



Healthwatch Cornwall Care at Home Report

May 2015

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Due to the Data Protection Act 1998 all sensitive data from 2 Appendices have been removed from this report. This information has been shared with CQC, NHS Kernow and Cornwall Council.

1. Executive Summary

During 2014, Healthwatch Cornwall (HC) was made aware of a number of concerns about the commissioning, supply and administration of the process for providing care at home in Cornwall. A task group was created in July 2014, and from September 2014 to date evidence has been received from a number of people involved in the care at home sector.

In view of the serious concerns being expressed to HC, it was decided to report the feedback to Councillor Jim McKenna, the portfolio holder for Adult Social Care.

Cllr McKenna established a review process to examine the way in which Cornwall Council's Framework Agreement was being implemented.

HC and a number of care providers were among those invited to participate in that process, which is ongoing.

This report shows the findings of the research, together with progress already made to resolve issues reported.

In March 2015, an interim report was issued to commissioners at Cornwall Council and NHS Kernow, quoting the evidence collected and making a number of interim recommendations to which responses have been sought.

This report also went to the Care Quality Commission and the Health Overview and Scrutiny Committee to ensure it had the attention of relevant agencies in a timely way.

Following representations from both Cornwall Council and NHS Kernow, HC deferred to their advice that making the interim report public at the time may not be in the best interests of service users.

Since then investigations have continued, with an emphasis on gaining more evidence and HC is now able to publish further findings from users of this service.

Extensive efforts have been made to engage with these groups in an unbiased way and HC has spoken to more than 70 people in receipt of home care.

The issues raised are of sufficient number, seriousness and consistency to justify publishing the findings and seeking further responses.



1.2 Findings:

- A serious shortfall is perceived in the current capacity to provide care at home in Cornwall and urgent remedial action is needed to increase total capacity, and to extend the scope of care at home services.
- More than 40 care providers said that they believe that current conditions in the care at home sector are fragile at best and risk serious breakdown unless substantial changes in policies, and some administrative practices, can be made quickly.
- People in receipt of care desire that it is delivered by trained and experienced staff. Continuity of care is necessary and people appreciate the support provided by carers.
- Notwithstanding the efforts made through Cllr McKenna's review of the Framework Agreement, there is still a need for more substantial, transparent and open dialogue between all of the commissioners and care providers. This will support the implementation of the declared strategy of shifting more emphasis towards providing care at home over the next five years.
- This report includes recommendations of changes or investigations that should be made by some or all of the agencies involved.

1.3 Main Recommendations:

There are six main recommendations. These are explored fully in the body of the report.

1. An urgent review/comparison of both commissioning processes used to establish best practice for integrated commissioning.
2. Establish a public forum for relevant organisations to discuss Cornwall's care at home sector and address issues - to meet quarterly.
3. Review pay and conditions for carers to consider net cost benefits in providing a living wage compared to potential savings against delayed transfers of care.
4. Care providers not to be used to obtain money from service users.
5. Improvements to on the job training for new carers during induction.
6. Improvement to care provider communication with service users if a change to routine.

HC acknowledge that some progress has been made in recent months, but remain concerned that there are still many issues to be addressed if care at home services are to better meet the needs of service users.

HC acknowledge the challenging financial context within which care at home services are being commissioned. It is also acknowledged that care at home services are not only often more appropriate for service users, enabling them to maintain independent living, but also save money in the longer term through reducing demand on residential care or hospital admissions. Therefore time, effort and resources applied now could ensure fit for purpose services for all care at home in the future.



2. Background and Methodology

During 2014, concerns were expressed to HC regarding the commissioning and delivery of personal care in the homes of vulnerable people. HC established a task group to gather information and evidence.

A meeting was arranged in October 2014 with Cornwall Council and NHS Kernow Clinical Commissioning Group to co-operate with our study. As the research has progressed there have been further meetings as described in the table shown in Appendix C. This has enabled better understanding of the process from the commissioner perspective, and reflections on these meetings are included in this report.

The topic was researched from three angles - the views of the people in receipt of care, the paid carers and the care provider organisations, and three separate questionnaires were designed as shown in Appendix E. These questionnaires considered:

- a) The expectations and experiences of those people who receive the care.
- b) The experience, recruitment and training of professional carers.
- c) The specification of care needs and the commissioning of care provider organisations to supply them.

From October 2014 to April 2015 evidence was gathered via the HC website, the phonenumber, from partners, questionnaires, interviews with the public and through meetings with different agencies.

HC appealed for information from the public and held a meeting of care providers at Kingsley Village in January 2015, which was attended by representatives from 45 Framework and non-Framework care providers.

The report is based upon evidence from 49 care providers, 20 carers and 79 people who are 'cared for/relatives'. While this latter number is small in the context of overall care at home provision, the evidence is serious enough to justify publication and the number of care providers HC has engaged with is a significant proportion of the whole.



An interim report was produced in March 2015 and sent to commissioners at NHS Kernow and Cornwall Council. After representation from them both, it was decided not to publish the interim report at that time but to continue research, with an emphasis on speaking to people receiving care at home. Interviews were carried out in day centres with people who receive a care package. Care providers and HC partners were asked to support this work to reach as many of the service users as possible. All of the non-sensitive evidence HC has collected is shown in Appendices A to E.

3. Main Findings

3.1 Serious concern about the capacity of the sector impacting on service users.

There was evidence of a number of safeguarding issues arising from current practice that had been reported by providers to the Adult Safeguarding team. Care providers were forecasting that they would be forced out of business “in the next few months” (December 2014) unless current policies and systems were modified.

Providers informed HC that they wish to give back contracts and Framework providers reported not having capacity to bid for care packages. It was reported that carers had left the sector, and recruitment agencies described the current recruitment problems as “unprecedented”. Service users and their families told HC of the stress and confusion caused by the ways in which new procedures had been introduced.

HC heard from service users and their families about stress and confusion caused to vulnerable people by the ways in which new procedures are being introduced. From the evidence HC has been given, it is concerned that the supply of care at home in Cornwall may be inadequate to meet the needs of the community and more fully protect vulnerable adults. **(See Appendices: A2Q5, 13 additional feedback comments also received).**

3.2 Serious problems with recruitment linked to pay and conditions.

Information given by all the carers and most of the care providers HC spoke to indicated that current levels of pay and conditions for professional carers in Cornwall were generally inadequate and unsustainable. It was demonstrated that the “effective hourly rate” of some carers who were not being paid while travelling between clients, (i.e. total hours ‘at work’ divided by hours paid) was significantly below the National Minimum wage. The majority of the care providers said that they thought it was very unlikely that they could recruit sufficient carers to meet the demand in Cornwall unless they became able to pay “the living wage”. (It must be said that two providers dissented from this general view and their recruitment attempts had been successful, they said, because they had offered a minimum of 16 hours per week instead of only offering zero-hour contracts.)



