support he would not allow this, so she continues to be his sole carer.

Although the response rate was quite low, answers given yielded some useful qualitative data.

The Questionnaire

The questionnaire (Appendix A) starts by explaining what the project is about, reassuring participants that their answers will remain anonymous and will be used to help improve care services. It reassures participants that there are no right or wrong answers and asks for their consent before continuing.

Each candidate was asked for the primary reason why they were receiving care.
We used the questions drafted by ERYC and their scoring system for the questionnaire and put the above information at the start so that all candidates could be fully informed, and consent sought before they answered the questionnaire. (Appendix A).
Each questionnaire was completed anonymously so that candidates could not be identified. However, the completed questionnaires have been identified in order to distinguish between them.
Service users were asked:

- Whether the care that they received supported their wellbeing
- Whether it helped them to be as independent as possible
- Whether they felt they had choice about the care they received.
- How they had made these choices
- Whether they felt listened to and involved in making their care/support plans
- Whether they received what they needed from their current care plans
- Whether the care their received met their outcomes (the things that mean the most to them)
- Whether they felt in control of the care they received
- Whether they had any other comments

Most questions were initially rated on a 5-point scale from strongly agree to strongly disagree but were then asked to explain their reasons for giving that score.

One question was 10-point satisfaction score asking service users to rate whether they felt in control of the care they received on a scale from 1 to 10.
Other questions were open ended:
HWERY always tried to speak to the service user themselves. Where this was not possible spoke to carer.

Q1 Wellbeing – How far do you agree or disagree that the care and support you have supports your wellbeing?

Participant	5-point scale	Answer
A.CF1	Strongly agree	Tried another care agency before but they were not reliable, often late and I was left stuck in bed. The ones I have now are brilliant, completely different
P.CF2	Neither agree nor disagree	Some of the care does help. The carers are very good and helpful. I developed a sore on my heel from being in bed and they check my skin regularly now as a matter of course. I don't have any sores from sitting most of the day as they are so good at keeping my skin healthy. My carers try to make sure everything is in reach when they leave me as I can't get up. I am more disabled now than I was when I first came home as I can no longer walk and now need a hoist to move due to pain in shoulder and legs. When I was in rehabillitation I had physio 5 times a week and was able to walk a short distance with a frame. I lost ability to walk due to community physio only being once a week. I have developed a very painful shoulder so find it difficult to move my left arm.
T.CF3	Strongly agree	My carers are excellent. They come in the morning help me wash & dress and make sure I'm comfortable. They make me breakfast and make sure I have everything I need. They come at lunch time to make sure I have something to eat and the same at teatime. They come at bedtime and help me get ready for bed.
Tick.BL1	Neither agree nor disagree	It meets our needs as I am the main carer for my wife. I am satisfied with the level of care we receive as I want to remain the main carer for my wife.

V.CF4	Former Care = strongly disagree Current care= strongly agree	The first care organisation regularly let us down. *(Where relevant I have indicated for both orgs as felt this would be useful)* We don't have to worry now about whether the carers will turn up. The previous carers not only repeatedly didn't turn up they also failed to deliver what was in the care plan. The new company are friendly, reliable and helpful. This makes a big difference.
With.CF5	Strongly agree	Has the same carer who supports her 4 times daily. She has become part of the family and built a trusting relationship with the lady, knows her needs and preferences.
With.JB1	Neither agree nor disagree	Carers support to get up and washed and to go out into the community.

Q2 Wellbeing – How far do you agree or disagree that the care and support I receive helps me to be as independent as I could possibly be?

Participant	5-point scale	Answer
A.CF1	Strongly agree	They know I am not very mobile but help me to be as independent as I can, but they are right there in case I can't manage. They are always there but let me do it myself. Carers have my walker ready. They encourage me to use my walker in the house, even if it takes longer.
P.CF2	Neither agree nor disagree	My carers try to help me being as independent as I can be, but because I can no longer walk, I'm stuck in one place when they go. I now have ceiling hoists. The OT service have helped. They requested an electric wheelchair for me which should help me get around my bungalow. I believe this will be delivered shortly. I have been waiting a year for this.
T.CF3	Strongly agree	I was very sick a while back, but my carers cleaned me up and my carpet. They didn't protest, they just took care of me. They help me get ready to go out so I can go out into the community.
Tick.BL1	Neither agree nor disagree	The extra care received is to help main carer out "or I would be on my knees".

