Home support/care services in Coventry: user experiences

August 2018

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Summary Report

What is home support?

Home Support is the name used in Coventry for a range of services provided to people in their own homes via care agencies in order enable people to maintain their independence and to carry out day to day tasks. These services can also be known as Home Care or Domiciliary Care.

Coventry City Council say there are over 1000 adults receiving home care funded by Adult Social Care services. There are many more receiving privately funded home care, which they pay for themselves.

Who we are and what we did

Healthwatch is the champion for users of health and social care in Coventry. We give local people a voice - making sure that patients, service users, carers and public views and experiences are heard.

We are independent of NHS and care services and decide our own programme of work. We have a statutory role and legal powers including the right to request information and to get a response to our reports and recommendations.

We gathered the lived experiences of older people who received Home Support services in Coventry and members of their families.

We did this because Coventry City Council had awarded new contracts to 7 home support providers in July 2017. Our aim was to enable people receiving these services to talk about their experiences and any concerns.

Who we spoke to

We interviewed 28 people – 17 by a visit to their home and 9 by phone interview. We ran an open public survey (both paper and online) and 20 people responded.

We spent over 70 hours of staff and volunteer time conducting home visits and phone interviews. Seven volunteers were involved during the interviews, along with Healthwatch staff with most interviews lasting between 60 to 90 minutes. 23 interviews and 14 self-completion surveys were about City Council funded providers.

We also met with each of the seven Home Support providers to gather information about how their services run and any issues they experience in providing care.

Five respondents to the self-completion survey identified themselves as in receipt of Home Support and 14 said they were a family member or friend of someone receiving care. One did not answer. We interviewed 13 people who were the

person receiving care, and 15 relatives - mainly husbands, wives or partners of the people being interviewed. In 6 cases both the person receiving care and relative were present, in three instances the person receiving care contributed to the discussion, but others were unable to do so. This reflects the vulnerable nature of the people receiving home care and the difficulties in getting their voice heard.

24 respondents were female. 17 were male and 7 did not answer. Our sample was reflective of the ethnic profile of this age group of people.

We had a spread of respondents around Coventry although we did not get as many responses from people who lived in CV1 (surrounds the City Centre) or CV4, Tile Hill.

38 people had been receiving care for over 6 months meaning they had received care both before and after the new contract for Home Support was put in place by the Council.

What we found

What service users and family carers said

We found overall that:

1. People value their care, or their relative's care and are aware that they would find life more challenging/difficult without it

2. People are aware of the limitations of their care, but are also willing to make allowances for carers who have other clients and jobs that they may need to attend to

a)   Care planning, assessment of need and review of need

All of the providers said that the care should be reviewed 6 weeks after the initial assessment to begin with and yearly after this time. There was an overall agreement of the need to be aware of families' needs too and involve them in the assessment and care plan.

Most service users were able to identify that they had a care plan. When we visited people at home for interviews, we saw evidence of a file, normally on a table in the room, which was often shown to us, showing the care plan and risk assessments for the individual client. All of the people we interviewed (except for those with dementia) were aware of their care folder.

Most of the people we spoke to felt involved with the development of their or their relative's assessment and care plan, and were aware of their rights to a review.

Five people raised concerns that the care plan had not fully addressed the needs of the person, that care workers didn't look at it properly or that it did not give realistic times.

16 out of the 28 people interviewed said that their care needs had not been reviewed. People were also not clear who carries out the review. Those who completed the self-completion survey were clearer that reviews had been undertaken.

Therefore there appears to be gap in either understanding about assessments/re-assessment or gaps in re-assessments being carried out. Some of the Home Care agencies also reported difficulties in terms of responsiveness for getting care packages changed when people's needs changed due to the routes for liaison with the social work team.

b) Quality and experiences of care received

People who used services and their families and carers valued the opportunity to get to know their Home Support carers and identified that when carers changed frequently it left people feeling vulnerable, could mean having to repeat their care needs to unfamiliar carers and could reduce the quality of care.

In three cases we heard people expressing deep concerns and distress about the care their relative was receiving, reporting a big impact on services users' and relative's lives.

25 of the 28 people interviewed said that they had had late or missed visits, however 20 of the self-completion respondents said that care workers were punctual most of the time.

For some people late or missed visits were an occasional or one off occurrence. There is a sense of frustration, but also a degree of acceptance that sometimes care will be missed or late. For 5 people it was an ongoing issue that was causing them difficulties with their care

28 of the 48 (58%) people said that they had the same care workers visiting them.

We asked if people thought their care staff have enough time to complete their work and 24 said yes.

The majority of respondents felt they were treated with dignity and respect.

Within the feedback we collected there appears to be a difference in experiences between people with more straightforward care needs (eg getting up in the morning, preparing meals) and those with complex or multiple issues requiring more support. For example additional sensory impairments or brain impairment or dementia.

For those receiving more complex care there are a number of agencies involved - from district nurses, doctors, occupational therapists to social workers (who are involved in the setting up and management of care packages). In some instances people felt unclear about the roles and involvement of different agencies.

c) Staff training

We found that there was a mixture of ways that care providers supported their workers to gain the skills needed for their work. Training methods, training duration and training standards/levels differed between providers for example from three days to five days training. Some mentioned the care certificate standard. This indicated that there was inconsistency in approaches across agencies.