Since the Framework Contract Representative Group (FCRG) was established by Cllr McKenna, co-operative efforts have been made with care providers to assist them with the recruitment of new carers and to help them with the drafting and the cost of advertisements: this work is ongoing. **(See Appendices: AQ4(a), AQ4(b), 7 additional feedback comments also received).**

3.3 The Framework Agreement.

The investigation has highlighted concerns regarding the Framework Agreement with respect to the processes used to introduce it, the way in which providers who were unsuccessful in getting on the Framework have been received by the community and the administrative processes used in applying the conditions of it. Service providers have reported to HC concerns about the way the agreement was implemented and that they feel misled by the Council. HC understand that this is a contractual arrangement that providers have entered but observe that mistrust between parties has stemmed from this process and still continues. **(23 supporting feedback comments received).**

HC also acknowledge that some of these issues are legal and contractual and between the providers and Cornwall Council.

Considering the views expressed to HC, and concerns of capacity HC ask:

Does the Framework Agreement need to be improved or does it need to exist at all?

The FCRG, established as part of the internal review of the Framework Agreement following Cllr McKenna’s initiative, is working to improve the agreement but does so within the assumption that it (the Framework Agreement) will continue to govern the relationships between Cornwall Council and the care providers. The HC task group were frequently referred to the NHS Kernow approach to commissioning by



care providers who do business under both systems. It appears that working relationships between NHS Kernow and their suppliers are generally very different. As Cornwall moves towards integrated commissioning of health and social care, and more service users opt for direct payments, should the Framework Agreement be considered the best model for commissioning?

What is the impact of Transaction Costs?*

Some providers have suggested that the approach of requiring suppliers of goods or services to sign very detailed legal agreements is “outmoded and expensive” because it usually causes high “transaction costs” and such agreements may be difficult and expensive to enforce in the courts. In a situation where finances are extremely tight, HC poses the question of whether the Framework Agreement gives best value for money.

What is the impact on Market Shaping and Capacity?

HC understand that one of the origins of the Framework Agreement was the intention expressed by Cornwall Council to bring about changes in the structure of the market for providers of care at home - a smaller number of consistent larger providers, where quality could be more easily monitored was needed. Introduction of the Framework Agreement has not led to this change and non-Framework providers continue to be commissioned to improve the capacity of the market to cope with care demands. HC believe the priority now should focus on ways to increase the overall capacity in the market. HC is aware that Cornwall Council is looking at alternative solutions to this issue such as commissioning larger national care providers and increasing use of its own Steps team; however HC feel there is opportunity to maximise the use of the existing care at home providers currently being missed.

3.4 One of the causal factors that may be involved in delayed transfers of care.

There seems to be agreement that problems in the supply of care at home packages account for only a small percentage of the delayed transfers (‘bed-blocking’) that occur on any given day. Appendix B shows the past eight months of NHS data that show causes of delayed transfers of care for both community hospitals managed by Peninsula Community Health and acute hospitals managed by Royal Cornwall Hospitals Trust. Figures show a sharp rise in both numbers and percentages of people delayed in hospital in March 2015 compared to data from September 2014. (In March 2015, 514 bed days and 22.6% of delays caused by awaiting a care package in own home compared to 123 bed days and 2.1% of delays in September 2014). This is shown in a graph in Appendix B. Other factors causing considerable delay are completion of assessment and public funding, although it is also worth noting that patient or family choice also play a part. It is important that everything is done to reduce delayed transfers to a minimum and HC believe there is scope for more co-operation and innovation between commissioners and care providers.

3.5 Two-way communication problems.

HC heard from many care providers that they did not feel that their concerns about current policies were being heard. Council officers said that they did not understand why these issues had not been raised in the 1-1 contract monitoring meetings they held with care providers. Some providers told HC they

*The cost associated with exchange of goods or services and incurred in overcoming market imperfections. Transaction costs cover a wide range: communication charges, legal fees, informational cost of finding the price, quality, and durability, etc. In the context of care at home services this will include the costs of monitoring care providers, ensuring care is being done to the right standards and to ensure that the new suppliers are honouring the council’s obligations and legal duties. Ref:<http://www.businessdictionary.com/definition/transaction-cost.html#ixzz3ZeAd7zBP>



felt reticent about speaking up about matters that could affect their future business. **(5 supporting feedback comments received).**

3.6 Assessments of care needs and communication to potential providers.
HC were told that some care package descriptions sent out for bidding to Lot 1 care providers lacked important information which put service users (and sometimes carers) at risk. Reportedly brokers for NHS Kernow commissioners did not always provide adequate details of the care package requirements, or there were delays in these being issued. **(8 supporting feedback comments received).**

3.7 Anxiety and stress.

HC heard from a number of very angry and emotional people, both service users or their families and care providers who spoke about their anxiety for vulnerable people and the anger they felt about their treatment by council officials when they raised their concerns. Some of these reports were associated with cash flow issues, financial assessments and the calculation and consequences of personal budgets on service users or their families and on the care provider concerned. This was especially an issue when changes of care providers were 'forced' on the service users. **(5 supporting feedback comments received).**

3.8 Different commissioning practices.

HC found that the policies and operational practices used by the Continuing Care office for NHS Kernow were very different from those adopted by Cornwall Council. Having two different commissioning processes impacts on the system as a whole.

3.9 Working relationships.

Working relationships between officials of Cornwall Council and a significant proportion of the care providers were reported to be poor. HC consider good working relationships between these groups to be essential if service users are to receive appropriate and quality services. Reports from different care providers said that the council used an inflexible approach when applying the

conditions of the agreement. Providers reported being concerned about talking to HC for fear of punitive measures caused by their signing of the Framework Agreement. They set up an email account to communicate with the council in a way in which they were not individually identified. This caused HC some concern in respect of candour. The council expressed strong disagreement that the Framework Agreement prevents open communication and insisted that they are only applying a contractual business arrangement. HC were told that better relationships exist between the care providers and the NHS Continuing Care commissioners. Those care providers said they would like to see the NHS Kernow approach used for all care at home. Since starting the research, the introduction of the FCRG meetings have gone some way to establishing more open communication between providers and council officers. **(6 supporting feedback comments received).**

3.10 Problems with cash-flow and the administration of purchase orders, invoices and personal budgets.

Process issues have been reported to HC that have caused delays in payments and issues with cash flow for some providers. Many of these issues have been addressed through the FCRG meetings and HC welcomes this. **(8 supporting feedback comments received).**

3.11 Problems with the process of recovering the service user's share of the costs of care.
HC found that the process that assesses each client's liability to bear some or all of the costs of their care, is causing problems to service user and care providers alike. HC was told assessments have sometimes been shown to be inaccurate (resulting in appeals and thus further delay), slow, and that communication between the assessors and the service users



and their families, and the care provider has sometimes been inadequate or non-existent. Likewise some difficulties for service users were reported when they were switched to personal budgets and subsequently discovered that this caused a change in care provider, which they did not want but which could not then be reversed. **(3 supporting feedback comments received).**

