



**healthwatch**  
Warrington

# Time, Trust, and Care:

**Exploring Home Care Support in Warrington**

**Interim Report**  
**June 2025**

# Introduction

Home care was chosen by the Warrington public as a Healthwatch top priority last year. Healthwatch Warrington, in partnership with Warrington Borough Council's Adult Social Care Commissioning team, launched a comprehensive survey to explore the lived experiences of individuals receiving home care services across the borough. This issue was brought to the forefront due to the heightened vulnerability of service users and the risk of possible social isolation they may face. This initiative aligns with our shared commitment to ensuring that care delivered in the home is safe, person-centred, and responsive to the needs of older people and their carers.

The independent survey was designed using a mixed-methods approach, combining quantitative data from council service records with qualitative feedback gathered through one-to-one consultations and an open public survey. Over 1,100 individuals currently receive Warrington Borough Council commissioned domiciliary care in Warrington, with more than 11,500 hours of care commissioned weekly. This interim report draws on both statistical trends and personal testimonies to provide a holistic view of the current state of home care in the borough.

## **Our methodology included:**

Analysis of service usage data provided by Warrington Borough Council.

A public-facing survey, which is ongoing (this is the summary snapshot date from September 2024 to May 2025). The survey is still open until the end of the year, when the full report will be published.

In-depth consultations with service users and carers, and a selection of case studies.

Thematic analysis of feedback to identify recurring strengths and areas for improvement.

This report aims to shine a light on both best practices and systemic issues within Warrington's home care services. It is intended to inform future commissioning decisions, support service improvement, and amplify the voices of those who rely on care at home to live independently and with dignity.

# Methodology

This interim report was developed to evaluate the user experience, quality and accessibility of home care services for people in Warrington. A mixed-methods approach was used, combining quantitative data analysis with qualitative feedback to ensure a comprehensive understanding of the current care landscape.

Providers were invited to contribute to the feedback survey and share it with their service users. The survey has been widely promoted through social media platforms, local press and local public events.

All comments received have been shared (provider-specific) with the Warrington Borough Council Quality Monitoring team for further evaluation.

## 1. Data Sources

**Warrington Borough Council (WBC) Adult Social Care Data:** Data from 1100 individuals receiving home care from framework providers. To expand the data and provide a fuller picture of current home care services we have opened the survey to borough wide providers of home care services.

**Healthwatch Warrington Feedback:** Public engagement data collected through surveys, consultations and virtual voices with service users and carers.

## 2. Quantitative Analysis

Analysis of service provision data for 79 individuals receiving domiciliary care (snapshot).

## 3. Qualitative Engagement

**Surveys:** A short survey was distributed online and in-person to gather feedback from home care recipients and their families. The survey remains open, and the final report will be published at the end of the year.

**One-to-One Consultations:** Conducted with WBC framework provider service users and other independent care provider service users to gather in-depth insights.

**Thematic Analysis:** Recurrent themes were identified from open-ended responses, including punctuality, communication barriers, continuity of care, and satisfaction with specific providers.

## 4. Stakeholder Collaboration

The surveys were open to all domiciliary care providers in Warrington, including the providers on the Warrington Borough Council Framework.

## 5. Limitations

The survey is ongoing; therefore, findings represent a snapshot in time and will evolve as more responses are collected.

Some feedback may be subjective and based on individual experiences, which may not reflect systemic issues.

Although the survey was accessible to all providers, the data collected is not fully representative, as feedback was not received for every provider in Warrington.

## Initial findings

Initial findings reveal a mixed picture. While many respondents praised providers for their punctuality, consistency, and communication, others highlighted ongoing challenges. These include carers not staying for the whole duration of visits, language barriers affecting communication, and a lack of continuity in staffing, particularly distressing for clients with dementia.



# Promotional and Engagement Activities

To support the promotion of this project, we developed dedicated web pages and social media assets aimed at encouraging people to share their experiences and access key information about domiciliary care.