17 of the 28 people interviewed thought that their care worker had the right skills to do their role. There were some concerns about hygiene practice/knowledge, knowledge/practice in use of hoists and equipment and more specialised care for those with dementia and/or sensory impairment, especially when there were a number of different health factors affecting the care – eg diabetes, incontinence and so on.

d) Communication and feedback

Providers all described mechanisms to deal with late calls, and complaints. Two organisations provide their clients with rotas which give an idea of who will be coming and when. However providers identified that communication can be challenging for them and relies on lots of sources of information from the cared for, to the care workers to work well.

We asked our respondents if they knew how to raise a complaint about their care or who to contact to discuss their care (if there is a problem or a change is needed). The majority of people (80%) knew how to make a complaint, and which organisation (usually the care provider) to contact if there was a problem. 4 people interviewed had a named contact they would call, and felt confident to do so.

Care providers described a variety of different methods for communication with service users and family carers. However some service users raised communication difficulties as a concern.

Individuals expressed a need for continuity of care and for better practical information about visit times, if there were to be any changes to the agreed times or if there were any other changes to care. Service users were not always given this information.

Most of the communication we heard about and observed was through phone calls to the Home Support Agency offices; from offices to carers and through care plans and assessments. We saw and heard little evidence of the booklets and newsletters described by some care agencies to us.

We were aware that people caring for their relatives are becoming increasingly IT literate and therefore there may be potential to increase the use of email, text etc to share information.

Managers said the quality and standards of care were monitored through regular reviews of assessments and care plans, spot checks by managers or senior care supervisors.

e) Choice

The City Council's cluster model allocates a care agency based on where people live. It seems from the information we gathered that the method to get a choice of different care agency relied on people taking on a personal payment to pay for their care. Those we spoke to who had been offered this felt they did not want to do this as they saw it as difficult for them to manage, due to their personal circumstances such as ill health.

Three people found that the change from one care provider to another difficult as their previous care provider knew them and developed their care and support accordingly.

We perceived a high level of concern about care providers or the Council knowing that some respondents were not happy with their care and a reluctance to let us advocate on behalf of people to get situations where individuals expressed that care was not working addressed.

The Care Quality Commission in its recent 'System Review' in Coventry highlighted that the model may limit choice and that relatively few people take direct payments or personal budgets. Therefore there is work to do locally to ensure choice and control and to support people to understand and manage direct payments.

f) Funding and Finance

Three cases were raised where there have been inaccuracies in terms of care provided and financial management: bills have been sent out for incorrect amounts for payment. In two cases the City Council commissioning team were involved in working out the hours and payment required.

Things home support agencies highlighted

A) Social services response time to reopening case after change/ close case

A social worker is often involved in an initial assessment of care to look at what assistance people need to allow them to live at home. Once this is complete and the care package is in place, the social workers close the person's care case so that it is no longer supported by the social work department. If the person's care needs change or if there is a change to the person's health eg they are admitted to hospital the social work team will open the person's case again and assign the

person a social worker. According to two providers there is sometimes a wait of up to six weeks to get a new social worker to look at a person's care needs and agencies must make contact through the duty team rather than with a named social worker.

B) Double ups for men and women

This is where a person needs two carers due to the amount of care needed. These are care situations where there are sometimes more complex needs or where for safety reasons two carers are needed such as using a hoist, helping people in and out of showers etc. Two providers said that women prefer personal care from women but are happy for men to help with lifting and so on. This had an impact on the number and gender of people who are needed by the provider organisations in light of the difficulties recruiting and retaining enough people, both male and female as carers.

C) Hospital discharge and re-ablement packages

Two providers who have been involved in supporting clients who were discharged from hospital to a 6 week re-ablement package felt they were not given enough time for reassessments and hand overs from "intermediate" company to ongoing home support provider before the person returned home. They were concerned that this made it hard to ensure the environment at home was safe and to put the care plan in place. One provider said that they have on at least one occasion sent the person back to hospital following discharge, as they did not have the necessary equipment for independence at home.

D) Accepting referrals

Three care providers raised concerns about the Coventry City Council contract that they feel says they need to accept all referrals for home support even if they do not have resources to meet the requirements of the care). This is especially if the care is complex or requires two people to give the care.

E) Recruitment and retention of staff

Care providers flagged up the challenges they experience in recruiting staff; although this seemed to vary between the 7 agencies. Providers indicated that time and resources needed to be invested in building their work force to meet the demands of the work.

E) Finance and budgets

Two providers mentioned that there could be difficulties around delays or difficulties of payment through the City Council.

Our conclusions

Through this piece of work we were able to reach some of the most frail and vulnerable people in the City who often do not have their voice heard. We were able to listen to and reflect their lived experiences of receiving home support/care through newly commissioned services designed to meet their needs and help them to live as independently as possible at home.

Through our interviews and surveys, we were able to collect in-depth information about 28 people's experiences of home support services. This represents a very good 10% response rate from the letter the Council sent out on our behalf. This was supplemented by our self-completion survey responses.