3.12 Electronic Call Monitoring System. Many concerns have been expressed about the Electronic Call Monitoring System (also referred to in some evidence as ECM or as CM2000) and the choices the council has made about how to apply it. While two care providers at the HC meeting in January pointed out some benefits of using the ECM (i.e. knowing where the carers are, having objective measures of time spent with clients), the great majority of other care providers pointed to technical problems, poor training, extra costs of equipment and administration and inflexible rules. Some care providers told us that the minute-by-minute application chosen by Cornwall Council was too inflexible. Some of these concerns are now being investigated through the FCRG. Reassurances have been given that technical issues at the council's end should be resolved by May 2015 and further supportive training has been provided. Financial support for ECM has previously been offered by the council and discussions have started around compensating for increased administration costs to providers, **(27 supporting feedback comments received).**

3.13 Concerns that certain clients with special requirements were not being supported by trained carers due to the council's (alleged) wish to establish 'generic' care packages. HC heard from two providers who said they had lost some clients with special needs because they did not get selected to join the Framework Agreement. The result was that their clients with special needs (including paranoid schizophrenia, paedophilia, and several clients with learning difficulties whose home-life was especially chaotic) were treated as 'generic' care packages and put out for bidding through the Framework Agreement process for Lot 1 providers. This was said to put both the carers and those clients at risk.

HC believe the specification of care needs should always include sufficient information to ensure that appropriately trained carers are provided. The council has told HC that they believe the responsibility lies with the care provider who bids for a package to supply staff who have been appropriately trained, **(3 supporting feedback comments received).**

3.14 Feedback from service users and their relatives.

The feedback from those receiving care is generally very positive towards their carers, although there are areas (see below) where improvements are clearly needed. HC received questionnaires, telephone calls, letters from 70 cared-for or their relatives, and many of the comments from care providers directly related to specific cases among those they cared for.

Analysis of the specific responses leads HC to the following conclusions:

3.14.1 Carers frequently become friends.

The majority of service users regard their carers as their friends and many of the comments HC received included sympathetic remarks about the pressures they were working under. **(See Appendix: AQ2).**

3.14.2 Carers training and standards.

Analysis of the detailed questions shows that - where there are reported problems - they mention lack of training or experience. Some younger carers sometimes do not know enough about cooking to heat a meal properly; in some cases language skills or strongly accented English make it difficult for elderly clients to understand what is being said; and induction training did not always include specific details unique to a given client and it was suggested that more shadowing should be required when new carers are introduced. **(1 supporting feedback comment received).**



3.14.3 Communications.

Service users most frequent worry was about punctuality. Interestingly, HC was told of only one incident where carers did not turn up at all. The service user or their family often has to build their day around the scheduled care visits and this can be problematic when the carers do not arrive on time. However the nature of the work and the topography of Cornwall in the holiday season means that strict time-keeping is often impractical. In many cases however, the cared-for cannot leave the house anyway and a telephone call to let them know that things are running late is usually sufficient - as many of them said "... it may be me that's taking extra time next time." (1 supporting feedback comment received).

3.14.4 Turnover of carers.

Feedback showed that the cared-for do not like it when new, fresh faces turn up that they haven't seen before and they have to accept unfamiliar hands giving them intimate personal care, (1 supporting feedback comment received).



4. Outcomes to date

4.1 Cllr McKenna has set up an internal review of the council's Framework Agreement governing commissioning of care at home. He invited a representative selection of care providers, care sector bodies and HC to be part of that process, which is currently meeting every two weeks.

4.1.1 Progress has been made around a number of procedural issues raised by providers, for instance:

The council is supporting a recruitment drive for care staff accessible by Framework and non-Framework providers; training around ECM has been offered; and compensation is being considered by the Council in respect of increased administrative costs incurred by the Framework agreement. There has been an undertaking to get technical issues with ECM system resolved by May 2015, to improve payment processes.

4.1.2 There have been opportunities for providers to engage in communication with Cllr McKenna and officers from Adult Social Care to explain their concerns and express their queries, which have been addressed in subsequent meetings. The work by officers has been acknowledged by HC to be considerable and timely and meetings have been minuted publicly and circulated to providers not present.

4.1.3 There have been opportunities for individual organisational issues to be brought to the attention of responsible officers.

4.2 In addition, the Health Overview and Scrutiny Committee has agreed, at the request of the Cllr McKenna to convene a Select Committee hearing on care at home, of which the council's Framework Agreement review process and HC evidence will form a part (scheduled for June 2015).

4.3 There has been an internal review of the Framework Agreement conducted by responsible officers.

4.4 The council has conducted a soft market testing to establish if there are other providers in a position to be commissioned to provide care at home if current providers withdraw from the contract.

5. Recommendations:

The progress outlined in section four above is good to see. However, HC feel that there are still many outstanding issues and its recommendations below seek to address these.

5.1 An urgent review/comparison of the commissioning processes used to establish best practice for integrated commissioning:

HC would urge a comparative review of commissioning processes carried out by both NHS Kernow and by Cornwall Council with a view to establishing a robust process that can be used to support integrated commissioning in health and social care. HC would encourage this review to look at the questions raised in section 3.1, 3.2, 3.3, 3.4, 3.6, 3.8, 3.11, 3.12 and 3.13 of this report.

The review should also include a complete process review, current cost analysis and consider the impact on providers of processes being applied.

5.2 Establish a public forum for relevant organisations to discuss Cornwall's care at home sector and address issues - to meet quarterly.

This should involve NHS and council commissioners, all providers, other interested parties such as voluntary and statutory sector representatives. This should enable care providers and both Cornwall Council and NHS Kernow to:

- Articulate their aspirations and strategic plans in such a way that representatives of care providers and voluntary agencies and charities are given a realistic opportunity to engage in genuine "co-production" of process improvements and establish integrated working systems.
- Hear from any service user or their family about problems they are experiencing, and from any care provider regarding suggestions for improvement.
- Promote and embed good practice across the system

HC would be happy to support or facilitate this forum in its set up phase.

5.3 Review pay and conditions for care support workers:

HC suggest that Cornwall Council and NHS Kernow jointly commission an independent study of actual pay and conditions currently



being paid within the care sector in Cornwall. This will need to examine the net cost/benefit effects of increasing pay for carers to living wage levels on the one hand and the potential savings to the public purse (if any) as a result of reducing delayed transfers to optimal levels on the other.

5.4 HC recommend that care providers should not be used to obtain money from the service users:

The arrangements currently in use, (which require the care provider to press the client, their family, or the deceased client's estate for payment) have some serious drawbacks. HC recommend that commissioners, who have the relationship with the client through the assessment process, pursue collection of debts to re-pay themselves for care costs that should be paid by clients. The Care Act 2014 has introduced new rules for charges on service users' property and this may represent an opportunity to further reduce stress and anxiety for them and their families.

5.5 Training for carers:

HC suggest that there could be some benefit of establishing a "standard" of induction training that specifies best practice around shadowing for new and inexperienced carers. Additionally consideration of paying time for shadowing when service users change providers could improve continuity of care for service users.

5.6 Communication with service users:

HC suggest that all care providers are required to make contact with a service user if they are going to be more than 30 minutes later than the scheduled time of a care visit - either by telephone or by text wherever that is possible.

Appendix A: Evidence received through questionnaires from service users and carers.