V.CF4	Disagree	Even though our current carers are very good my partner does not get enough care for him to feel in any way independent. He is very reliant on me now. He has a progressive condition and has not had a care assessment for 2 years. The care package he has no longer meets his care needs.
With.CF5	Strongly agree	Thanks to having a carer this lady is still able to live independently in her own home despite being very disabled due to a severe stroke.
With.JB1	Agree	The help I have from my carer helps me be able to get out and do things.

Q3 Assessment & Support Planning – Theme of control and choice – Do you feel you receive choices about the care you get?

Participant	Open ended	Answer
A.CF1	Open ended	I always have a choice. My carers don't push me into anything, and I can always always discuss with the office if I'm not happy or want anything different.
P.CF2	Open ended	Initially no. When I came out of rehab a care company had been allocated to me by East Riding. When I came home a lady from the care organisation came to see me as I had to sign the contract, but I couldn't really take it in. They asked about mobility and general questions about how I felt but I don't remember being asked what I wanted. I hadn't realised there were restrictions in the contract I signed. For example, I wanted a private carer and wanted to take on one of their workers but according to the contract you cannot to do this for 12 months. Originally, I was classed as a private client, but I can no longer afford to pay for care. I don't believe not made aware of possibility of any other way of receiving care.
T.CF3		I do. I felt my tea call was too early. I contacted the care company to ask if I could have a later visit and they arranged this for me.
Tick.BL1		Yes, I feel we are offered choices. Recently we were offered an extra 3 hours every 3 weeks for social

		outings for my wife. I didn't ask for this; it was offered to give me some respite. It is really appreciated.
V.CF4		No care needs assessment for 2 years. Has degenerative condition so much worse now than was. When his care assessment done 2 years ago the chap from ERYC who did this was very supportive and listened to what we wanted and the balance we wanted to have. Currently have paid care once a day, 4 days per week. Informal carer now doing most of the caring and needs much more care as partner can't do much for himself now.
With.CF5		Always makes her own choices about what to wear, what she wants to eat and do that day.
With.JB1		Carers always do what dad says is needed.

Q4 Assessment & Support Planning – Theme of control and choice – How did you make choices about the care you have now

Participant	Open ended	Answer
A.CF1		Originally, I didn't make a choice as it was made for me when I was in hospital. The carers were not good, nice enough but not reliable. I still wanted someone local but wanted a different care agency. The social worker worked with me and gave me choice to change my carers.
P.CF2		The OT service have been helpful. They got me a chair then my OT fought to get me a better one. However, I was reclining in it and it the whole chair collapsed which really jarred my back. I had to wait until my carer came to get me up. I don't trust it now. It makes a lot of noise. The OT rang NRS they examined it and put a new motor in. I went in it the next morning but just didn't trust it as it was still making noises. My new OT is going to try to get me to try it again this week as it has more functions than my old chair. I have choice in so far as for example if I don't want to get out of bed, they don't get me up.
T.CF3		My care was arranged for me by East Riding Council. They asked what I needed and arranged care 4 x daily which is perfect for me.

Tick.BL1		Choices were made jointly in consultation with my wife and the carers. My wife is involved in all decisions.
V.CF4		When we had the last assessment, we made choices in discussion with the assessor from ER Council. We haven’t had any choice recently as we’ve not had an assessment for 2 years, so we are still having what we were assessed for then. My partner is much more dependent now. We requested another care needs assessment last September and were told this would happen in 12 weeks, but we’ve still not heard back about this.
With.CF5		Care was originally provided by a care association following hospital admission for severe stroke. The family continued to employ the lady who was her main carer when the care organisation pulled out of the area so that their mum would have continuity of care.
With.JB1		Carers do what dad says is needed.

Q5 Assessment & Support Planning – Theme of control and choice – Did you feel listened to and involved in making your care/support plan?

