Gathering Feedback on Home Care: Guidance from Clients, Family Members and Care Providers

Contents

Executive Summary

This project drew on insight from people who use care services, their families, and home care providers to develop a guide that supports organisations in improving the quality and amount of feedback they receive about their services.

Providers, clients and family members felt that a good approach to gathering feedback was to combine more structured tools (such as periodic surveys annually or 6monthly) with ongoing informal check-ins at key moments, including a few weeks after the service has been set up and after hospital discharge. Clients and families prefer direct channels such as telephone, email, and in-person conversations.

People were motivated to provide feedback when they felt it would help improve their care and make it better suited to their needs. They viewed feedback as an opportunity to open dialogue and initiate changes in their care. Offering multiple options and finding out what people's preferences are, is essential for inclusivity and higher response rates.

Feedback questions should be short, focused on topics that are important to people, and available in a range of formats. Care providers found that investing in measures to support clients to participate and avoiding overly complex questions improved response rates.

Responses showed that feedback can both inform person-centred care and provide strategic insights. Therefore, organisations have systems to record, track, and act on individual comments, integrating insights into care planning, service adjustments, and wider operational decisions.

Closing the feedback loop is equally important. Clients and families should be told what changed as a result of their input, using communication methods they prefer.

Care providers felt that feedback should be embedded in organisational policy with clearly defined roles and staff to coordinate collection, analysis, and reporting to ensure that insights are routinely shared with senior leadership.

Aims

This report aims to provide practical learning and guidance to help home care providers strengthen their feedback culture. They can then use client and family member feedback to improve person-centred care and inform both operational decisions and long-term strategic planning.

Methodology

In 2025, Healthwatch Hampshire (HWH) staff visited social groups for older people, as well as support groups for carers and family members. During these sessions, they spoke with 30 people about care at home services and gathered ideas and preferences on how they would like to give feedback about their care.

Working in partnership with Hampshire County Council and the Hampshire Care Association, HWH created an online survey which was sent to home care providers across Hampshire. We received responses from 30 organisations, who shared practical tips and examples of what works well for them when gathering and using feedback from clients and family members. Responses from these engagements have been brought together to produce a guide for home care providers who may be new to gathering feedback or looking to improve the quality and level of feedback they receive about their services.

Since there are a wide range of home care providers operating in Hampshire, this guide is not intended to be a one-size-fits-all approach. Instead, it outlines principles, options, and practical ideas that can be adapted to suit the needs of different organisations.

Understanding the importance of feedback

a) What motivates clients and family members to give feedback?

The potential for feedback to have a practical, positive impact on people's own experiences of care, by:

- Updating the provider on new health conditions and changing needs
- Highlighting if care needs are not being met and resolving my issues quickly
- Creating opportunities for dialogue
- Giving compliments to staff

Proactively asking for feedback was seen as positive, since people disliked contacting the company unprompted to request changes

For feedback gathering to be successful, all stakeholders need to understand and value its importance. Creating a culture where feedback is routinely given and received requires understanding what motivates people to share their views and recognising how feedback can support meaningful improvements for home care providers.

Clients spoke about the positive impact of care services on their lifestyle, independence, health, and wellbeing. Family carers spoke about the important respite the service offered, giving them a chance to attend essential appointments and pursue hobbies and interests they enjoy.

People were motivated to provide feedback when they felt it would help improve the service they received and make it better suited to their needs. They viewed feedback as an opportunity to open dialogue and initiate changes in their care.

Care providers proactively asking for feedback was seen as positive by clients, since people disliked making complaints or contacting the company themselves to request changes. For example, several people had cancelled their care packages because they didn't meet their needs, but they had not raised the issue formally prior to doing so. As a result, without active feedback gathering opportunities to address and resolve issues, they could potentially be missed.

Clients and family members felt it was important for staff to be recognised for excellent work. Gathering compliments about staff and passing these on, means that care providers can celebrate individual achievements, which can support staff retention.

> "It was amazing. They listened to what we needed as a family and delivered it. She was excellent and we are very grateful to her [the carer]. We gave feedback at the end – we weren't asked, but I wanted to as the service had been very good. "

b) How do service providers communicate the importance of feedback to their clients?

Clients and families felt feedback needed to be purposeful and personal for them to engage with it.

Home care providers told us that the best way to encourage people to give feedback was talking to them about how it was used. The methods they felt were most successful were in person/ via telephone calls (83%), via email (63%) and letters/brochures (53%).

c) Why is feedback important to home care providers?