We produced a short video featuring quotes from early survey respondents, which was shared across our social media platforms to build engagement and trust. In addition, we regularly promoted the link to our Home Care Information and Advice page to ensure easy access to support and guidance.



As part of our broader media strategy, we collaborated with Warrington Worldwide to feature a video outlining our plans and encouraging further feedback from the community.



## Engagement Metrics

Website Views: **655**

Social Media Reach (Facebook & Instagram): **15,927**

Warrington Worldwide Video (Facebook & Instagram): **4,000** views

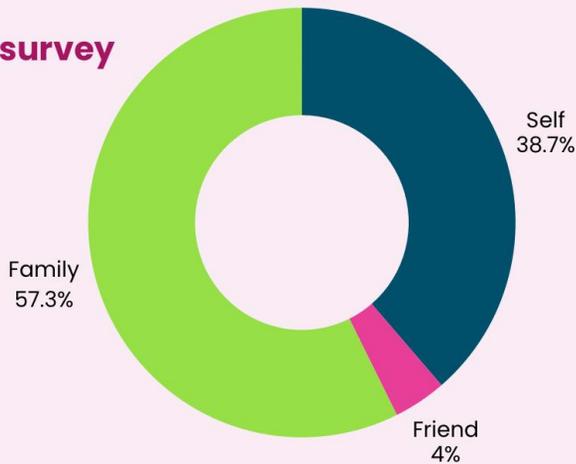
Warrington Worldwide Video (TikTok): **2,822** views

# Key Data Highlights

Below are the findings from our survey as of May 2025, with a total of 79 respondents.

## Who responded to the survey

The majority of survey respondents were family members of the person receiving home care, with **38.7%** responding themselves and **4%** being close friends.



## How many care providers have you used?

**1 provider**



**85%**

**2-3 provider**



**15%**

## Length of time using care provider



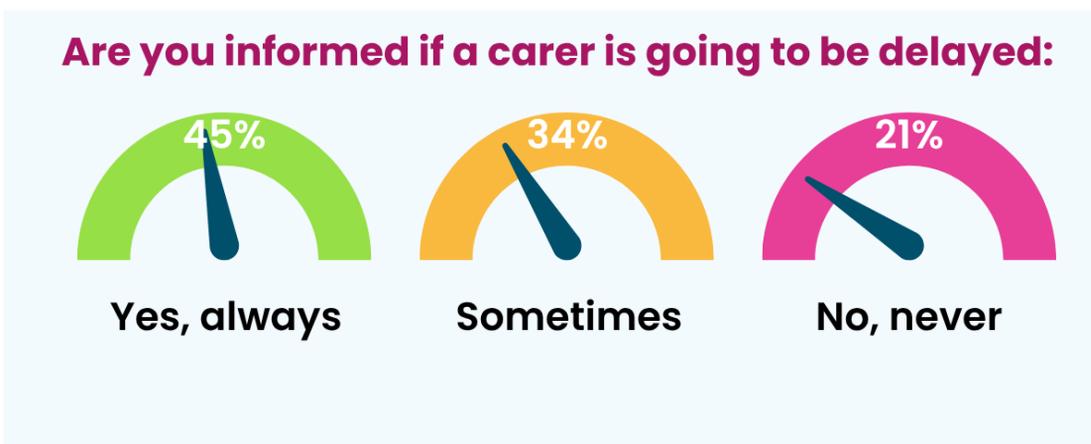
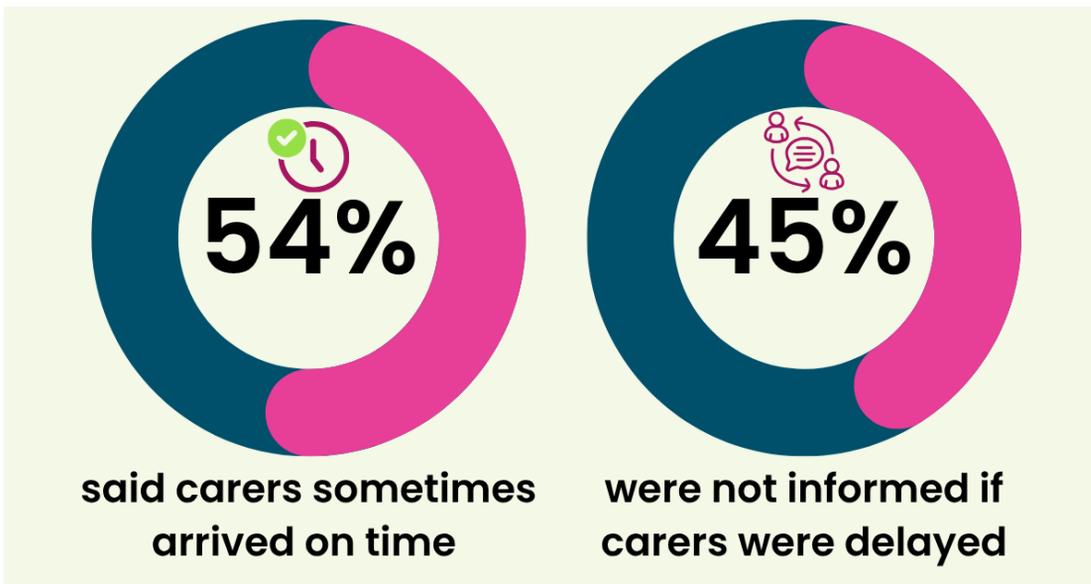
0-3 months