A1. Questionnaires from Service Users (59 received up to 24.4.15).

Question 1: “What do you like about your care?”

Satisfied with her day time care.
Very friendly staff.
Really good at their job.
Got a new company - very good.
Very reliable people are always pleasant and helpful don't feel that I really need it now.
They are excellent happy always kind.
One or Two of the carers were ok and caring but generally had a bad experience.
My care is very good makes sure clothes are at and ready. Leaves clothes on bed for me as I'm blind if I want anything I just phone.
Were really good people and world do anything.
Very Happy.
Turn up on time very kind caring and cheerful after a hospital admission struggled and fought to have the same company to deliver care. They have been wonderful.
Based in Redruth Manager is great.
Shopping, Cleaning, Friendly
Reliable, kind, friendly.
Lovely girls really helpful can't complain
Happy with them, been with them over 4 years. Some carers have left.
Very happy with care.
Feel safer with them visiting.
Staff friendly and mostly helpful.
Seeing the same faces off and on for a bit of chat, it stops me sleeping so much.
The pleasant helpfulness of all the carers.
Always bright and bushy tailed, they should all receive a medal
I am informed when there are problems. Most of the staff are good and helpful. I appreciate the telephone contact always available
Always been on time, polite and cheerful. Consideration of wife's disability, offered to do additional work if needed.
Having help with walking
Having people I have got to know. Some of these carers are nicer than others but all look after me well
It stops me relying on my family and also provides them with help around the house. They help me tidy and organise my room, which is important to me, it really used to frustrate me when it was messy and I couldn't do anything about it. Also it provides me with company when mum is at work and I otherwise be by myself for the day
The provider always keep us informed about what arrangement are in place. The carers are competent and cheerful at all times and we regard them as part of the family.
I look forward to seeing my carers they call on me three times a day. They have helped me mentally and the day passes quickly. I am immobile
On the whole it is very good. On the whole they are very good and patient with me.

Seeing someone in my own house
I've enjoyed it
She is very good - helps me things around the house
I like to have a bath
All the carers are good to me
Continuity - understand people have holidays but I like the continuity I have
Very good helps with wash and dressing
Very helpful
<p>“See attached letter dated 23.1.15 = “Dear Sir or Madam, Members of your staff started giving personal care to my wife (name) on Monday 15th December last year. Since that time 9 ladies have attended my wife on 27 occasions. The following comments apply to all of your staff:-</p> <ul style="list-style-type: none"> a) They have always been on time. b) They have always been polite and cheerful c) They have shown great consideration to my wife considering her disability. d) They have always been smartly dressed with a professional appearance. e) They have always asked if there is any other work that needs to be carried out. <p>We are both extremely satisfied with the service you are providing.”</p>

Question 2: “What things do you dislike about your care?”

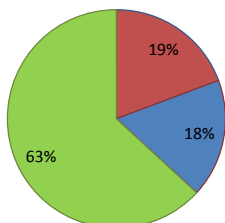
The Staff are rushing to get to the next customer
Young carers are more task focused rather than chatting to the cared for.
When the carers are running late
They come when they can
Not really find them ok
Not really find them ok
Had a nasty fall and cares left me. On call ambulance helped, couple of years ago, I wound up in hospital
No she very good
Would come at times wasn't convenient have now cancelled would come to the wrong door
No nothing
Will help myself and my wife they are friendly.
Carer talking about personal issues would like more care but doesn't know how to access. Wouldn't speak to carer as she wouldn't listen
N/A
Can't say anything bad
Carers are sometimes of sick and I have to find out why they haven't been to visit
Younger carers wont the money and not the work
Some of the young care workers have no idea how to prepare a warm snack. Sometimes commode not emptied. Once or twice not dressed properly, cloths on top of nightdress!
Having to get used to new male carers
The way the times of my care are changed without any notice on my schedule.
I have a problem with the constant changes by management of my evening agency.

I don't like the way Cornwall Council have handled this. The girls don't know whether they have a job to go to at the end of the month or not.
Constant alterations to attendance of scheduled carers causing changes to care plan.
Not being able to access all the things in a town as I live too far away. Not good enough Wi-Fi strength, not enough activities for me to access.
Not enough 1:1 hours, not able to do what I want all the time.
Baked beans. Not enough drivers to go out.
Not seeing my family enough, not being stimulated enough in house.
Having to rely on other people for everything. The cost.
Find the weekly changes worrying.
I would prefer a mixture of male and female carers as I see very few people and it would be nice to see more carers to break the regularity
Sometimes if I am really tired or not feeling well I don't feel like talking to anyone and then it is quite hard to see the carers.
Stayed with original provider. Have personal budget. I felt bullied by the social worker when she tried to get me to move to the framework. I made a complaint to the council, they tried to cut lunch call so it would be cheaper.
Strangers coming in who don't know me
When any carers goes on holiday I prefer not to have anyone else because they don't know where anything is.
The carers talk all the time. I stopped the care because all they wanted to do was chat

Question 3: "What things do you dislike about your care?"

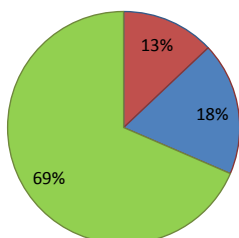
I have a care plan that matches my needs.

Disagree Neutral Agree



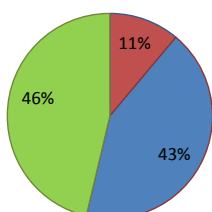
The carers follow my care plan.

Disagree Neutral Agree



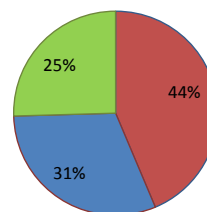
The carers that visit me are suitably trained to deal with my needs.

Disagree Neutral Agree



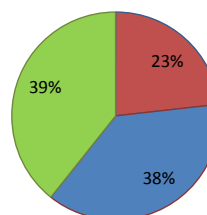
I worry that the carers aren't going to turn up on time.

Disagree Neutral Agree



I generally have the same carer's week in week out.

Disagree Neutral Agree



A2 Questionnaires from domiciliary health carers - (13 received up to 12.05.15)

Question 1: “What things does your organisation do well to provide outstanding care in a client’s home?”

“Our organisation provides an excellent level of care to our clients despite the current financial climate.”
 “Listens to their individual needs.... Treats the service users with respect at all times.... All the staff have up-to-date training which gives them knowledge to apply to all service users.”
 “1) we are well informed about clients’ needs (Care Plans)....2) Good training ...3) We are informed of any changes immediately... 4) (They) act on our concerns.”
 “Provide good overall care, supporting customers, families and carers in their jobs.”
 “Always listen to what the client says and also do things that are in the care plan, right down to the last detail and going the extra mile for the client.”
 “Be aware of their needs and respond to their circumstances liaise with agencies monitoring changes in their physical health and mental health.”
 “They care about what is happening in a client’s life, used to be good training and monitoring staff but this has got worse. They try to follow up on information given - but not always possible.”
 “Good training given manual handling etc. Options for further training.”

