

Redcar and Cleveland Adult Social Care Improving Satisfaction Levels

Healthwatch South Tees
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About Healthwatch South Tees

Healthwatch South Tees, the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland, is the health and social care champion for people who live and work in South Tees.

As an independent organisation, we have the power to make sure NHS leaders and other decision makers listen to the feedback we gather from local communities. This helps us to better understand the challenges they face when accessing services provided by the NHS and other care providers across South Tees. And in turn ensures that people's experiences improve health and care services for everyone. and improve standards of care.

Any information shared with us is confidential and the recommendations we make is purely based on the feedback we receive and not our own views.

Introduction

As part of Redcar and Cleveland Borough Council's commitment to working with adults and carers to plan, design, commission, deliver, and evaluate Adult Social Care (ASC) services, they want to know if the services they offer make a difference to the challenges that adults and carers face and if they improve their quality of life. It has been recognised that they cannot make improvements to services without feedback from the wider community, staff, and partners.

Healthwatch South Tees has undertaken the lead role of engagement, responsible for gathering feedback from local people who use adult social care services to effect real change. This work has been divided into several smaller focussed projects.

This project is to review ASC customer satisfaction questionnaires, with recommendations on how these can be improved and increase sampling and return rates. It is important to recognise that nationally, satisfaction levels with ASC are low; according to the King's Fund 2022, national dissatisfaction with ASC rose significantly in 2022, with 57 percent of people saying they were dissatisfied (up from 50 percent in 2021).

Methodology

- Created an online digital survey on customer satisfaction surveys.
- Held three focus groups with people who access ASC.
- Carried out in-person polls on views of surveys.
- Reviewed other local authorities and local care providers.

Recommendations

The following recommendations consider a range of methods ASC could use to obtain feedback, times for when to get feedback, and ways in which to forge relationships with those who have lived experience of ASC.

- Before people share feedback, they need to understand the purpose, and how the data will be used.
- Any communication including surveys should be in an easy-to-understand format, without jargon, short in length, using simple language, with accessible options including easy-read, large font, and other language options.
- Some people respond to surveys through text, email, and social media, others feel more comfortable using the traditional methods of paper surveys already adopted. However, what needs to be very clear for the person providing a response is, who is asking for information, at what point in the journey they ask for feedback, and how ASC responds to that will have a direct impact on whether a person is willing to share their experiences or not.
- Mechanisms to allow anonymous feedback should be available in paper format, an online form, and perhaps a freephone number for voicemails.
- Trust and understanding are common themes for all respondents. By involving those with lived experience to support ASC to obtain feedback, some attendance at existing groups, and having one point of contact within ASC would go some way in gaining trust.

- Providing feedback to the people who have responded to surveys, detailing how their responses have been used and what has changed as result of it would encourage more responses in the future. When doing this, there needs to be a variety of methods used; suggestions include local newspapers, social media, and through the established groups, and local radio, as well as councils' communication platforms including newsletters.
- Consideration of adopting a 'You Said, We Did' approach with concise, simple summaries is the preferred method.
- Timings are important; sending surveys soon after accessing a service means there is more likelihood it will be responded to. Reminders by telephone call, text, or email may encourage some to complete their surveys.
- Some form of incentive may encourage people to respond.
- ASC must be responsive to feedback by having a continuous process for people to share experiences at the initial stage, review, and closure, including surveys with assessments and plans. Always be clear when changes cannot be made, as people would rather have this knowledge, than not be updated at all.
- There could be consideration of a lived experience steering group to provide input into ASC. Offers to be part of any such group should be offered to all people accessing ASC, with adjustments made for those who would find attending groups challenging.
- Members of a steering group could become ambassadors for ASC, providing a vital conduit to feedback within their communities.

Conclusion

Overall, feedback about the content of the survey was positive as it was simple, clear and concise. However, it is very clear that to increase return rates of customer satisfaction surveys and to improve the satisfaction levels of people accessing ASC a variety of methods and approaches are vital. This ensures a diverse range of feedback is given and considered in future planning.

The report has highlighted people's reluctance to share sensitive information because they fear this will impact their own or their loved one's care, as well as the need for trusted relationships to be developed.

Local Engagement Poll

For one week, during engagement activities we asked people 22 people in Redcar and Cleveland to give one word when they think of surveys.

The word cloud below shows the responses provided; the larger the text indicates more people gave this as their answer.



Focus Group – Summary:

Full Focus Group information is included in Appendix 2

- We held three focus groups across Redcar and East Cleveland with adults with ongoing ASC experience.
- All respondents lived within South Tees.
- In total we spoke to;
 - 40 adults who were a mix of carers and individuals accessing ASC
 - 10 male and 30 female
 - Age range from 27 – 89 years old
 - 39 white British and 1 mixed Asian white British
 - With a mix of long-term conditions and disabilities including Dementia, Parkinson's, Cancer, frailty, Arthritis, Diabetes, Anxiety, Depression, Sciatica, nerve damage, learning disability, Asthma, sleep apnoea, Autism and Epilepsy

We took examples of the ASC Customer Satisfaction Survey's to two of the focus groups for comments about the content and layout.