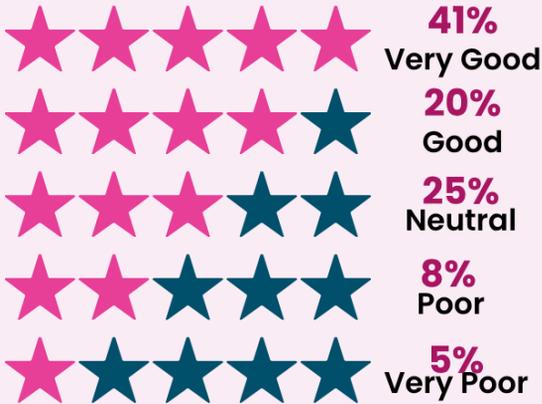
4-6 months



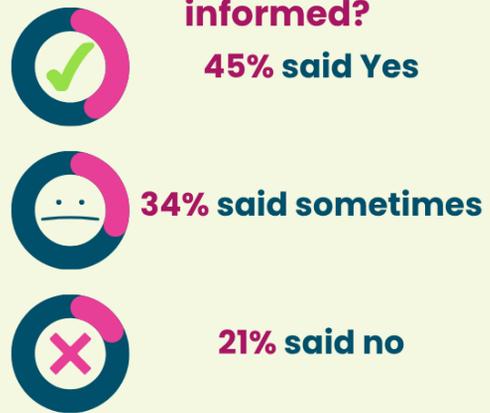
18+ months



### Out of 5 how would you rate the care and support you/your family received?



### If changes are made to the service/care you receive are you/your family member informed?



### Do carers meet your needs?



### Do carers stay for the full visit?



## Themes from Comments



### Council Involvement

Several respondents felt they had no choice in provider selection and perceived they were assigned the “cheapest” option.



### Respect & Dignity

Mixed experiences—some carers were praised for compassion, others criticised for being rushed or disrespectful.



### Continuity & Consistency

Many respondents expressed frustration with frequent changes in carers.



### Communication

Poor communication from providers and lack of updates on delays or changes.



### Training & Professionalism

Concerns about lack of training, especially among younger or international staff.



## Finding and Understanding Care

 **93%** understood the process of finding care

 **49%** rated the process as neutral

 **27%** rated the process as good

 **13%** rated the process as poor or very poor

### The most common ways of seeking home care:



**Council referrals**  
**Social Workers**

### Common themes of frustration



**Lack of Choice**



**Quality control**

## Feedback & Improvements Suggested



### Better training

especially for younger or less experienced carers



### Clearer communication

from providers to families and those receiving care.