Question 2: “What things prevent you from providing even better care in the client’s home?”

“Time to do the job properly Essential equipment....running late due to traffic or

road works which causes knock-on effects.”
 “Time”
 “The amount of time we have to spend with a client is not always well-tailored ... sometimes there is a huge discrepancy between the severity of the illness and our training and qualifications.... Lack of resources.... The client’s attitude.”
 “Funding The slow process of getting any equipment that will help the service users.... Timing issues: e.g. service users can’t afford to have carers for an appropriate time for them.”
 “90% of visits are not long enough. Nobody can bath, dress, get breakfast and wash up in 30 minutes..... Evening / Tea-time it takes longer than 30 minutes to make a meal, feed and wash dishes.”
 “Time. As a carer it is always time that is important. Some people see no-one all day except carers ... time to just sit and talk would be good, and should be part of their care plan, promoting emotional stability.”
 “Not the right aids or equipment.....the care plan hasn’t been updated.”
 “Occasional staff shortage. Lack of support from some families.”
 “Lack of time/ resources. Poor communication between service providers, some carers only doing it as a job. Needs to be viewed more professionally by everyone, general public too. Professional standards/ certification.”
 “No time in between visits; rushed. Yet other times had to wait an hour between visits on a zero hour contract.”

Question 3: “Please tick either disagree, neutral or agree to the statements below:

Statement	Disagree	Neutral	Agree
I get enough time to travel between the people I care for.	5	3	3
I have been provided with enough training.	1	0	12
I am given enough information about a new SU.	4	5	4
The care plans in a SU’s home are up-to-date and relevant.”	3	3	7

Question 4, a: “What are the main reasons that have caused colleagues to leave your current employer?”

“Better paid jobs Overworked...Pay and conditions.... Staff leaving can cause extra pressures for remaining staff, therefore may cause staff to leave (catch 22).”

“Not enough time....wages (although better now).”

“Too little money and travelling time... the company didn’t keep its promises they had made when they came to an agreement.”

“Low wages ... long hours.”

“Not enough clients, not earning enough money to meet every day living expenses.”

“1) Low pay ...2) Uncertainty of future work ... 3) not being accepted by society for the hard work that we do.”

“Working hours. Not being paid travelling time. You may work a 14hr day but be paid only for 9 hours.”

“Mainly the rate of pay, travelling, not given enough hours.”

“Usually personal circumstances - e.g. Pregnancy.”

“Lack of work, finances and the lack of support.”

“Was poorly and had sick note from doctor, but wasn’t allowed time off.”

“Maybe they going to have better wages and work times.”

Question 4,b: “What could be done to attract more people into the caring profession?”

“Improved Pay and Conditions”

“Better wages”

“Better working conditions More time to spend with clients for looking after them ... correct carer.”

“Better pay ... acknowledgement for what you do well.”

“The pay seriously needs to be looked into.”

“1) Being recognised and appreciated for the hard work we do ... 2) Better pay and support from local government.”

“Bad press is constant. Good press would encourage people into the profession.”

“By hiring team leaders who are motivated and who present themselves well, professionally and by the media presenting stories of good care.”

“Make it more professional, increase wages and reduce pull on already limited resources.”

“Good rate of pay.... Dependable hours ... also publicising the good care workers instead of always hearing about bad carers.... And what carers themselves get out of meeting a different range of people they care for.”

“More assurances about hours expected to work - can’t be pressed for work. I said I wanted 35 hours (on zero hour’s contract) but ended up doing 50 - 60 under pressure so I left.”

“Given a proper contract.”

“Maybe recognised good work and better wages.”

Question 5: “If you would like to leave any additional feedback about any health or social care experience you have had, please use the box or contact details below...”

“I have done Caring for 23 years in both Homes and community and since September 2014 the service has never been so bad and I have cut my hours to 15 from 30 as I am so disheartened.”

“I am a carer in the community. I wear my uniform for 12/13 hours a day, 5 days a week, at the end of every month I clear just enough to pay my rent. People who work in supermarkets are earning more money. How can this be right when I’m responsible for people’s well-being?”

“A lot of clients do not understand the changes that have been, and are being made ,by the County. They feel their right of choice has been taken from them.”

“I like the work, but they we’re over-doing the number of clients they were asking me to cover for others who had not turned up. My friend left at the same time as me, for the same reason but since that she has gone back for more pay.”

“I don’t feel valued and supported. I have been off work with a long term issue and no one cared enough to contact me. I was not allowed to return in original role (team leader). I am only allowed to do care work which is a struggle physically. I think they just want me out.”

“Need proper assessments, more in depth.”

A3: Questionnaire responses from Providers (1 received at 17.2.15 from a non-framework provider, name and contact details supplied. Note also that many providers gave us verbatim evidence face-to-face.)

Question 1: What things does your organisation do well to provide outstanding care in a client's home ?

“Listen to them. Communicate with all professionals and authorities to give continuity of care and meet all the needs of the clients seamlessly.”

Question 2: “What 2 things prevent you from providing even better care in the client's home?

“Money - funding And Time restrictions and access to more time.”

Question 3: “How many carers have resigned in the past 12 months and where have they gone?”

“Two: one to a Care home and one went self-employed.”

Question 4: “How many new carers have started work in the past 12 months and where have you recruited them from?”

“Two: one from another agency, one was made redundant by the Council.”

Question 5: “What training courses do new carers need to complete before starting work for you (please list).

“M/H; H+S ; Meds; Fire; Infection Control; Human Rights Safeguarding; E+O ; mca; Food; Induction.”

Question 6: “Are your care plans written in a way that will enable carers to do tasks that aren't detailed in the Care Plan? For example; post a letter, buy milk from the corner shop etc ? ... if not, why not?

“Staff are asked to call the office for authorisation for any additional tasks ... (because of time restrictions.)”

Question 7: “ When taking on a new client, does the Council / NHS Kernow provide you with enough relevant information about the client's health and social care background?

“NHS Kernow do. Council Staff - brokerage do not have a care background, so cannot completely understand the needs of the clients.”

Appendix B: Statistics for delayed days for NHS Organisations in Cornwall.

B001 - March - Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations in Cornwall by reason for delay.

Region	Name	COMPLETION OF ASSESSMENT	PUBLIC FUNDING	WAITING FURTHER NHS NON-ACUTE CARE	AWAITING RESIDENTIAL HOME PLACEMENT OR AVAILABILITY	AWAITING NURSING HOME PLACEMENT OR AVAILABILITY	AWAITING CARE PACKAGE IN OWN HOME	AWAITING COMMUNITY EQUIPMENT AND ADAPTIONS	PATIENT OR FAMILY CHOICE	DISPUTES	HOUSING - PATIENTS NOT COVERED BY NHS AND COMMUNITY CARE ACT	TOTAL
Devon, Cornwall And Isles Of Scilly Area Team	Peninsula Community Health C.I.C	360	85	0	9	139	361	26	65	24	24	1,093
Devon, Cornwall And Isles Of Scilly Area Team	Royal Cornwall Hospitals NHS Trust	105	15	821	16	62	153	7	0	0	3	1,182

B002 - February - Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations in Cornwall by reason for delay.