There was some variation in the quality of provision. There were examples of service users feeling that their care providers were good, and identifying the positive impact the home support services had on service users and relatives' lives.

The suggestions from service users focused on:

- Improving skills and knowledge, including knowledge of specialised areas
- Improving communication
- Improving consistency and timings of visits

Some respondents, through their concerns about anonymity, have shown they are worried about maintaining the care they receive, and fearful of losing their current care if they raised negative issues with their care provider or the City Council. They are therefore more likely to accept problems such as inconsistency or provision or care which does not meet their needs. 6 people said they had made complaints to managers. The Cluster model may impact on peoples' willingness to make a complaint about poor care.

Training and support are factors which support recruitment and retention of staff as well as being important for safe and good quality care.

More consistency and depth of knowledge in the training of carers is needed. Therefore developing a more consistent local approach to staff training and development will support provision. This is a local issue for current providers alongside a bigger picture issue for Coventry City Council to consider in its work around market development and market sustainability. It is also an issue for the workforce strategy being taken forward by Better Health, Better Care, Better Value (Coventry and Warwickshire STP).

NB Since Healthwatch carried out this piece of research Monarch Home Support has handed back its contract to the City Council and is therefore no longer a provider of City Council funded home support.

Our recommendations

We recommended the following to Coventry City Council as a result of our findings as well as asking for the Contract monitoring team to look into concerns about one of the agencies raised by service users.

We met with council officers and a representative of Coventry and Rugby Clinical Commissioning Group to discuss our findings and recommendations. We have asked for an action plan from the City Council but this has not yet been received.

1. Develop plans to support training and skills within the home care sector. Work for consistency of training and support for care workers, valuing their important contributions. Address poor management practice and identify best practice eg Care Certificate Standards

2. All staff should be competent in using hoists, and equipment, understand hygiene and be aware of how to support people with sensory impairments and dementia.

3. Address the challenge of service users being reluctant to raise issues and concerns because they believe it will impact negatively on their care and relationship with their care provider or feeling complaints are not resolved well.

4. The Council should take steps to re-assure people about what will happen if service users have concerns and complaints and ensure there is a clear line of communication for serves user to talk directly with the City Council in addition to the processes the individual agencies run.

5. Ensure there is choice of care provider. Identify how more support can be created to enable people to feel confident in accepting personalised budgeting and personalised payments. This supports choice and control.

6. Create opportunities for joint sharing and discussion between home support agency representatives and with wider social care staff eg social workers and NHS community staff such as OTs and district nurses

7. Run developmental sessions for providers to explore good practice and support them to learn from each other and best practice regarding organising care, communicating with service users and other suggestions from service users highlighted in this report.

Detailed Report

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1. Introduction

1.1 What is Healthwatch?

Healthwatch is the champion for users of health and social care in Coventry. We give local people a voice - making sure that patients, service users, carers and public views and experiences are heard.

We are independent of NHS and care services and decide our own programme of work. We have a statutory role and legal powers including the right to request information and to get a response to our reports and recommendations.

We work to influence the planning and delivery of NHS and social care services based on what local people tell us.

1.2 What is home support?

Home Support is the name used in Coventry for a range of services provided to people in their own homes via care agencies in order to enable them to carry out day to day tasks and maintain their independence. These services can also be known as Home Care or Domiciliary Care.

Home Support is an area of social care that is increasing as the population ages and more people experience multiple health conditions and disability in later life.

The provision of a tailored package of care and support enables people to stay in their own home, and aims to reduce the need for people to go into care homes or needing hospital care.

Healthwatch England estimate in their report _Home Care, what people told us about their experiences_ (2017)[1] that there are more than 8,500 providers of home care services, with nearly 800,000 people receiving home care services nationwide.

According to information from Coventry City Council there are over 1000 people receiving home care from commissioned Adult Social Care services with many more receiving privately funded home care, which they pay for themselves.

1.3 Why we undertook this work

The Healthwatch Coventry Steering Group sets annual work priorities after consideration of the intelligence Healthwatch has gathered from local people and of the service changes being implemented locally.

[1] www.healthwatch.co.uk/news/Home-care-services-what-people-told-Healthwatch

In 2017 Coventry City Council carried out a tender process to put in place new contracts for home support services in Coventry. As a result, they reduced the number of home support providers delivering services funded by the Council, (whether part funded, funded or managed by the council) to seven. As a result some new agencies are involved in council provision.

As part of this process, the Council implemented new contracts and organised the delivery to City residents based on geographical clusters.

We undertook this work because the Healthwatch Steering Group was concerned about the vulnerabilities of the client group and the barriers to their raising concerns. Due to the new contracts Coventry City Council was interested in hearing user feedback about the new service model.

2. Background

2.1 Local Home support services

There are seven home support agencies contracted by Coventry City Council to provide services for clients they fund (partly or completely). Each agency covers a particular geographical area of the City, meaning service users access services from the agency that covers their street/ward.