### Improved Punctuality

and better visit duration when at the house



### Person-Centred Care

patients want to be seen as people and not as a job.



### More consistent carers

to build trust and familiarity



### Better pay

and working conditions to attract and retain quality staff.

# Voices from the Surveys

## First-Hand Feedback on Home Care Services

All provider feedback quotes have been anonymised.

### Positive Experiences and Praise



*"They are fantastic, no complaints whatsoever."*

*"I am very happy. [redacted] was recommended to me and I have no complaints."*

*"This service was very good, well-trained and caring."*

*"They treated my father as if he was one of their own family... We couldn't be happier with this company."*

*"Excellent, very supportive to my wife... only criticism is the high turnover of carers."*

*"No problems, care is good."*

*"[redacted] were amazing. Their care was far superior to what is received now."*

*"Three members of staff... were exceptional. Very caring and friendly."*

*"Staff were always prepared with aprons and gloves... explained what they were going to do."*

*"[redacted] team were like family members... taking a holistic view."*



*"The carers are lovely, experienced, caring, kind – exactly what you would expect from a home care company."*

## Concerns About Staff Training and Professionalism



*“The staff are good, but they need a lot more training.”*

*“The main problem is that the young carers they are bringing in have little life experience and struggle to understand simple tasks at times.”*

*“There were a number of occasions when staff arrived without disposable gloves (which I provided) which seems to suggest a lack of preparedness.”*

*“Staff were not washing hands or changing gloves after emptying commode then make food.”*

*“Some carers were not clear on how to prepare some meals despite instructions.”*

*“The team that delivers the poorer care are not professional in my view.”*

## Time Management and Visit Duration Issues



*“They never stay for the full appointment time... lack of time provided by the provider.”*

*“They are supposed to be here for an hour but are gone in 40 minutes.”*

*“I haven't used them for a long time yet but punctuality, staying for length of visits could be improved.”*

*“They would turn up over 2 hrs early... I had to choose no medication or risk overdose.”*

*“Carers rarely stayed for a full visit, but that's the norm in my experience, unfortunately.”*

## Safety and Trust Concerns



*"I don't feel safe with male carers... I feel like I don't have a say or a choice. I have asked countless times for male carers not to be sent"*

*"The staff did not routinely engage with my father, they rarely referred to him by name, and there were many times when staff talked across him in foreign languages."*

## Negative Experiences and Complaints



*"Weren't providing adequate care... I ended up cancelling and caring for Mum myself."*

*"Not ideal but no real alternative."*

*"An absolute disgrace... This company is a danger to the vulnerable people they supposedly care for."*

*"It was the worst experience of our lives... I intend to contact Healthwatch about making a complaint."*

*"Absolutely terrible my nan is now in a care home due to this company."*

*"The carers themselves are great, but the company is erratic."*

*"They do the bare minimum, but they aren't here long and could do more."*

*"Calls omitted at short notice due to agency workload – never informed by office."*

## Feedback & Improvements Suggested

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*“Better training and shadowing are needed, especially if the carer is young with limited life experience.”*

*“More person-centred care... not just about the basics.”*

*“Better pay to attract better people... they should give the person proper time and care.”*

## Communication

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*“Never informed if running late... management sounded like a taxi firm.”*

*“If a change to an appointment time was to be made, I would receive a call the previous day.”*

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*“The carers are lovely, experienced, caring, kind – exactly what you would expect from a home care company.”*





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## Response from Warrington Borough Council

The Council commissions around 11,500 hours a week of Care at Home provision and welcomes the independent review and feedback coordinated by Healthwatch. The experience of people who use services, unpaid carers and their families is essential for improvement and ensuring quality.