Generally, there was an overwhelming response in the feedback we received as the majority of people we engaged told us that they liked the format of these surveys. This was because the questions were clear and concise, and the majority of responses only required ticks.

The images to support the different rating levels was really helpful in guiding the person to make their response reflective of their experience and was therefore simple.

The best feedback we received was in relation to the length of the survey as people felt that because it was short, this was more achievable for completing it rather than having to put a lot of time aside to sit down and complete.

Although the majority of people liked the short surveys with large font and tick boxes, some communities would not be able to complete them and therefore an easy easy-read format would still be required as an option.

Some respondents felt it would make surveys better if the information was acted on and improvements made, and others felt that surveys were a tick-box exercise.

How many filled in an ASC customer satisfaction survey?

There was a mix of responses, some carers say that they did not have time to complete surveys, and others have and continue to complete them.

- Some participants found it helpful to share their thoughts through a survey but found some questions intrusive.
- Those with a learning disability and or autism needed support to complete surveys or did not complete them as they did not understand them.
- There was some concern about online and social media surveys in case this was a scam or would encourage other companies to contact the person.

“

- *“I can't fill in surveys or speak on the phone because I am caring. I need something that works for me”.*
- *“I don't know what they will do with the information. Do they want to know my views or are they going to bin it?”.*

Is there anything that would encourage you to complete a survey?

- The majority wanted to understand what the information would be used for and also what difference it makes to share information.
- Short, simple surveys were more likely to be completed, over long complex and repetitive ones with a lot of jargon
- Attending groups for focused feedback, to find out what is working and what is not was also a common theme soon after the interaction with ASC has taken place.
- People wanted to know that they had been listened to and to receive feedback on what changes had been made after they shared their views.
- Some people would be encouraged to provide feedback if there was an opportunity to win a prize, whereas others would like to provide feedback anonymously. Some people had concerns giving negative feedback may impact the care that someone receives.
- Having people with lived experience and those who are trusted by the individuals would encourage the majority of participants to provide feedback.
- Using text and telephone or having a freephone number was suggested as a means of answering questions.



- *“Give us feedback somehow so we know you are listening”.*
- *“Look for alternatives to surveys – do a coffee morning”.*
- *“Text things, we can fill in when we have time and that is easier”.*

Survey Responses – Summary

Full survey information is included in Appendix 1

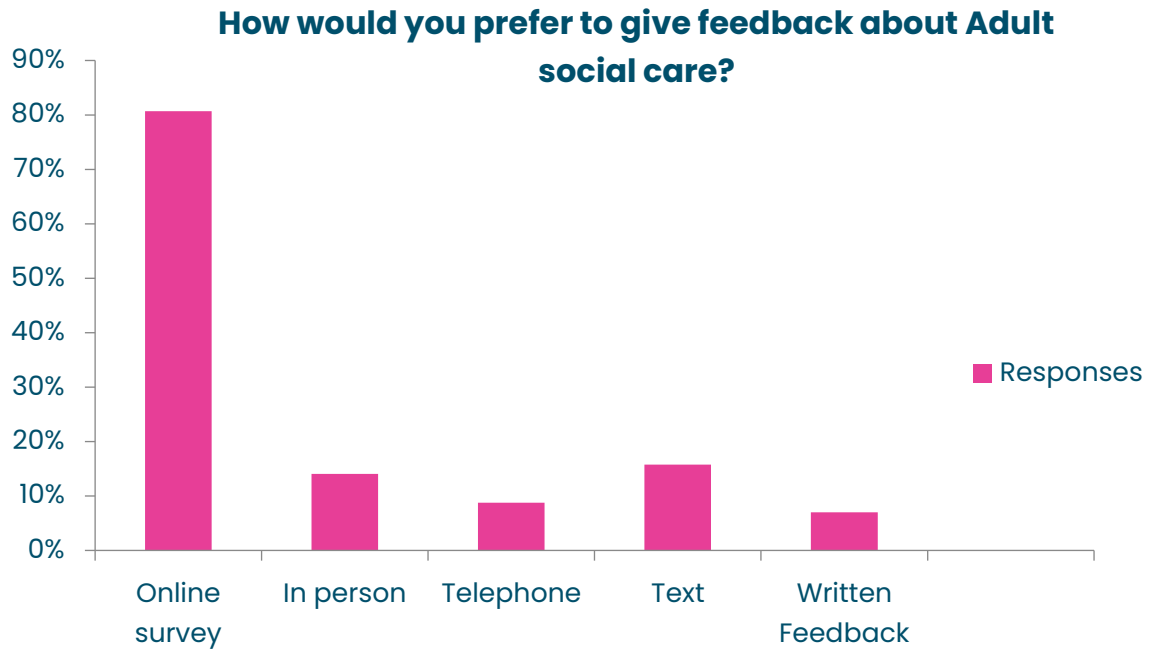
- In total 57 local people completed a short online survey.
- All respondents lived within the North and South Tees areas, with 88% living in Redcar and Cleveland.
- The majority of respondents, 81% were aged 25-64; 43% were aged 25-49, and 38% were aged 50-64.