Region	Name	COMPLETION OF ASSESSMENT	PUBLIC FUNDING	WAITING FURTHER NHS NON-ACUTE CARE	AWAITING RESIDENTIAL HOME PLACEMENT OR AVAILABILITY	AWAITING NURSING HOME PLACEMENT OR AVAILABILITY	AWAITING CARE PACKAGE IN OWN HOME	AWAITING COMMUNITY EQUIPMENT AND ADAPTIONS	PATIENT OR FAMILY CHOICE	DISPUTES	HOUSING - PATIENTS NOT COVERED BY NHS AND COMMUNITY CARE ACT	TOTAL
Devon, Cornwall And Isles Of Scilly Area Team	Peninsula Community Health C.I.C	229	155	1	23	172	232	23	209	0	28	1,072
Devon, Cornwall And Isles Of Scilly Area Team	Royal Cornwall Hospitals NHS Trust	53	2	890	29	100	134	5	21	0	0	1,234

See links for definition of 'Delayed Transfer of Care' and source for the following information:

<http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Monthly-Sitreps-Definitions-DTOC-v1.08.pdf>

<http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2014-15/>

B003 - January - Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations in Cornwall by reason for delay.

Region	Name	COMPLETION OF ASSESSMENT	PUBLIC FUNDING	WAITING FURTHER NHS NON-ACUTE CARE	AWAITING RESIDENTIAL HOME PLACEMENT OR AVAILABILITY	AWAITING NURSING HOME PLACEMENT OR AVAILABILITY	AWAITING CARE PACKAGE IN OWN HOME	AWAITING COMMUNITY EQUIPMENT AND ADAPTIONS	PATIENT OR FAMILY CHOICE	DISPUTES	HOUSING - PATIENTS NOT COVERED BY NHS AND COMMUNITY CARE ACT	TOTAL
Devon, Cornwall And Isles Of Scilly Area Team	Peninsula Community Health C.I.C	221	283	38	12	92	139	4	234	0	6	1,029
	Royal Cornwall Hospitals NHS Trust	41	7	864	18	36	52	12	36	0	0	1,066

B004 - December - Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations in Cornwall by reason for delay.

Region	Name	COMPLETION OF ASSESSMENT	PUBLIC FUNDING	WAITING FURTHER NHS NON-ACUTE CARE	AWAITING RESIDENTIAL HOME PLACEMENT OR AVAILABILITY	AWAITING NURSING HOME PLACEMENT OR AVAILABILITY	AWAITING CARE PACKAGE IN OWN HOME	AWAITING COMMUNITY EQUIPMENT AND ADAPTIONS	PATIENT OR FAMILY CHOICE	DISPUTES	HOUSING - PATIENTS NOT COVERED BY NHS AND COMMUNITY CARE ACT	TOTAL
Devon, Cornwall And Isles Of Scilly Area Team	Peninsula Community Health C.I.C	377	434	29	12	82	94	27	92	0	7	1,154
	Royal Cornwall Hospitals NHS Trust	65	0	336	6	18	37	3	0	0	0	465

See links for definition of 'Delayed Transfer of Care' and source for the following information:
<http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Monthly-Sitreps-Definitions-DTOC-v1.08.pdf>
<http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2014-15/>

21 **B005 - November - Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations in Cornwall by reason for delay.**

Region	Name	COMPLETION OF ASSESSMENT	PUBLIC FUNDING	WAITING FURTHER NHS NON-ACUTE CARE	AWAITING RESIDENTIAL HOME PLACEMENT OR AVAILABILITY	AWAITING NURSING HOME PLACEMENT OR AVAILABILITY	AWAITING CARE PACKAGE IN OWN HOME	AWAITING COMMUNITY EQUIPMENT AND ADAPIONS	PATIENT OR FAMILY CHOICE	DISPUTES	HOUSING - PATIENTS NOT COVERED BY NHS AND COMMUNITY CARE ACT	TOTAL
Devon, Cornwall And Isles Of Scilly Area Team	Peninsula Community Health C.I.C	414	282	0	20	118	56	27	59	0	14	990
Devon, Cornwall And Isles Of Scilly Area Team	Royal Cornwall Hospitals NHS Trust	138	0	641	17	21	36	16	11	0	0	880

B006 - October - Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations in Cornwall by reason for delay.

Region	Name	COMPLETION OF ASSESSMENT	PUBLIC FUNDING	WAITING FURTHER NHS NON-ACUTE CARE	AWAITING RESIDENTIAL HOME PLACEMENT OR AVAILABILITY	AWAITING NURSING HOME PLACEMENT OR AVAILABILITY	AWAITING CARE PACKAGE IN OWN HOME	AWAITING COMMUNITY EQUIPMENT AND ADAPIONS	PATIENT OR FAMILY CHOICE	DISPUTES	HOUSING - PATIENTS NOT COVERED BY NHS AND COMMUNITY CARE ACT	TOTAL
Devon, Cornwall And Isles Of Scilly Area Team	Peninsula Community Health C.I.C	334	233	24	96	114	8	8	66	43	0	926
Devon, Cornwall And Isles Of Scilly Area Team	Royal Cornwall Hospitals NHS Trust	20	2	643	26	68	45	5	0	0	0	809

See links for defention of 'Delayed Transfer of Care' and source for the following information:
<http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Monthly-Sitreps-Definitions-DTOC-v1.08.pdf>
<http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2014-15/>

B007 - September - Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations in Cornwall by reason for delay.