Participant	Open ended	Answer
A.CF1		Oh yes definitely. They’re very chatty and we talk about things all the time and if I want things they listen.
P.CF2		I suppose so by the conversation I have with the carers, however, I don’t feel in control of my life anymore. Someone from East Riding came to see me the other day so they could speak to me about what I needed as I have a cleaner and a gardener as I can’t do anything. I now need 2 carers 4x per day. I have a copy of my support plan. The care company send me it to me each week.
T.CF3		I did.
Tick.BL1		Yes, we were involved in decision making and listened to when making the care plan.
V.CF4		We did feel listened to by the last person who assessed my partner, but we don’t feel listened to now as no one has got back to us, and it’s been over 4 months since this was requested.

With.CF5		As much as I can be. Difficulties with speech but makes her needs know and the family support with this. Sees family regularly and goes into the town to attend groups or go out for something to eat.
With.JB1		Carers do what dad says is needed.

Q6 Assessment & Support Planning – Theme of control and choice – Did you get what you needed in the care plan you have now?

Participant	**Open ended**	**Answer**
A.CF1		Yes. It's what I need. I have ¾ hour morning and evening. They help me get up and ready and take me out to the shops in my wheelchair to get out of the house.
P.CF2		I would like to go out more, but I can't as I need to have someone with me. (I live alone). The care I get covers the essentials but the girls that deliver the care do it in a sensitive and supportive way and give me as much choice as they can within the parameters of my care and the time they have.
T.CF3		They'll do anything for me. If I want something doing different. If I go out, they even put my clothes on the radiator to warm them. They make sure I have what I need on a night.
Tick.BL1		We can't complain as I want to continue giving my wife as much care as I can whilst I am able to. The care received meets our current needs. I have been offered respite care for my wife, but we don't want this.
V.CF4		We currently don't have what my partner needs as he needs assessing again.
With.CF5		Yes, I'm properly looked after and supported to do the things I want to do. It helps me be as independent as possible.
With.JB1		Some things the dad would like for his daughter can't be supplied. He would like a longer care package as It's not long enough to get to Hull

Q7. Outcomes theme and overall satisfaction score – How far do you agree or disagree that "the support you get meets your outcomes (the things that matter most to you)?

Participant	5-point scale	Answer
A.CF1	Strongly agree	The help I get is invaluable.
P.CF2	Disagree	My basic needs are met but I don't get to do things I would like to do. They don't have time and I don't have money to pay for more care. Circumstances take choices away. I am lucky to get 2 carers 4 x daily.
T.CF3	Agree	I have everything I need. I am very happy with the care that I receive. It helps me cope day to day and live my life.
Tick.BL1	Neither agree nor disagree	We would score higher except for the fact that a hoist was authorised over 6 weeks ago to be installed to help my wife in and out of bed. The electrician didn't turn up to install the required electrical socket to enable this, so it has been delayed further. We are really annoyed and upset about this as I was at home when the electrician called but they stated no one was at home! My wife and I are really struggling as a result of this delay. My wife has been offered respite care to help us both out, but I don't want this. I realise the carers are not accountable but at this present time the care [my wife] receives is not adequate until the hoist has been installed.
V.CF4	Former care = Strongly disagree Current care = Agree	The current carers are good but my partner needs reassessing as his needs have changed due to his degenerative condition. The carers we have support him as well as they are able to. They raise any concerns for example when he had a swollen leg. The carers we have now feel like part of the family. They are very thoughtful and caring.
With.CF5	Agree	I can get out into the community to go to groups and see my family.
With.JB1	Agree	The care given does help me get up and be able to go out to groups and into the community. It would be good to have more support time for example to go swimming more often.

Q8. Outcomes theme and overall satisfaction score – On a scale of 1 to 10 with 1 being "I do not feel I have any control" and 10 being "I feel fully in control over my care." Please give a number

Participant	10-point scale	Answer

A.CF1	10/10	I feel I have full control over my care.
P.CF2	6/10	What I'm in control of is the basics and no more than that. I don't have the funds to pay for more.
T.CF3	10/10	I feel in control
Tick.BL1	7/10	This score is lower than I would like to give purely because of the delay in the installation of the hoist. I have no control over this and have to wait for the installation company to reschedule. This is deeply frustrating.
V.CF4	Former care = 2/10 Current care = 9/10	The former care organisation was not meeting my partner's care needs and kept letting us down. We therefore didn't feel we had any control. The current carers are excellent and work well in partnership with us. They feel like part of the family, have been very reliable and support my partner well.
With.CF5	8/10	As far as I can I make my own decisions. I like to go to Shores for a coffee and something to eat with someone.
With.JB1	6 or 7/10	The carers try hard to do what is needed but there are some circumstances where the dad does not feel in full control of his daughter's care.