Providers reported that they use feedback to drive improvements and innovation, strengthen their reputation, build trust through open communication, and make meaningful changes to individual care plans.

Help the service learn and innovate

"To improve our service."

"Feedback is the best tool to improve our service given to the client. It also helps to find any shortcomings in our care delivery and rectify it as early as possible."

Enhancing the providers reputation with staff and current/potential clients

"Helps attract staff and clients. It helps hone our approach to clients"

"This can help with staffing if they get good feedback, they feel they are doing a good job, it helps us to improve when needed."

Building trust with clients and families through dialogue and demonstrating that they have listened to feedback

"If you get feedback then we can put it into practice that we have listened and what we have done."

"Establish connection and rapport with office staff who would not necessary meet the client only through phone calls."

Informs changes to care plans

"It's used to amend care plans to be more person centred, allows us to see if a run of care is working or whether carers are running late. Assists with all aspects of care"

Examples of how feedback has been used successfully by home care providers

Of the 30 care providers who responded, 86% reported that they had used feedback to make changes to their services.

While many described this in broad terms, such as using feedback to support quality assurance processes or inform wider service development, others provided detailed examples of how feedback had directly shaped practice.

Adjustment of individual care plans

One area where feedback led to change was the adjustment of individual care plans to better reflect people's needs and preferences.

Providers explained that feedback helped them understand whether care timings were appropriate, whether staff were using time effectively, and whether the relationship between client and carer was positive.

"We check how clients are feeling and if they feel listened to by the carers. We have looked at care call times, how to use their call times effectively. If a client is not gelling with a carer (s) then we will look at why and see if/how we can improve this relationship as the client needs to be happy in their own home as much as the carers need to be happy attending to the clients."

In circumstances where the "fit" did not feel right, feedback helped providers identify concerns early and make changes to improve the experience. Examples included lengthening call times, altering schedules, or adjusting how support was delivered at home.

Staff training needs

Feedback was also used to identify staff development needs. Several providers noted that comments from clients and family members helped highlight areas where refresher training or additional learning would be beneficial. This led to targeted training being introduced to ensure that staff skills matched their clients' needs and expectations.

Improving communication

Another theme that emerged was improving communication. Some providers noted that feedback helped them better understand individual communication preferences. For example, when digital care record systems were introduced, some clients expressed a preference for paper-based notes, prompting providers to retain or reintroduce physical documentation alongside digital methods.

Frequency of gathering feedback

- Formal feedback tools: Clients and family members felt that annual or six-monthly formal feedback surveys were their preferred frequency.

- Regular informal check-ins and conversations particularly at key points, such as after a few weeks of a new service being set up and after hospital discharge).

Clients and family members felt that annual or six-monthly formal feedback surveys were their preferred frequency. However, many also selected "flexible or when I have something to say" when asked how often they would like the opportunity to give feedback. When explored further, it became clear that feedback was seen not only as a scheduled activity, but as part of an ongoing dialogue with the care provider.

People highlighted key moments when they were more likely to "have something to say," particularly within the first few weeks or the first month of receiving care. At this stage, clients felt able to comment on how well the service was working for them and whether adjustments were needed. For many, this early check-in meant it was easier to request changes, without having to feel like they were complaining. Many people did not like raising issues themselves but said they felt comfortable talking about potential changes if they were asked.

"Feedback after they first started coming, to check how it was going - rather than me having to call them about it."

Home care providers reported that taking a structured approach to feedback was important, with set times throughout the year dedicated to gathering more formal feedback. The most common frequency was every six months, although some providers collected large-scale feedback every quarter or annually. The emphasis was on planning ahead and allocating resources to ensure regular and meaningful feedback collection.

The factors that home care providers considered when deciding on frequency were:

Ability to inform strategic decisions

Large-scale feedback exercises were seen as most useful when done at intervals that allow trends to emerge and improvements to take effect.

"Collecting feedback every six months gives enough time for actions to be implemented. Collecting it too often can result in repetitive responses before changes have had time to make an impact."

Practical considerations for respondents

Providers felt that asking for formal feedback too often could become burdensome.
"Due to the older community we serve, it is an effort for them to write more frequently."
"Every six months feels like the right balance—clients don't feel overloaded, and families have time to engage."

Alongside planned formal feedback, providers also described frequent informal opportunities,

including:

- Check-ins during care plan reviews
- Telephone calls/day-to-day conversations with families and carers
- Review points (e.g. after hospital discharge or during early weeks of service)

Many providers emphasised a "make every contact count" approach, using regular communication to build relationships and encourage open dialogue.