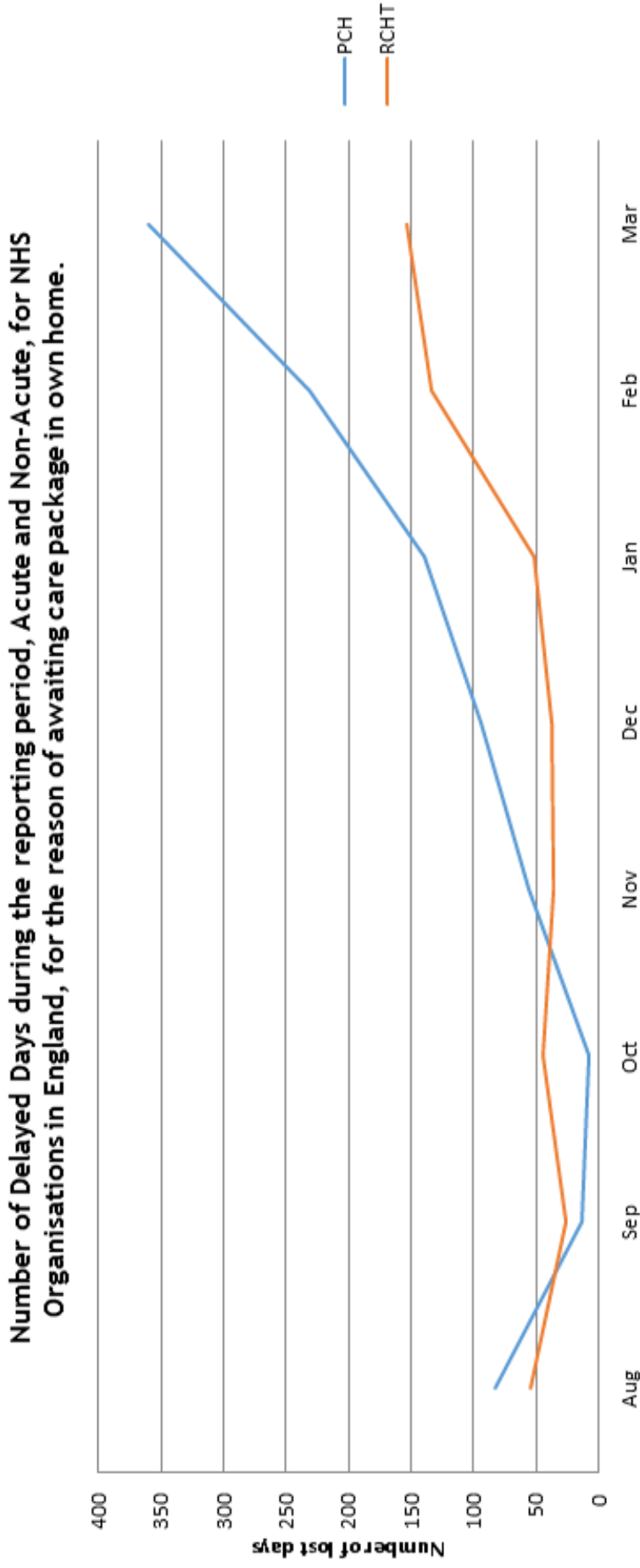
Region	Name	COMPLETION OF ASSESSMENT	PUBLIC FUNDING	WAITING FURTHER NHS NON-ACUTE CARE	AWAITING RESIDENTIAL HOME PLACEMENT OR AVAILABILITY	AWAITING NURSING HOME PLACEMENT OR AVAILABILITY	AWAITING CARE PACKAGE IN OWN HOME	AWAITING COMMUNITY EQUIPMENT AND ADAPTIONS	PATIENT OR FAMILY CHOICE	DISPUTES	HOUSING - PATIENTS NOT COVERED BY NHS AND COMMUNITY CARE ACT	TOTAL
Devon, Cornwall And Isles Of Scilly Area Team	Peninsula Community Health C.I.C	443	189	2	29	93	13	42	87	20	0	918
Devon, Cornwall And Isles Of Scilly Area Team	Royal Cornwall Hospitals NHS Trust	159	6	625	2	30	26	8	13	0	0	869

B008 - August - Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations in Cornwall by reason for delay.

Region	Name	COMPLETION OF ASSESSMENT	PUBLIC FUNDING	WAITING FURTHER NHS NON-ACUTE CARE	AWAITING RESIDENTIAL HOME PLACEMENT OR AVAILABILITY	AWAITING NURSING HOME PLACEMENT OR AVAILABILITY	AWAITING CARE PACKAGE IN OWN HOME	AWAITING COMMUNITY EQUIPMENT AND ADAPTIONS	PATIENT OR FAMILY CHOICE	DISPUTES	HOUSING - PATIENTS NOT COVERED BY NHS AND COMMUNITY CARE ACT	TOTAL
Devon, Cornwall And Isles Of Scilly Area Team	Peninsula Community Health C.I.C	461	211	9	43	59	83	57	86	0	0	1,009
Devon, Cornwall And Isles Of Scilly Area Team	Royal Cornwall Hospitals NHS Trust	106	1	467	50	82	55	16	0	0	0	777

See links for definition of 'Delayed Transfer of Care' and source for the following information:
<http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Monthly-Sitreps-Definitions-DTOC-v1.08.pdf>
<http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2014-15/>

B009 - August - Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations, for the reason of awaiting care package in own home.



Data in Appendix B is from the following source; <http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2014-15/>

Appendix C

Meetings held and attended to gain information or understanding:

Date	Meeting	Attendees	Purpose
30 Oct 2014	Commissioners and Task group Truro Library	Karlene Stokes (CC), Liz Nichols (CC), Karen Hooper (CC) and Task group (HC)	To discuss issues raised and gain understanding of processes used.
11 Nov 2014	9 Care providers	Jeremy Preedy (HC)	To discuss issues.
4 Dec	Providers meeting	Jeremy Preedy (HC)	Gather feedback.
5 Dec	Provider meeting Mt Hawke	Jeremy Preedy (HC)	Gather feedback.
11 Dec	Provider meeting Chacewater	James Buist (HC)	Observing council run meeting.
12 Dec	Provider meeting Threemilestone	James Buist and Jeremy Preedy (HC)	Gather feedback.
23 Dec	Providers meeting	Jeremy Preedy and Shirley Polmouter (HC)	Gather feedback.
Jan - Apr	Carers Forum x 12	Jeanette Toy (HC)	Gathering feedback from care for and relatives.
7 Jan	CEO and Jim McKenna County Hall	Debbie Pritchard (HC) and Councillor Jim McKenna (CC)	To raise concerns with Council.
8 Jan 2015	Provider meeting Threemilestone	Jeremy Preedy (HC)	Gather feedback.
16 Jan	HC Provider meeting Kingsley Village	45 providers and HC representatives	Gather feedback.
27 Jan	Observed CPIC meeting, Scorrier	Jeremy Preedy (HC)	Gather feedback.
16 Feb	FCRG meeting	Debbie Pritchard and Shirley Polmouter (HC)	Participate in council led FA meeting.
2 Mar	FCRG meeting	Jim McKenna (CC), Trevor Doughty (CC) and Anna M-W (CC)	To discuss interim report
18 Mar	Cornwall Care	Debbie Pritchard and Douglas Webb	To discuss concerns.
30 Mar	FCRG	Debbie Pritchard and Shirley Polmouter (HC)	Participate in council led FA meeting.
31 Mar	Falcare	Debbie Pritchard (HC)	Feedback and distribution of questionnaires.
1 Apr	Age UK Cornwall, Truro day centre	James Buist and Jeanette Toy (HC)	Gather 'cared for' feedback.
1 Apr	Cornwall Council Commissioners	Liz Nichols (CC), Maria Harvey (CC), James Buist and Debbie Pritchard (HC)	Commissioner views on findings & gain understanding.
7 Apr	NHS Kernow	Debbie Pritchard (HC) and Trudy Corsellis (NHS Kernow)	Discuss report, integration
7 Apr	Cornwall Council	Anna Mankee Williams (CC) and Debbie Pritchard (HC)	Discuss report, council measures and integration.
8 Apr	Hayle Day Centre	Jeremy Preedy and Jeanette Toy (HC)	Gather 'cared for' feedback.
13 April	FCRG	Jeremy Preedy and Shirley Polmouter (HC)	Participate in council led FA meeting.
14 Apr	North Hill care agency	James Buist and Shirley Polmouter (HC)	Discuss current issues.
15 Apr	Age UK Cornwall, St Austell Day Centre	James Buist and June Hackett (HC)	Gather 'cared for' feedback.
16 Apr	Age UK Cornwall, St Austell Day Centre	Shirley Polmouter and June Hackett (HC)	Gather 'cared for' feedback.