Home care providers commissioned by Coventry City Council

Cluster	Area of Coventry (ward)	Name of provider
1	Holbrook, Radford	Universal
2	Foleshill, Upper Stoke, Wyken	Sevacare
3	Westwood, Woodlands, Bablake	Coventry Care Group
4	Earlsdon, Whoberley, Sherbourne	Monarch
5	Wainbody, Cheylesmore, St. Michaels	Carewatch
6	Wyken, Lower Stoke, Binley	First Point
7	Longford, Henley	Caremark

See Appendix 1 for a map of these clusters and appendix 2 for provider contact details.

Since Healthwatch carried out this piece of research Monarch Home Support handed back its contract to the City council and is therefore no longer a provider of City Council funded home support.

As part of the recommissioning for care at home (home support) in 2017 Coventry City Council said that the emphasis would be on "enabling and supporting" people to maintain their independence rather than doing things **for** people.

2.2 The National picture

The Care Quality Commission (CQC) highlights in its State of Care report that there is: *"An ageing population with increasing needs. The number of people aged 85 or over in England is set to more than double over the next two decades. More than a third of people aged over 85 have difficulties undertaking five or more tasks of daily living without assistance, and are therefore most likely to need health and social care"*[2]

They also highlight that the number of people across the country who will need some form of home care will increase and local councils are commissioning relevant services from independent providers.

Home care/support is commissioned by local councils and is means tested. There is a concern that the amount of money that is needed for councils to fund the home support services they need to provide is increasing at a time when council budgets are being reduced.

The United Kingdom Homecare Association (UKHCA) has carried out work to identify a minimum price for homecare services to be viable and have suggested a figure of £18.01 per hour. This allows full compliance with the National Minimum Wage and they argue that only this minimum level of funding ensures the delivery of sustainable homecare services to local authorities and the NHS[3].

3.   Methodology

3.1   Home Support the context

We undertook background research regarding home support services to help generate our survey questions. We looked at:

- Social Care Institute for Excellence (SCIE) and NICE guidelines [4]
- The work of other local Healthwatch on home support
- Other research identifying potential issues around home care.

Healthwatch England published the report *Home Care, what people told us about their experiences* in 2017. This brought together the findings of 52 local Healthwatch regarding Home Support services. We used this to ensure we were focusing on the right questions and areas of focus.

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[2] www.cqc.org.uk/news/stories/state-adult-social-care-services-2014-2017-report-published
[3] www.ukhca.co.uk/pdfs/AMinimumPriceforHomecareVersion1020140202.pdf
[4] www.nice.org.uk/about/nice-communities/social-care/quick-guides/better-home-care-for-older-people

3.2 Interviews and surveys

We agreed a method for gathering information based on interviews with service users and their family carers, supplemented by a self-completion questionnaire that could be completed online or as a paper copy.

We devised guided interview questionnaires for service users and providers and self completion surveys [see appendix 3]. These were discussed and agreed with Coventry City Council.

Between November 2017 and January 2018 we met with each of the seven Home Support providers individually to gather information about how their services run and any issues they experience in providing care.

We did not have any means of directly reaching service users as we did not have access to their contact details. Therefore, the Council acted as a broker by sending out a pack of information we produced to a sample of 300 service users. This included a consent form for people to send us their contact details and indicate how they would like to be interviewed. We then contacted them to set a date to visit to find out their views and thoughts.

We started home visits and phone interviews in February 2018 and launched a self-completion survey via Survey Monkey online and in paper form.

Home visits were carried out in pairs: with one Healthwatch staff member and one trained Healthwatch volunteer. Our Engagement Officer and Enter and View Volunteering Coordinator conducted phone interviews.

3.3 Outreach

We also promoted our surveys through groups working with people who might be receiving home support such as Age UK Coventry, Alzheimer's Society, Penderels Trust and Carers Trust Heart of England. They agreed to promote our work to service users and encourage completion of the questionnaires.

We sent out bulk quantities of the self-completion questionnaire: 200 via Age UK and 50 via the Carers Trust to be sent out through their front line staff. Age UK sent out surveys through their Helping Hands project, as many people who receive this service were also thought to receive home support.

We were mindful that there might be a conflict of interest between those who provide home support services to people (eg Coventry Care Group consisting of Intercare, Carers Trust and Advanced Care, with Carers Trust taking the managerial role) and the project.

Our staff and enter and view volunteers held a stall at an Alzheimer's Singing for the Brain session to make people aware of the Project.

We carried out two visits to the Earlsdon Village, housing with care complex to talk to residents in the communal areas.

We undertook outreach sessions at local community venues – including Tile Hill church; Rose Community Centre, Spon End and Moat House Leisure Centre – Moat House Community Trust. We visited libraries, including Tile Hill Library and Central Library and GP surgeries in Hillfields, Wood End and Tile Hill to target those communities who have not returned many questionnaires or not received as many home visits to complete their questionnaire. These areas were chosen as those where service users are less likely to have their voice heard.