### **Carers do not always stay for the duration of appointments.**

Following a Care Act assessment that finds that care at home may support someone to remain safe and independent, individuals are allocated an amount of care and support to meet their needs. A time banding approach is used as summarised below – only 30, 45 and 60 minute calls are used for personal care and 15 minutes are used for welfare checks and perhaps prompts and reminders. The amount of time a person needs for care can vary between days and this is affected by the persons physical/emotional wellbeing, the support available from family and their preferences. There is always some variation day to day and the critical issue is that the persons needs are met and any care is delivered with dignity and for example not rushed. We do acknowledge that under delivery is something that we need to keep a close eye on and appreciate is an issue for people receiving care.

The Council use Electronic Call Monitoring [ECM] data collected from providers to monitor the performance of commissioned care. This data looks at the duration of care visits against what has been commissioned by the Council. The Council expects providers to ensure that their carers stay the duration of a planned call and the standard is that more than 85% of visits are delivered at the agreed call duration.

Call duration is analysed on the following criteria:



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## Response from Warrington Borough Council

### Call Duration criteria

Time of call	Delivery criteria	Time frame
15-minute call	Under delivered	0 minutes
	Within call duration	1-29 minutes
	Over delivered	30 minutes or over
30-minute call	Under delivered	0-15 minutes
	Within call duration	16-44 minutes
	Over delivered	45 minutes or over
45-minute call	Under delivered	0-30minutes
	Within call duration	31-59 minutes
	Over delivered	60 minutes or over
60-minute call	Under delivered	0-45 minutes
	Within call duration	46-74 minutes
	Over delivered	75 minutes or over

ECM is reviewed monthly by the Council and the if call durations are lower than the standard or the expected level then an improvement discussion takes place. Our overview for Q4 2024-25 shows 71% of care at home providers are achieving the target or above.

The Council is also piloting a new approach where a Trusted Assessor employed by the care provider are able to review care and can increase or reduce care by agreed amounts depending on a person's changing needs.



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## Response from Warrington Borough Council

### **Carers do not always arrive on time.**

For people receiving care, the timeliness of this is really important. Independence and control are about choice, and this includes things like the time you want to start or end your day or are ready for a meal or to watch favourite TV programme. The current performance is well below the expectation with just less than 50% of calls starting at the time agreed. More care than ever is now delivered on a local arrangement and this was done to cut down travel time and delays due to traffic and roadworks etc. Despite best efforts carers are sometimes delayed because care has overrun where they were previously or as already noted traffic gets in the way. The Council reviews the Electronic Call Monitoring [ECM] data of the providers they contract with to check the punctuality of care visits against what has been commissioner. The target in the contract is that providers should deliver a minimum of 90% of visits on time; however, this is not being met currently. We know this is an area for improvement and one that we are working with providers to improve.

### **Communication between Carers and clients: for some Carers, English is not their first language. Barriers with communication and expectations of what quality of care is acceptable.**

Warrington has an increasingly diverse population and workforce including internationally recruited staff. There around 80 staff that are working in Council commissioned care at home services that were recruited overseas. All overseas workers have to be competent and confident, but we are aware that for particularly new workers it can take time to adjust to standards and quality. International workers have made a hugely positive impact on the care sector and for example waiting times for care to start are at the lowest levels for 10 years.



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## Response from Warrington Borough Council

This means that people are able to leave hospital sooner, more unpaid carers can get a break and most importantly more people are able to stay in their own homes for longer.

For the UK Health and Care Worker visa, international workers must also demonstrate English language proficiency to at least level B1 on the Common European Framework of Reference for Languages (CEFR) scale. This means they must be able to read, write, speak, and understand English at a B1 level. On the basis of this feedback, we will meet with providers to see if there is more, we can do to improve their English.

The Council does keep under review any issues of quality or concerns raised about the competency and confidence of staff and if people raise concerns we will intervene. We'd ask individuals to feedback firstly to their provider, or to the Council, if and when issues arise in relation to communication and quality, so we are able to work with individuals and care providers to resolve any quality issues.