Appendix D

Glossary:

Care at home - means care that is being provided in a service user's home.

Care package - means a package of specified care that will be provided to a service user - this could include a number of visits or tasks.

Care provider - means an organisation that provides care to people in their own home or in the community.

Care Quality Commission (CQC) - the independent regulator of all health and social care services in England.

Commissioner - means an organisation (or an individual within an organisation) that commission a service.

Delayed transfer of care - occurs when a patient who has met the criteria for leaving the secondary care setting (hospital) encounters some sort of delay which is recorded by the NHS.

Direct payments - means money which is paid to the service-user by the council so that the service-user can decide how they want to spend the money to meet their care and support needs.

Electronic Call Monitoring (ECM) - a system which allows care providers and the local council to monitor carers attendance as service users homes. Carers will log into the system when they arrive and logout when they leave.

Framework Agreement - means a legal agreement which governs the terms of a contract between Cornwall council and approved care at home providers to provide care at home or in the community.

Framework providers - means those care at home providers who tendered for a contract with Cornwall Council to supply care at home and who agreed to be bound by the framework agreement terms and conditions -

Lot 1 providers - means providers who tendered for the general category of care packages known as "lot 1".

Lot 2 providers - means those providers who tendered for the longer, more intensive care packages known as "lot 2".

Overview and Scrutiny Committee - a committee of the local authority normally made up of elected councillors, and selected third sector representatives (including Healthwatch Cornwall) with the responsibility to monitor and scrutinise specific aspects of the local authority's activities .

Integrated commissioning - means the commissioning of services by both the local authority and the nhs clinical commissioning group using the same commissioning processes.

Paid carer - means a person employed to provide care to a service user.(nb may be applied to employees of care providers, or individual carers employed directly by a service-user using

direct payments or personal budgets

Personal budget - means an amount of money approved by the council which may be spent only towards meeting some or all of the cost of a service-user's care package.

Portfolio holder - an elected councillor who oversees the implementation and running of a specific service area provided by the local authority

Service user/ cared for - means a person that is in receipt of care in the home and or in the community.

Transfer of care - means the transfer of a patient from one stage to another stage in a course of treatment - most often used in the context of transferring from a hospital setting to the patient's home or another community setting.

Appendix E

Questionnaires:

Moisten here

Moisten here



Moisten here

<p>What 2 things prevent you from providing even better care in the clients home?</p>	
<p>How many carers have resigned in the past 12 months and where have they gone?</p>	
<p>How many new carers have started work in the past 12 months and where have you recruited them from?</p>	
<p>What training courses do new carers need to complete before starting work for you (please list)?</p>	
<p>Are your care plans written in a way that will enable carers to do tasks that aren't detailed in the care plan for example; post a letter, buy milk from the corner shop, etc.?</p>	
<p>If not, why not?</p>	
<p>When taking on a new client, does the Council/ NHS Kernow provide you with enough relevant information about the clients health and social care background?</p>	
<p>If not, what information is missing?</p>	

Telephone: 0800 0381 281
 Visit: www.healthwatchcornwall.co.uk
 Email: enquiries@healthwatchcornwall.co.uk

Provider



Freeport RTHA-UZKS-GTEG
 Healthwatch Cornwall
 Mansion House
 Princes Street
 Truro
 Cornwall
 TR1 2RF



Healthwatch Cornwall talk with, and listen to, people from Cornwall's diverse communities about their experiences of health and social care.

We then share this feedback with people who plan and run services to work towards positive change, where needed.

Why talk to Healthwatch Cornwall?

- Health and social care services have to listen to us, so they will be listening to you.
- If we can't help you, we will probably know someone who can.

Healthwatch Cornwall is currently speaking

to people in Cornwall that receive care in the home, the carers and the providers that supply carers. We would like to hear about the things that you think work well as well as the things that don't. Please answer the questions below and on the back page, thinking about your organisation over the past 3 months. All the information you share with us is confidential and anonymous so we don't need your organisation's name or address. Just stick the edges down and free post back to us.

What things does your organisation do well to provide outstanding care in a clients home?

What things prevent you from providing even better care in the clients home?

Please tick either disagree, neutral or agree to the statements below:	Disagree	Neutral	Agree
I get enough time to travel between the people I care for without being late.			
I have been provided with enough training to provide good support to the service users I visit.			
I'm given enough information about a new service user before I make my first visit.			
The care plans in a service users home are up to date and relevant to that person.			

What are the main reasons that have caused colleagues to leave your current employer?

What could be done to attract more people into the caring profession?

If you would like to leave any additional feedback about any health or social care experience you have had, please use the box or contact details below:

Telephone: 0800 0381 281
 Visit: www.healthwatchcornwall.co.uk
 Email: enquiries@healthwatchcornwall.co.uk

Domiciliary/ Health Carer



Freeport RTHA-UZKS-GTEG
 Healthwatch Cornwall
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 Princes Street
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 TR1 2RF



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to people in Cornwall that receive care in the home, the carers and the providers that supply care. We would like to hear about the things that you think work well as well as the things that don't. Please answer the questions below and on the back page, thinking about your organisation over the past 3 months. All the information you share with us is confidential and anonymous so we don't need your organisation's name or address. Just stick the edges down and free post back to us.

What things does your organisation do well to provide outstanding care in a clients home?



What do you **dislike** about your care?

Please tick either disagree, neutral or agree to the statements below:	Disagree	Neutral	Agree
I have a care plan that matches my needs.			
The carers follow my care plan.			
I worry that the carers aren't going to turn up on time.			
I generally have the same carers week in week out.			
The carers that visit me are suitably trained to deal with my needs.			

Please tick all of the boxes that apply to the care that you receive.

I get to choose what I eat.	The carers really look after me.	I look forward to seeing the carers.	I can change visit times to fit in with my appointments.
I get told if the carers are running late.	Carers do extra things for me that aren't in the care plan.	The carers go at my pace, they don't rush.	The carers show me respect.

If you would like to leave any additional feedback about any health or social care experience you have had, please use the box or contact details below:

Telephone: 0800 0381 281 mobile networks may charge
 Visit: www.healthwatchcornwall.co.uk
 Email: enquiries@healthwatchcornwall.co.uk

Cared For



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Why talk to Healthwatch Cornwall?

- Health and social care service commissioners and providers have to listen to us, so they will be listening to you.
- If we can't help you, we will probably know someone who can.

Healthwatch Cornwall is speaking to people who receive care in the home, domiciliary care staff and providers.

Thinking about your care (during the past three months in particular), please tell us about what you are happy with and/or any concerns you may have by completing the questionnaire.

The information you share is confidential and anonymous.

Please send the questionnaire back to us using the free post address above.

What do you like about your care?

Healthwatch Cornwall would like to acknowledge the hard work and support of the four task group members that drove this piece of research forward.

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