4. Findings

4.1 Our sample

48 people took part in our survey and interviews. One completed self-completion questionnaire was from someone who was answering questions about a different service so this has been excluded from the findings

Method of gathering service user experience	Number of responses
Home visit	17
Phone interview	9
Self-completion questionnaires (paper and online)	20
Other engagement	2
TOTAL	48

4.1.1 Response profile

Care provider	City council Contract	Self-completion Survey	Interview	Total
Caremark	yes	3	2	5
Carewatch	yes	3	3	6
First Point	yes	2	2	4
Sevacare	yes	1	5	6
Consortium: Intercare	yes	4	5	9
Flexicare	no	1	0	1
Consortium: Advanced care	yes	0	2	2
Monarch	yes	0	2	2
Universal Care	yes	0	2	2
Unique Senior Care	no	1	0	1
Extracare*	No*	0	5	5
Consortium: Carers Trust	yes	1	0	1
Don't know	n/a	2	0	2
Did not answer	n/a	2	0	2
Total		20	28	48

NB Consortium (comprises 3 agencies: Intercare; Carers Trust and Advanced Care)

* "Extra Care" is a name which can be used for Housing with Care. This is housing designed for frailer adults and older people, with various levels of care and support available on site. People who live in Housing with Care have their own self-contained flats, their own front doors and a legal right to live in the property. It comes in many forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can sometimes be an alternative to a residential or nursing home. Extracare provide their own home support services.

* Universal Care and other care providers may receive council funds for other similar services, but not within the commissioned services. Providers may receive funding to provide non clinical but complex Continuing Health Care services.

23 interviews and 14 self-completion surveys were about City Council funded providers.

Despite additional community outreach we did not collect as many experiences of using Advanced Care or the Carers Trust as we had hoped.

4.1.2 Geography of participants in Coventry

We did not get as many responses from people who live in CV1 (surrounds the City Centre) or CV4, Tile Hill as we had hoped. CV1 is an area of deprivation and whilst areas of this postcode have a younger student population other areas have older residents.

Postcode	No. of responses
CV1	1
CV3	13
CV2	5
CV4	2
CV5	13
CV6	13
Other/not answered	1
Total	**48**

4.1.3 Service users and family carers

Five respondents to the self-completion survey identified themselves as in receipt of Home Support and 14 said they were a family member or friend of someone receiving care. One did not answer.

We interviewed 13 people who were the person receiving care, and 15 relatives - mainly husbands, wives or partners of the people being interviewed. In 6 cases

both the person receiving care and relative were present, in three instances the person receiving care contributed to the discussion, but others were unable to do so. This reflects the vulnerable nature of the people receiving home care and the difficulties in getting their voice heard.

4.1.4 Age of respondents

There was a range of ages of respondents due to surveys being completed by family carers including the children of those being cared for. 10 of those we interviewed were over 80 years old.

Age	Self-completion survey
25-34	1
35-44	1
45-54	3
55-64	3
65+	9
Did not answer	3
Total	20

4.1.5 Gender and ethnicity of respondents

24 respondents were female. 17 were male and 7 did not answer.

31 (65%) of respondents were White British. 6 (12.5%) had Asian heritage and 6 were from other ethnic groups. This can be seen as reasonably representative of the ethnicity of this age group of the population.

4.2 Findings of provider interviews

We spoke to the managers of the seven service providers used by City Council to deliver home support to people as part of their Adult Social Care services. Sevacare, Universal Care, Caremark. Coventry Care Consortium, First Point Carewatch and Monarch. We went through the survey questionnaire with each of them.

At the time of the surveys the providers said they were providing support for over 280 people funded by the City Council. The average case load was 40 service users; although all providers said these numbers were going to rise in the future.

4.2.1 Skills and training

Managers told us that training and support is given to people who are employed as home care workers by the providers. We found that there was a mixture of ways

that care providers supported their workers to gain the skills needed for their work, these included:

- 2 agencies delivering in house training
- 5 mentioned that they have a training induction package that covers different aspects of care
- All mentioned induction plans
- 4 mentioned Care Certificate Standards. Care Certificate Standards Skills is an accredited training scheme that gives health and social care workers the skills and knowledge and behaviours to provide "compassionate, safe and high quality care and support" [5]
- 4 mentioned shadowing with a more experienced member of staff and support from a supervisor

The above indicated that there is a range of different measures that care providers use to ensure their staff are trained and supported to be able to deliver their care services to people effectively but perhaps no consistency in approaches.

4.2.2 Assessments

Each service provider said that they had their own paperwork for assessment of service user needs and a care plan, alongside risk assessments and reviews that are carried out after periods of time. Each service provider gave slightly different answers in terms of assessment processes but all followed guidelines of when and how care plans should be developed and reviewed

Two providers told us that reassessment of care needs can be triggered by:
- the client if they felt their care needs had changed
- by their care worker, senior care worker who has noticed that the current care plan is no longer meeting their needs, such as a change in the person's health or the time needed to carry out the care, this can be an increase in hours or a decrease in hours.

All of the providers said that the care should be reviewed 6 weeks after the initial assessment to begin with and yearly after this time.