Are there any other comments they would like to make about paid care they receive?

Participant	**Open ended**	**Answer**
A.CF1		I would recommend them to anyone. They are all very good.
P.CF2		They probably asked what else I needed but I don't like to expect more. I know budgets are tight.
T.CF3		I am very happy with my carers. They are very good.
Tick.BL1		I feel we do not receive support from the GPs in Withernsea. It is so difficult to get an appointment when required. I am a member of the Carers' support service, but I am disappointed that I have had no contact from them. I am chairman of my local carers support group.
V.CF4		I think the carers from the larger care organisation were subject to time pressures and recruitment issues. We've resolved carer issues to much better carers but no one [from ERYC} is getting back to us and there seem to be communication issues. We desperately need this resolving as it's stressing us out and making my partner worse. It's so hard to find the right person to

		speak to. No one person seems to take ownership of the issues as it involves several departments. 1 contact point. Should be key worker but because they say we've gone private they won't speak to us. We told the council from the start we were changing our carers due to the reliability issues. They were fine about it but then said we hadn't told them.
With.CF5		The main carer works 6 days a week. On her day off a local homecare organisation care for the lady. Told that on one occasion they left the lady sitting in her wheelchair which she cannot move on her own. Her walking stick was not within reaching distance so she had to call her family to say that she couldn't get anything or go to the toilet.
With.JB1		No answer given.

Looking at the 3 different areas covered by the questions shows interesting comparisons of experiences depending on carers and time given.

Wellbeing & Independence

Comparing strongly positive responses with less positive ones across these first 2 questions shows a strong contrast between care staff taking/having time to encourage service users to be independent and use walking aids to mobilise and those where care staff either don't do this or do not have enough time during the call to do this. Where care staff take time to encourage these clients have retained their ability to independently mobilise using walking aids. Where this has not been done, service users have very quickly lost this ability.

Service user P.CF2 told me that before being discharged back home she spent 3 months in rehabilitation care having physiotherapy 5 times daily in order to enable her to walk with the aid of a walker (with support). After being discharged back home she only saw a physiotherapist once a week for 30 minutes. The physiotherapist said that she should use her walker when carers were present, however the service user said there was insufficient time for this. As a result, this service user quickly deconditioned and was no longer able to mobilise even with the aid of her walker and support. While she was able to afford to do so she employed a private physiotherapist twice weekly with the intention of being re-enabled to do this but was never able to get back to this.

"I am more disabled now than when I first came home as I can no longer walk and now need a hoist to move due to pain in shoulder and legs."

P.CF2 completely lost her mobility and had to have hoists fitted in her home. She now requires 2 care staff to support her at each visit. However, another service user (A.CF1) told us that her carers always took their time and waited for her to use her walker to mobilise, rather than moving her in her wheelchair. "Carers … encourage me to use my walker in the house, even if it takes longer." As a result, this service user has retained her mobility.

Two other service users told us about the difference between care organisations they had used before and ones used now, citing unreliability and the negative impact this had on their wellbeing and independence. One service user who lived alone was sometimes left unable to get out of bed by her former care agency. "They were not reliable often late and sometimes didn't turn up at all. I was very poorly then and stuck in bed."

We were told by a family carer V.CF4 that the first care organisation they used repeatedly failed to turn up and failed to deliver what was in her partner's care plan. Both changed carers and are delighted with the service they receive from their new care services. "The current carers are excellent…. They feel like part of the family."

Assessment and support planning – control & choice

Comparing positive and negative answers for the 3 questions under this theme service users who responded positively said they felt they always have a choice and that if they wished to change the way their care was delivered, they were able to do this to their satisfaction.

In contrast, service users who answered negatively said that they didn't remember being asked what they wanted and that they had not been able to properly understand what they were being told about their care contracts. "I couldn't really take it in," I don't remember being asked what I wanted." I don't believe I was made aware of the possibility of any other way of receiving care. This service user wanted a private carer, she wanted to take on one particular carer from the care organisation allocated to her but was not able to do this due to restrictions in the care contract.