Locality	Age
TS6 x 3, TS8 x 2, TS10 x 28, TS11 x 3, TS12 x 7, TS14 x 6	18-24 x 2 25-49 x 25 50-64 x 22
Outside Redcar and Cleveland:	65-79 x 6
TS2 x 2, TS4 x 2, TS5 x 1, TS7 x 1, TS9 x 2	80+ x 2

- Of those who responded, 80% would prefer to complete an online survey, this was compared to 15% who would prefer to complete a text survey. It is important to note that the survey was completed online; therefore, all respondents are digitally aware. A balance was sought by speaking to people at local groups in person who may not be as digitally inclusive.



- *“It could be beneficial to offer different ways of feedback as older individuals are typically less able to access things like online surveys. The option to collect feedback at any in person groups or events could be beneficial for getting lived experience”.*
- *“Have an opportunity to provide feedback in 'real time', straight after accessing adult social care services”.*



We asked respondents what are the best ways to collect feedback or any do you have any suggestions about how to increase response rates.

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- *“Feedback forms should be short and clearly written; Easy read format and available in other languages”.*
- *“Large print forms, telephone or face to face as I am registered blind”.*
- *“Email a link for feedback to be provided, or text a link and possibly provide QR codes in buildings”.*
- *“The time we receive a text is important, if I receive a text asking for feedback during the day, I will forget about it as I am at work”.*
- *“Do it quickly once I have been in touch or I will forget. Send me one reminder. Do it by text”.*

Good practice to consider from local providers and neighbouring authorities

We spoke to the Community Reablement Team, at Meadowgate, Eston. The team receives a high response rate to their customer satisfaction surveys and for this reason we asked the following questions to identify areas of good practice that could be consider being adopted.

We asked how surveys are currently shared, and how the completed information is collected.

- The surveys are included in files that go into service users' homes. At the end of the service, they are asked by staff (when they collect files from the property) if they would like to complete a survey.
- If a person is in hospital/not available, surveys are either left in the persons property or posted. We include our office number and arrange for staff to collect, as this has a better return rate than someone having to use a stamp and go to a post box.
- We looked for examples both locally and nationally of ASC customer satisfaction best practices and found little data, although a report from Coventry City Council was available there was little information on best practices around improving response rates.
- Middlesbrough ASC confirmed that the only satisfaction surveys sent to ASC clients are the DHSC standard surveys. These are the annual Adult Social Care User Survey and the bi-annual Survey of Adult Carers Survey. These DHSC defined surveys which we facilitate with data returned to DHSC and they have not been involved with any other surveys ASC surveys for clients.

Feedback from Redcar and Cleveland

ASC

Patrick Rice, Executive Director for Adults and Communities, Redcar and Cleveland Council, provided the following comments:

Adult Social Care values the feedback provided from the consultation and will use this to inform the development of future surveys, including exploring the use of different communication methods and ensuring we have an easy read survey available. We have ensured that we include an option for people receiving the surveys to be able to complete this via telephone if they do not wish to complete a paper-based survey, practitioners are also able to support completion should anyone require this.

It was positive to read that the surveys Healthwatch were asked to undertake the consultation on were well received and provides reassurance that as a department, we are listening to feedback from people who participate in the consultations. It was also positive to read that timing is important to people as the process we have implemented means people will receive the survey soon after the event.

As a department, we will use the feedback from the consultation to support us in reaching an appropriate balance of ensuring surveys capture the necessary feedback but also that they are accessible and easy for people to complete.

Recognising how important it is to feedback to people who take the time to provide us with their invaluable feedback, the service will consider how to ensure residents of the borough receive updates on how their input and experiences has helped to shape service delivery.

We would like to thank Healthwatch and everyone who took part and supported this consultation and their ongoing, valuable contribution as this helps us to inform service delivery going forward.

Acknowledgments

Healthwatch South Tees would like to thank everyone who supported us in sharing information about the groups they attend, support, or know about locally. This information was vital in the production of our report.

We would also like to thank –

- Carer's Together
- Friends of LDS
- The Hope Foundation
- Boosbeck Village Hall
- Skinningrove Village Hall
- Skelton Civic Hall
- Nite Light
- Friends of Locke Park




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