Two providers said that social workers can trigger changes to the care plan and this has been backed up when talking to people receiving care. One care provider said that family members would be continually asking for changes to the care plan

4.2.3 Involving users and relatives

All of the agencies said that they would involve relatives and carers at initial assessment, to find out more about the person's personality, likes and dislikes and to find out more about their specific needs to input into the care plan

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[5] http://www.skillsforhealth.org.uk/standards/item/216-the-care-certificate

"If a new client, there can be a realisation of different aspects of life. Health brings lots of issues home – some can deal with it very well, others struggle, can't cope"

There was an overall agreement of the need to be aware of families' needs too and involve them in the assessment and care plan

- *"relatives are often the centre person – the person who is around (the person needing care)*
- *"balance between the wishes of the cared for and the carer to give support"*
- *"We have responsibility to family members to makes sure they are involved"*

4.2.4 Communication

How the providers let people know of changes to their care was said to be important so that people are aware of timetables so they can plan their days. This is also important as it regulates medication and changes such as pad changes that enables people to stay confident and safe.

The responses differed across agencies, but all described mechanisms to deal with late calls, and complaints. Two organisations provide their clients with rotas which give an idea of who will be coming and when.

Other systems of communication

Activity	Number of providers
Electronic call monitoring system (Carer has to log in and log out	5
Carers need to tell managers if running late	3
Weekly schedule	2
Contact people to let them know of changes	7
Dedicated call service	1

However the providers identified that communication can be challenging for them and relies on lots of sources of information from the cared for, to the care workers to work well:

- *"We should contact people but we do fall down with communication sometimes – we are trying to recruit a Coventry coordinator"*
- *"If we are aware of changes we will notify the client of them. We partly rely on carers to let us know if they are running late or if there are difficulties*

In order to find out what people thought of the services they received the providers told us that they had opportunities for feedback from receivers of care through:

- Client reviews/surveys
- After care calls

- On line surveys
- Managers doing spot checks to check standard of care
- Telephone contact with client/ family member
- Complaints form in care folder
- Family members or clients could phone/e-mail or contact the agency to raise their comments or concerns

This information was then gathered together and formed the basis of reports, action plans, or though the complaints procedure, which would then be addressed in different ways:

- Through direct supervision and appraisal meetings with an individual care worker
- Through development of a training session to highlight the issues, especially around areas such as dementia where specialised knowledge might be required
- Through staff meetings where the issue could be discussed
- Through a newsletter to let people know about was happening in the service

Managers commented that:

- *We welcome any feedback – in whatever form it comes!*
- *clients call in if they are happy/unhappy, relatives phone in with their comments*
- *We are on a learning curve things can go wrong. We are using our experiences as a learning tool to make improvements*

The quality and standards of care were monitored through regular reviews of assessments and care plans, spot checks by managers or senior care supervisors.

4.2.5 Issues identified by home care providers

Through our conversations with Home Support managers a number of important issue were identified:

F) Social services response time to reopening case after change/ close case

A social worker is often involved in an initial assessment of care to look at what assistance people need to allow them to live at home. Once this is complete and the care package is in place, the social workers with them close the person's care case so that it is no longer supported by the social work department. If the person's care needs change or if there is a change to the person's health eg they are admitted to hospital the social work team will open the person's case again and assign the person a social worker. According to two providers there is sometimes a wait of up to six weeks to get a new social worker to re look at a person's care needs and agencies must make contact through the duty team rather than with a named social worker.

G) Double ups for men and women

This is where a person needs two carers due to the amount of care needed such as using a hoist, helping people in and out of showers. These are care situations where there are sometimes more complex needs or where for safety reasons two carers are needed. Two providers said that women prefer personal care from women but are happy for men to help with lifting and so on. This had an impact on the number and gender of people who are needed by the provider organisations in light of the difficulties recruiting and retaining enough people both male and female as carers.

H) Hospital discharge and re-ablement

Two providers who have been involved in supporting clients who were discharged from hospital to a 6 weeks re-ablement package felt they were not given enough time for reassessments and hand overs from "intermediate" company to ongoing home support provider before the person returned home, They were concerned that this made .it hard to ensure the environment at home was safe and to put the care plan in place. One provider said that they have on at least one occasion sent the person back to hospital following discharge, as they did not have the necessary equipment for independence at home.

I)   Accepting referrals

Three care providers raised concerns about the Coventry City Council contract that they feel says they need to accept all referrals for home support even if they do not have resources to meet the requirements of the care (no refusal clause). This is especially if the care is complex or requires two people to give the care:

- [we are] *forced to take cases. Packages at a moment's notice as it is in their area"*

- *Takes time to train people*

- *meeting demand for new care package especially when a big package requiring night staff, we need time to recruit for the roles*

J) Recruitment and retention of staff

Three of the seven care providers identified that recruitment and retention of staff was difficult for them. One said they ran a training day with 12 people attending to find only three turned up on the day.

Nevertheless, as the work is increasing, the providers are finding new ways of recruiting staff, by having open days and having regular training days for new staff

- *We have an open day every Tuesday – to do as many interviews as we can!*

- *Not many people taking up training and jobs when offered [this shows the] idea that care is hard work and challenging*

One agency we spoke to thought that when there are issues such as staff illnesses and bad weather, that the service became difficult and that people receiving care might suffer. It was also difficult for the staff to get to streets that had not been cleared of snow.

K) Finance and budgets

Two providers mentioned that there could be difficulties around delays or difficulties of payment through the City Council:

- *"Social workers not inputting their information onto the system causes bills not to be paid".*

This comment is likely to be about Care Direct software.