Service user A.CF1 said she was unhappy with the carers she was originally allocated to but said that "the social worker worked with me and gave me choice to change my carers". She is extremely happy with the new carers.

A carer (V.CF4) said that her partner was not receiving the right care as he had not been assessed for over 2 years and had a degenerative condition and his needs were now much higher. She did say though that when her partner was assessed 2 years ago the chap from ERYC who did this was very supportive and listened to what they wanted and the balance they wanted to have.
V.CF4 expressed concerns about her partner's needs being assessed for 2 years. They requested another assessment 4 months ago, but this has not happened. She told me that no one from ERYC is getting back to them about their care situation. They changed carers as their original carer organisation was letting them down so often. She said they had kept East Riding informed about their new carers but had been told they had not followed the correct procedure. She said they did not know the correct procedure and wondered why no one had told them what this was when they informed ERYC about the change in carers.

They "currently have paid care once a day, 4 days per week." They cannot afford to pay for more. His informal carer is now doing most of the work as her partner can no longer do much for himself.
Tick.BL1. Felt they had been offered choices and said following a care needs assessment they had recently been offered 3 extra hours every 3 weeks for social outings for his wife. They hadn't asked for this but were very grateful as it provided more social opportunities for his wife, and her husband (main carer) was able to go to the gym to look after his own health needs during this time.
In comparison P.CF2 is only receiving care that meets her basic needs. There is no provision for social outings so, unless she has friends visiting, this lady is unable to get out into her local community which she indicated was important to her. "I don't get to do the things I would like to do."

With.CF5 was originally allocated carers through ERYC but since the care organisation pulled out of the area, her son employed her carer privately so that she would have continuity of care. She says she "always makes her own choices about what to wear, what she wants to eat and do that day."
Large care organisations pulling out of coastal communities, such as Withernsea, is a concern as not everyone can afford to pay for private carers. This is therefore a contributing factor to health inequalities in coastal communities as it reduces care choices for Withernsea residents. It is therefore even more important that service users and their families are made aware of all the different options for employing carers.

The question of whether service users feel listened to and involved ranged from "oh yes definitely … we talk about things all the time and if I want things they listen". to "I

suppose so by the conversation I have with the carers, however I don't feel in control of my life anymore."
Tick BL1 said "we were involved in decision making and listened to when we were making the care plan."

When asked whether they get what they needed in the care plan you have now; service users and carers answers varied from "Yes it's what I need" to "I would like to go out more, but I can't as I need to have someone with me (lives alone). Regarding individual carers however, she said they delivered care in a sensitive way and "give me as much choice as they can within the parameters of my care and the time they have." Time appears to be a significant factor here.
With.CF5 (who now has a private carer) said they were "properly looked after and supported to do the things I want to do. It helps me be as independent as possible".
Another said they "would like a longer care package, as it's not long enough to get to Hull."

Outcomes (things that matter most to service users) and overall satisfaction.

Does the support you need meet your outcomes (the things that matter most to you)? Answers varied from "the help I get is invaluable" and "I am very happy with the care that I receive. It helps me cope day to day and live my life." To "My basic needs are met but I don't get to do things I would like to do."
In contrast With.CF5 told us "I can get out into the community to go to groups and see my family."
Tick.BL1 told us about the impact delays in fitting a hoist for his wife were causing. He told us "the hoist was authorised over 6 weeks ago to help my wife in and out of bed. Due to delays with electricians etc he said "my wife and I are really struggling as a result of this delay.
V.CF4 told us "the carers we have now feel like part of the family". Illustrating the importance of consistent carers.

10-point satisfaction score (whether you feel in control over your care)

With regards to the question of control answers ranged from 10/10 "I feel I have full control over my care" to 6/10 "what I am in control of is the basics and no more than that."

V.CF4 gave their former carers 2/10, saying “The former care organisation was not meeting my partner’s care needs and kept letting us down. We therefore didn’t feel we had any control. The current carers (9/10) are excellent and work well in partnership with us. They feel like part of the family, have been reliable and support my partner well.”