"Being proactive rather than reactive prevents issues and builds trusting relationships. A range of ways to give feedback makes it more accessible."

Home care providers used these informal feedback opportunities for the specific purpose of:

Building trusting relationships

"Regular informal communication creates an environment where people feel comfortable speaking up.

"Calling clients regularly helps build relationships, and if something isn't right, they are more likely to tell us straight away."

Ensuring person-centred, responsive care

Frequent feedback allows providers to update care plans quickly and respond to changing needs.

"We review the care plan after the first visits, then again at 14 days, at three months, and sooner if needed. We update plans after hospital discharge or whenever needs change."

Some providers also promoted an open-door culture, encouraging clients and families to raise concerns at any time with dedicated telephone numbers or contacts.

Providers noted that feedback gathered informally must still be recorded and reviewed to avoid missing patterns or opportunities for wider service learning. So, providers would need to create a method for staff to passed on these insights after informal conversations, through documentation, emails or CRM entries that could then be collated and used to inform service improvements.

- A personal approach: Find out peoples preferred methods for feedback at start of contacts.
- Telephone calls, in person meetings and emails considered most useful/preferred methods by both clients and family members.
- Make a variety of methods available to ensure accessibility and participation.

Methods of gathering feedback

There are many ways to gather feedback, including online surveys, QR codes, phone calls, and in-person meetings. Clients, carers and family members preferred methods were telephone calls, emails and in person conversations.

"I'd feel okay about talking to them, and telling them things, it would be no trouble. On the telephone usually."

I'"m not tech savvy, I don't really do online, I can do it, but I don't like to. If it was my choice, it would be telephone – speaking to someone."

"Email questionnaire. This gives you time to think about it. If it's in person or on the phone – you might forget or miss something. You can do it in your own time. It's hard to have time as a carer."

Both home care providers and clients felt that these methods worked best because feedback was often linked to requests for changes in care. As a result, direct and personal communication channels were seen as particularly important.

"Most clients are not on email and prefer calls."

"We prefer telephone and face-to-face contact. This approach helps clients feel at ease and reassures them that if they are unhappy about something, they can talk to us. We understand and want what is best for them."

When discussing anonymity with family members, most felt that staying anonymous was less important than using the feedback process to improve the care their loved one received. Several clients were more cautious about giving their name when providing feedback.

All home care providers who responded reported using a mix of methods to ensure that feedback opportunities were accessible to as many clients and family members as possible.

"We use QR codes because some family members are more familiar with technology than our clients. Some clients still prefer pen and paper, so we also send letters."

Other ideas of how to engage people included:

"Short videos with service users, to ask them how they feel about the service we provide …it's fun and the service users enjoy it."

"We conduct an annual survey through an independent company to gather anonymous feedback that informs service-wide strategy."

Providers also highlighted that when gathering feedback in person, it is important to explain its value and build trust, so clients feel confident that raising concerns will not affect their care.

One care provider shared:

"I find it best to speak face-to-face and explain that their feedback is important because it helps us make improvements. Clients need to know that if an issue is raised, the carer will be spoken to, but their identity will remain confidential. This helps reassure them that they can speak openly without fear of backlash. If they are not honest, we cannot resolve the issue."

Challenges and barriers

Client barriers: Having time (carers), not being confident with digital methods, long surveys with complex questions

Care providers tips: Explain why it is important and useful, assigning resources and staff time to support feedback increases response rates.

Clients and family members said the main barriers they faced to giving feedback were having time, not being confident with digital methods, and being given long surveys with complex questions.

"We have a lot on; we don't really have time for surveys."

One of the barriers that home care providers faced was low return rates on the methods they tried. In explaining their answers organisations identified that family members were often busy and so they felt it wasn't a priority.

Other challenges that care providers identified were similar to those expressed by clients and family members, such as some clients not having a support network to help them give feedback, clients having a limited ability to write forms, and people finding digital methods difficult.

"This is variable on how much feedback we receive…depends on what support networks the client has in place."

When asked about how they had overcome these challenges, some home care providers spoke about allocating staffing and resources to encourage and support feedback activities. They felt that this approach did prove beneficial.

"I do not feel we have many challenges as we would reach out to family or staff to support. These can also often be chased via telephone and remind clients that they can have support in completing the feedback questionnaire, however sometimes it comes down to choice. If they do not want to do this, they do not have to."