### **A lack of continuity with Carers, which can cause dementia clients further stress and anxiety**

Continuity of care and carers is essential to good outcomes and we appreciate that there will be frustration when carers change frequently. The average number of care hours per person each week is around 11 hours equating to 10-15 calls a week. Carers are often part time and many work split shifts – it is also an area where recruitment and retention of staff can be a challenge. All care providers contracted by the Council have paid staff the 'Real' living wage which has improved retention and recruitment but this can be difficult.



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## Response from Warrington Borough Council

The Council expects providers to ensure an individual has carer continuity by making every effort to minimise the number of different carers visiting in any week period. It is rarely possible to have the same single carer for all visits, but providers are expected to aim for the following carer continuity as outlined in the Care at Home contract:

Size of Package of Care / Amount Per Week	Maximum Number of Staff / Per Week
<b>Up to 5 visits</b>	<b>2</b>
<b>6 – 11 visits</b>	<b>4</b>
<b>11 – 27 visits</b>	<b>6</b>
<b>28+ visits</b>	<b>8</b>

From provider feedback and monitoring it is clear that it is particularly challenging with larger care packages and also during busier times of the year over winter and during school holidays when childcare can affect rotas..

Once again, we appreciate the feedback and will continue to listen and work with providers to improve services.

**Ashley Chadwick**

**Commissioning Lead – Older People and Business Performance  
Commissioning and Contracting**

# Recommendations

## Improve Punctuality and Visit Duration



### Issue:

Many respondents reported that carers arrived late or left early, with some visits lasting only 10 minutes instead of the scheduled 30–45 minutes.

### Recommendation:

- Implement stricter monitoring of visit times.
- Ensure that providers are held accountable for the full duration of each visit.
- Review travel time allocations between visits to reduce lateness

## Enhance Continuity of Care



### Issue:

Frequent changes in carers, especially for people with dementia, caused distress and disrupted care routines

### Recommendation:

- Prioritise continuity by assigning small, consistent care teams to each client where possible.
- Introduce a “core carer” model for high-needs clients.

## Strengthen Communication and Language Support



### Issue:

Language barriers were a recurring concern, with carers struggling to understand instructions or communicate effectively.

### Recommendation:

- Provide English language and communication training for carers if needed.
- Ensure care plans are clearly written and explained to all staff.
- Offer translated materials or visual aids where needed.

## Increase Training and Supervision



### Issue:

Concerns about carers' lack of training in food preparation, hygiene, hoist use, and dementia care

### Recommendation:

- Mandate regular refresher training for all carers, especially in basic care tasks and dementia awareness.
- Introduce shadowing for new or young carers with experienced staff.

## Improve Responsiveness to Complaints and Feedback



### Issue:

Several users felt ignored or blamed when raising concerns, and some didn't know how to complain.

### Recommendation:

- Standardise and publicise the complaints process across all providers.
- Ensure all care packages include clear information on how to give feedback.
- Introduce a centralised feedback monitoring system for trend analysis.

## Ensure Person-Centred and Culturally Sensitive Care



### Issue:

Some users felt care was task-focused rather than person-centred, and cultural needs were not always respected.

### Recommendation:

- Embed person-centred care principles in training and care planning.
- Encourage carers to engage in meaningful conversation and offer small personal touches (e.g. choice of meals, preferred routines).
- Provide cultural competency training.



# Case study 1

## Challenges in Home Care for a Stroke and Dementia Patient

The home care service user, who had previously suffered a stroke and later developed dementia, received care from both his son and home carers. However, his son experienced numerous frustrations with the quality of care provided. When comparing the level of care to that provided by WBC Intermediate Care, there was little comparison. His son said, "The visits were completed very quickly, almost at breakneck speed, and considering my father was paying for 30 minutes of care, the staff were out of the front door well within this time. The whole feeling was that of a transaction rather than a personal care visit".

One of the major concerns was the inconsistency in carers' arrival times, which disrupted the routine and occasionally resulted in prolonged periods of discomfort for his father. Language barriers were also problematic, as some carers communicated in a language other than English, making interactions feel unprofessional and upsetting for both the service user and his son. Carers also did not routinely refer to him by name. He strongly believed that carers should possess a good command of English to ensure effective communication.