When asked for any other comments service users and carers told us:
I would recommend [my current carers] to anyone. They are all very good. (A.CF1)
V.CF4 said I think the [former] carers from the larger care organisation were subject to time pressures and recruitment issues. We have resolved the carer issues now but no one from ERYC is getting back to us. There seem to be communication issues. We desperately need this resolving as it’s stressing us out and making my partner worse. It’s so hard to find the right person to speak to. No one person seems to take ownership of the issues as it involves several departments.
It would be better to have 1 contact point, a keyworker but because they are saying we’ve gone private they won’t speak to us. We told the Council from the start we were changing our carers (due to the reliability issues). They were initially fine about it but then said we hadn’t told them.”
With.CF5 has no problems with her main carer but told us that on a day her carer had the day off, the local care agency once left her sitting in her wheelchair which she is unable to move on her own. Her walking stick was not within reaching distance so she had to call her family to help her as she couldn’t get to the toilet.

In addition to the people who had their care arranged by ERYC, HWERY spoke to 2 service users who arranged their care privately. Both use the same care service.
They both said they were extremely happy with the care they receive. Of particular importance to them was that they usually have the same carer who they get to know well and feel comfortable with and who knows them and their preferences as well. There is therefore continuity and a familiar person they feel comfortable with.
They said when they had initially requested support, the manager came out to meet them to discuss what their needs were and what support they wanted. This is reassessed every 6 months to a year to ensure that their care needs are still being met.
This supports their wellbeing because they have the support they need from a familiar person that they have a comfortable relationship with and who knows them and their needs well.
They told us they have choice and control over their care package, and this regularly reviewed in discussion with the care provider manager.

As far as outcomes and satisfaction are concerned both said their care enables them to do the things that are important to them, and both were extremely satisfied with their care and the way this is managed and delivered.

Thematic analysis of main threads of care issues

Reliability and Consistency of Care

A major theme was the importance of having reliable, consistent carers. Some service users reported positive experiences with carers who were punctual, built trusting relationships, and provided continuity of care:
"Has the same carer who supports her 4 times daily. She has become part of the family and built a trusting relationship with the lady, knows her needs and preferences."
However, others had very negative experiences with unreliable carers who frequently did not show up or failed to follow the care plan:
"The first care organisation regularly let us down. The previous carers not only repeatedly didn't turn up they also failed to deliver what was in the care plan."
"They were not reliable, often late and I was left stuck in bed."

Promoting Independence vs Declining Abilities

Another key theme centred around whether the care promoted the service user's independence or contributed to declining abilities. Some felt their carers actively helped them remain mobile and independent:
"They know I am not very mobile but help me to be as independent as I can...They encourage me to use my walker in the house, even if it takes longer."
Others felt the care did not sufficiently promote independence, leading to loss of abilities like walking:
"I am more disabled now than I was when I first came home as I can no longer walk and now need a hoist to move...I lost ability to walk due to community physio only being once a week." The community physio said I should use my walker when my carers came but there was never enough time for this.

Choice, Control and Personalised Care

Having choice and control over one's care plan was very important to service users. Some felt very involved in designing a personalized care plan that met their needs:
"I always have a choice. My carers don't push me into anything, and I can always discuss with the office if I'm not happy or want anything different."

Others did not feel they had options or were adequately consulted about their preferences:
"I couldn't really take it in. They asked about mobility and general questions about how I felt but I don't remember being asked what I wanted."

Meeting Outcomes and Wellbeing Needs

Ultimately, service users wanted care that allowed them to live fulfilling lives and meet their personal goals and outcomes. Some felt the care comprehensively supported their wellbeing:
"I am very happy with the care that I receive. It helps me cope day to day and live my life."
"I can get out into the community to go to groups and see my family."

Others felt the care only met basic needs, not their higher wellbeing aspirations:
"My basic needs are met but I don't get to do things I would like to do."

Access, Communication and Systems Issues

Finally, the project highlighted some systemic issues like difficulties accessing care assessments and poor communication between providers and the council:
"No care needs assessment for 2 years. Has degenerative condition so much worse now than was."
"It's so hard to find the right person to speak to. No one person seems to take ownership of the issues as it involves several departments."

Overall, the analysis reveals service users want reliable, personalised care that promotes independence and allows them to live fulfilling lives in line with their outcomes and preferences. Inconsistencies in quality of care and systemic issues created dissatisfaction for some.