"We have hired another member of staff to support with this. It is a necessary expense. "

Topics for feedback questions

Clients and family members spoke about what topics they would like to give feedback about. They suggested a small number of simple questions on the following topics:

- Continuity of caring staff
- Confidence in the training and ability of staff
- Punctuality and reliability
- Communication with the company about changing needs
- Quality of care
- Listening to and understanding the client and their family

HWH also developed a list of potential feedback topics and asked providers to indicate which they felt were important to include when gathering feedback. The topics were:

- Care planning and care reviews
- Communication with clients and family members
- Financial arrangements
- Level of support
- Medication administration
- Quality of service
- Staff attitude
- Staff completing agreed tasks
- Timing of visits
- Dignity, respect, and privacy

Aside from financial arrangements and medication administration, which were seen as less relevant, providers rated all other topics as highly valuable. No additional topics were suggested, indicating that this list would be a strong starting point for developing questions.

One provider noted:

"I feel that all of the above is important. Any feedback is useful, as we want to make sure, we are going the extra mile. Most clients and families are very happy because we complete the little extras."

People preferred to be informed about changes made because of their feedback through telephone calls, in-person conversations, or email. Primarily they were interested in hearing about tangible improvements to their care than receiving broader, generic service updates (newsletter type updates).

How to inform people about the outcomes and impact of their feedback

Both home care providers and their clients agreed that having a clear feedback loop is important. Clients want to know how their feedback has influenced services, especially when they have taken the time to share their views.

Most clients and family members were not interested in generic newsletter-style updates. Instead, they preferred more personal methods such as telephone calls, emails, or in-person reviews.

Home care providers expressed similar views. The top three preferred methods for sharing updates about changes made because of feedback were: In-person meetings (83%) Telephone calls (79%) and Emails (41%)

Most providers felt that discussing feedback outcomes in person or over the phone was most effective. Many also recognised the importance of personalising communication and reported that they ask people how they would like to be contacted.

"All of the above, and we try to communicate with individuals in whatever way best meets their needs and preferences."

Organisational processes for gathering and using feedback

- Consent to contact people for purposes of giving feedback
- An organisational policy to manage feedback gathering activities
- Setting aside staff time and resources to gather, analyse and make recommendations
- Staff member(s) who report to senior management with the findings and recommendations.

Getting specific consent to contact clients and family members for the purpose of getting feedback was seen as essential, with 90% of care providers saying they had this in place. Having an organisational policy on clients and family member feedback was seen as very important to imbed an organisational culture.

Setting aside staff time and resources to gather, analyse and make recommendations based on feedback was seen as important with most providers assigning staff member(s) to coordinate this process. It was also seen as key to have clear lines of reporting to senior leadership, as most providers had staff members who reported any findings and recommendations to senior management.

Examples of service user feedback policies and a template structure can be found in Appendix A.

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Appendix A

Some examples of Patient/ Client Feedback Polices:
Patient Feedback and Involvement Policy <u>Patient Feedback and Involvement Policy</u>
Service User and Carer Feedback (Priory) <u>MANUALS / HOUSE STYLES MEETING – 26 March 2003</u>

What could be covered in a feedback policy?

1. <u>Introduction</u>

Provides a background summary of the organisation, the purpose of feedback and involvement, and national regulatory context (including legal, quality, and safety frameworks that influence the policy).

2. <u>Purpose</u>

Defines what the policy intends to achieve, including ensuring systematic feedback collection, using learning for service improvement, and supporting patient-centred care.

3. Duties

Outlines accountability and roles across the organisation relating to feedback and involvement.

3.1 Responsible Persons

Lists key individuals responsible for oversight and implementation and explains their role in ensuring compliance and governance.

3.2 Responsible Groups

Identifies committees and working groups (if appropriate) and explains how these bodies review, escalate and act on patient feedback.

3.3 Types of Activity Undertaken

Details the forms of feedback activity used by the organisation, including structured surveys, care plan review feedback, Friends and Family Test, feedback projects/ad-hoc engagement, digital feedback platforms, and involvement forums.

3.4 Consultation and Communication with Stakeholders

Explains how patients, carers, public representatives, and community stakeholders will be consulted and how findings will be communicated back to them.

4. Definitions

Clarifies terminology used in the policy (such as feedback, involvement, engagement, co-production, patient experience) to ensure consistency of meaning across the organisation.

5. Patient Information

Explains expectations relating to confidentiality, data protection, GDPR, secure handling of personal information, and consent processes when obtaining feedback.

6. Learning from Patient and Public Feedback

Explains how the Trust will evaluate, analyse, and apply feedback to improve operational performance, patient safety, and service delivery.

7. Process for Monitoring Compliance and Effectiveness

Defines how the policy's implementation will be monitored through reporting, audits, assurance frameworks, dashboards, and governance review cycles.

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