Another significant issue was the frequent change of carers. For someone with dementia, continuity of care is essential, yet his father struggled with different carers attending each day. One of the most distressing incidents reported involved improper lifting techniques when transferring his father onto a commode. He fell, and carers refused to assist him due to health and safety concerns, resulting in a prolonged wait on the floor until an ambulance arrived.

While his father had the benefit of family oversight, his son expressed deep concern for individuals who lack family support, fearing they may endure similar issues without advocacy.





## Case study 2

### Poor Care Standards and Hygiene Issues

The home care service user had been receiving home care services for approximately three months, but his experience was overwhelmingly negative. Several concerns were raised, including improper food preparation, with carers sometimes serving undercooked meals. Additionally, hygiene practices were inadequate, with carers failing to wash their hands between assisting with the commode and handling food.

Scheduling inconsistencies further exacerbated the issue, as visits were frequently two hours early or late, disrupting the service user's medication routine. Since his medication required consistent intervals with food, these delays posed serious health risks. He also noted a lack of communication when carers were running late, and when contacting the office, he was often met with vague responses attributing delays to staffing shortages.

Due to these ongoing problems, a formal request for a change in service provider was submitted. The service user said, "they need a new manager, new training to all members of staff on basic hygiene, food preparation and how to speak to the service user instead of insulting them".



## Case study 3

### Positive Experience after a negative experience

Following a negative experience where the care was described as "horrific", due to poor care, lack of time keeping, lack of experience and understanding of UK standards of care, the service user's son successfully transitioned his mother to an alternative provider, resulting in a significant improvement in quality of life.

He described the carers at their chosen provider as professional, compassionate, and attentive—exactly what one would expect from a high-quality home care provider. Their reliability and respectful approach made his mother feel valued and cared for. Since making the switch, his mother's well-being and overall happiness had improved drastically, reinforcing his son's belief that this change was instrumental to his mother's continued health.

He expressed immense gratitude, stating that he did not believe his mother would have thrived under the previous provider's care. The exceptional service reassured him that his mother was finally receiving the care and dignity she deserved.



## Case study 4

### Variability in Carer Quality Due to Experience

The home care service user had been receiving care for over 18 months and observed a stark difference in the quality of care provided by different carers. "While some were very good and I would rate 5 out of 5 for their professionalism—others, particularly younger and less experienced carers, fell short, often struggling with basic tasks".

She believed these shortcomings stemmed from inadequate training, as some carers appeared unprepared for their responsibilities. To improve care standards, she advocated for more robust training programs, including extended shadowing periods with experienced carers. Enhancing training practices would ensure carers develop the necessary skills before assuming full responsibilities, thereby improving the overall quality of care.

# Conclusion

The findings of this interim report highlight the complex and varied experiences of individuals receiving domiciliary care in Warrington. While many service users expressed appreciation for compassionate and professional carers, there remains significant concerns around punctuality, continuity, communication, and the overall consistency of care. The data underscores a pressing need for systemic improvements, including better training, more transparent communication, and more person-centred approaches.

It is evident that while some providers are delivering exemplary care, others fall short of the standards expected by service users and their families. The recurring themes of rushed visits, lack of choice in providers, and insufficient cultural sensitivity point to broader structural issues within the home care system. Addressing these challenges will require coordinated efforts from care providers, commissioners, and the local authority.

This report serves as both a reflection of current realities and a call to action. By listening to the voices of those who rely on home care, Warrington has the opportunity to lead the way in creating a more responsive, respectful, and effective care system—one that truly values time, trust, and care.

Healthwatch Warrington would like to thank Warrington Borough Council Adult Social Care Commissioning for sharing their information to allow us to undertake our Domiciliary Care Priority.

We would also like to thank the care at home service users for sharing their experiences and the other independent care at home providers who took part in the surveys.

The full report will be published at the end of the year. The interim recommendations will be shared with all participating providers, Warrington Borough Council Adult Social Care and the Contract Monitoring team.

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