Coventry City Council states that Social work approval for a services sought from a panel and then is added to Care Direct. Coventry City council advises its payment timelines are 28-30 days.

4.3 Findings from service user self-completion survey and interviews

4.3.1 Bias

There may be response bias as vulnerable people receiving care may find it difficult to be honest for fear of their comments affecting their care. We were also aware of the difficulties that relatives and carers have in terms of expectations of and for their loved one's care.

4.3.2 Types of care people are receiving

We gathered information about the types of care people received. People could list more than one type of care.

Type of care	Self-completion	Interviews	Total
Personal care eg taking a bath or getting dressed	12	28	40
Getting up in the morning	8	19	27
Going to bed at night	8	12	20
Preparing meals	4	12	16
Help with eating meals	5	0	5
Help to take medicine(s)	7	5	12

4.3.3 Amount of care received

We asked people how many visits they received a day and received the following responses:

How often is home care received?	Self-completion Survey	Interview	Total
Four times a day	5	11	16
Three times a day	3	5	8
Twice a day	3	1	4
Once a day	4	9	13
Other (twice a week)	2	2	4
Did not answer	3	0	3
Total	20	28	48

There is a range between receiving 4 visits a day and care of one hour on two days a week for bathing and hair washing.

We also asked how long the visits were. Length of visits sometimes varied due to the needs of the individual. For example a morning visit may be for washing and dressing and require more time. One person received one 45 minute morning visit plus three 30 minute visits.

How long are the visits	Self- completion survey
60 minutes	2
45 minutes	2
30 minutes	7
15 minutes	1
Other	5
Did not answer	3
Total	**20**

4.3.5 How long people had received home support for

38 people had been receiving care for over 6 months meaning they had received care both before and after the new contract for Home Support was put in place by the Council.

4.3.6 Care Planning/assessment of needs

Most people were able to identify that they had a care plan.

	Self-completion survey	Interviews	Total
Yes	15	21	36
No	1	1	2
Not sure	2	1	3
Waiting for a new care plan	0	5	5
Did not answer	2	0	2
Total	20	28	48

When we visited people at home for interviews, we saw evidence of a file, normally on a table in the room, which was often shown to us, showing the care plan and risk assessments for the individual client. All of the people we interviewed (except for those with dementia) were aware of their care folder.

13 of the self-completion survey respondents said that they felt 'very' involved in their relative's care plan, whilst 3 said they felt 'a bit' involved, 1 said they did not feel involved and 3 did not answer.

Most of the people we spoke to felt involved with the development of their or their relative's assessment and care plan, and were aware of their rights to a review. For example comments included:

- *"Son, myself and X were involved in care plan. When social services carried out a needs and risk assessment a man came from City Council. Did we feel involved yes, fine"* [Intercare]
- *"I think we were both well involved in the Care Plan. My needs are quite satisfied - haven't had a review – don't think it's necessary, would review if condition got worse"* [Sevacare]

- *"I think we were both well involved in the care plan"* [First Point]
- *"Well asked about care plan – written in folder carer uses every day"* [Carewatch]
- *"Social services – whatever is very good and I am happy about it"* [Intercare]

Five people raised concerns that the care plan had not fully addressed the needs of the person, that care workers didn't look at it properly or that it did not give realistic times:

- *"[Care Plan] not detailed enough – things left out of care plan, carers do not know what is required"* [Sevacare]
- *Have a care plan – said thirty minutes but it is not enough* [Carewatch]
- *Because of my [illness] my memory has been affected so that I forget to take medication – they are to keep an eye on me – they ask me what they need to do.* [Caremark]
- *"They might think he was engaged in the care plan – I don't think he was involved in the care plan at all, did it reflect his needs? (non-verbal No)"** [Caremark]

Two people said they were able to change their plan and review their care as they went along and others could ask for what tasks they wanted support with. One person said that they wouldn't be bothered with a reassessment *"unless something changed"*.

- *"Yes, have care plan – but the review is ongoing, I can say if anything changes. I have a social worker who would change to what worked"* [Intercare]

According to a relative of a person receiving care they had spoken to social worker who was looking at a response. They were also taking a complaint forward. They said that the social worker said that they could have a personal payment to employ their own care agency. The person said that this would involve keeping their own financial records and information. The person did not feel able to do this. The person also felt that the issue was not being addressed. There was an ongoing series of complaints around missed visits and staff not carrying out what was agreed. The relative of the person receiving care said that this was being looked into.

Others said that their care needs were being met:

- *"I discussed all care needs for Dad with the social worker and the team at Caremark and was constantly in touch with the care givers"* [Caremark]

- *"Think so – if they are worried about something they contact their supervisor who might contact the doctor"* [Intercare]

4.3.7 Reviews of needs

We were interested in whether service users were getting their needs reviewed. There should be a review of new service users after 6 weeks after their initial assessment and then there should be an annual re-assessment.

Have your care needs been reviewed	Interviews
Yes	4
No	16
Ongoing	3
Waiting for updated care plan	5
Total	**28**

16 out of the 28 people interviewed said that their care needs had not been reviewed however this seems to indicate that the process of review and reassessment is either not clear to them or is not happening at the intervals intended.