Conclusion

This report presents findings from a project by Healthwatch East Riding of Yorkshire (HWERY) to gather feedback from service users receiving homecare services arranged by East Riding of Yorkshire Council (ERYC). The goal was to assess whether these services are meeting users' wellbeing needs, desired outcomes, and providing sufficient choice and control over their care.

Data was collected through questionnaires completed by 10 service users, as well as additional insights gathered at community events. While the response rate was low, the qualitative data yielded some useful insights.

A few key themes emerged regarding service users' experiences with homecare:

1. Reliability and consistency of carers was extremely important, with some reporting excellent experiences with punctual, caring staff, while others faced major issues with no-shows and failure to follow care plans.

2. Promoting independence was crucial - some felt their carers encouraged mobility and self-sufficiency, while others experienced declining abilities like losing the ability to walk. Adequate time to deliver care that encourages service users to mobilise independently with support is crucial to service users not becoming de-conditioned, and as a result needing more care.

3. Having choice and control over personalized care plans was highly valued, though not all felt adequately involved in designing their care.

4. Ultimately, meeting higher wellbeing aspirations and personal outcomes, not just basic needs, was the goal. Experiences varied in this regard.

5. Systemic issues like delays in care assessments, poor communication between providers/council, and staffing challenges impacted quality of care.

Recommendations

The following recommendations aim to address the key issues identified in the questionnaire responses, such as promoting independence, ensuring reliable and consistent care, meeting social and wellbeing needs, improving communication and coordination, and exploring alternative care options where necessary.

1. Ensure adequate time allocation for care visits to allow carers to encourage and support service users to remain independent and mobile for as long as possible. Insufficient time during care visits can lead to rapid deconditioning and increased care needs.

2. Prioritise continuity of care by assigning regular, consistent carers to service users. This allows carers to develop a good understanding of the individual's

needs, preferences, and abilities, fostering trust and better care. Frequent changes in carers can be disruptive and negatively impact the quality of care.

3. Improve communication and coordination between service users, carers, and ERYC’s care team. Establish a clear point of contact or a designated key worker to streamline communication and ensure that service users' changing needs are addressed promptly, including timely reassessments for those with degenerative conditions.

4. Provide greater flexibility in care packages to accommodate outcomes, social and wellbeing needs, in addition to basic care needs. Consider options for additional support hours or dedicated social outings to enable service users to participate in community activities and maintain social connections. This is particularly necessary where service users don’t have local family and friends who could take them out regularly.

5. Conduct regular reviews and assessments of service users' care needs, particularly for those with degenerative conditions or changing circumstances. Ensure that care plans are updated accordingly to meet their evolving requirements.

6. Ensure that all care options are explored including direct payments, using smaller, local care providers, especially in areas where larger organisations have withdrawn services. Provide guidance and information to service users and their families on all the available options, so that service users and their families are fully informed.

7. Address issues of reliability and punctuality with care providers, as missed or delayed visits can significantly impact service users' wellbeing and independence. Establish clear expectations and monitoring mechanisms to ensure consistent and timely care delivery.

8. Promote greater awareness and understanding of care services and eligibility criteria within the public domain, as well as the importance of seeking support early. This could help address some of the misconceptions or reluctance to accept care services.

9. Enhance collaboration and information sharing between health and social care services, carers' support organisations, and other relevant stakeholders to provide more comprehensive and coordinated support for service users and their informal carers.

10. Where several ERYC departments are involved, these should communicate directly to more effectively deal with service user/carer issues rather than the service user/carer having to ring round to coordinate a response.

11. Speak to care organisations service users/carers speak highly of, in order to understand how they deliver services in order to promote sharing good practice.

12. Promote active recruitment of more male carers to help male service users feel more comfortable about accepting personal care.

healthwatch
East Riding of Yorkshire

Healthwatch East Riding of Yorkshire
The Strand
Hull CVS
75 Beverley Road
Kingston upon Hull
HU13 1XL

www.healthwatcheastridingofyorkshire.co.uk
t: 01482 665684
e: enquiries@healthwatcheastridingofyorkshire.co.uk

Facebook.com/HWEastYorks