People were also not clear who carries out the review – one of the NICE recommendations is that people understand the processes and they are able to participate in them. This is particularly important if there are complex needs.

Those who completed the self-completion survey were clearer that reviews had been undertaken.

Have your care needs been reviewed	Self-completion survey
Yes after six weeks	4
Yes annually	5
Yes other every 6 months	2
No	6
Other	1
Did not answer	1
Don't know	1
Total	**20**

4.4   Experiences of care visits

4.4.1 Late or missed visits

25 of the 28 people interviewed said that they had had late or missed visits, however 13 of the self-completion respondents said that care workers were punctual all or most of the time.

For some people late or missed visits were an occasional or one off occurrence. For 5 people it was an ongoing issue that was causing them difficulties with their care:

- *"Not missed but sometimes late, well you can expect 10 to 15 minutes. I have to ring up and ask what is happening"* [First Point]

- *"Loads of late and missed visits and have complained, have an emergency number which they didn't give us in the book, - phoned no end of times* [Carewatch]

- *"Start times 7.30; 12.30; 4.30; 8.15. these times are important as pad needs changing"* [Caremark]

- *"It's important for them to come on time as X is diabetic and if too late I have to make them supper"* (person with other caring responsibilities) [Sevacare]

- *"Initially they were late sometimes, but now not too bad"* [Intercare]

How punctual (on time) are the care workers?	Self-completion responses
Completely	3
Most of the time	10
A little	2
Not at all	2
Did not answer	3
Total	**20**

We asked respondents how consistent the visits from the care workers were and 28 of the 48 people asked said that they had the same care workers visiting them.

Do you have the same care worker visiting you	Self-completion survey	Interview	Total
Yes/agree	13	15	28
Sometimes	0	9	9
No	1	2	3
Did not answer	6	2	8
Total	**20**	**28**	**48**

We asked if people thought their care staff have enough time to complete their work and 24 said yes.

	Self-completion survey	Interviews	Total
Yes	13	11	24
No	2	0	2
Did not answer	3	4	7
Other comment	2	13	15
Total	**20**	**28**	**48**

Some of the comments received about time keeping were:

- *"… they don't always let me know (generally speaking [they are] same [times] every day. One day they were early - they should have told me they were running early - lately come at 8.30 - say should be 20 minutes either way 9.00am. Sometimes over half an hour early - accommodating people who are off sick"* [Carewatch]

- *"Could be any time. Time keeping is appalling.* [Sevacare]

- *"One time the supervisor was told to get here on her own as the other hadn't turned up. X was in a mess so she had to deal with him. Regularly supposed to do call at 4.45, didn't come until 6.10 still hadn't turned up yet - had to call ambulance for the previous client so had to wait with person. They should ring and let me know. One week was 7.00pm"* [Caremark]

- *"On the whole Caremark provided a good service; after the first couple of weeks we were fortunate in having one key carer who did 80% of the visits. This was important for familiarity for X and knowing what his needs were, even down to what he had had for lunch if the carer was then on the tea time visit".* [Caremark]

The above quotes imply that there is a sense of frustration, but also a degree of acceptance across 16 of the 28 people interviewed that sometimes care will be missed or late. When these concerns are added to people who may have additional issues/needs eg diabetes, incontinence pads or catheters the worries can and do increase.

4.4.2 Skills and training

In the interviews 17 of the 28 thought that their care worker had the right skills to do their role; 5 thought they did not, 5 that they sometimes had and one did not answer. Users of city council providers said:

- *"No carer's not trained – they don't wash hands"* [Caremark]
- *"Yes I am very impressed – they see things I don't"* [Monarch]
- *"They are really all good and knowledgeable"* [Caremark]
- *"Issues with people with poor memory - low level dementia older people are forgetful – won't answer correctly need in depth training in dementia and communication"*
- *They treat X and learn as they go on. Sometimes not aware of everything about the patient - we tell them about Alzheimer's* [Carewatch]
- *The other company had two workers who were lovely but they folded - this organisation they appear to be quite young and change - don't get to know them they change a lot* [Intercare]
- *"I was with Crossroads and training was very important and regularly updated* [with] *Carewatch is almost non-existent before a new carer is sent out to shadow and then as a second carer (need two). Training with a hoist is very important".*

Other respondents said:
- *"Sometimes - not all the time, if not quick enough or changes I have to notify them"*
- *"Yes they do. They help me out of bed onto commode. They dry. They lift me onto my chair"* [Extra Care]

Some care providers received both really positive and really negative comments which might indicate different carers or different situations of care.

4.4.3 Respect and dignity

17 people who filled in self-completion forms said that they 'strongly agreed' or 'agreed' that they were treated with respect and dignity. 16 said care workers showed understanding and 17 that they were friendly and 16 knew the names of their care workers. 2 people said that care workers gossiped about other people to them.

Of the 28 people who we interviewed 24 thought that they were treated with respect and dignity. One respondent thought they were not.

- *"They listen and respond. They treat me as an intelligent human being (not always the case with social care/NHS"* [Intercare]
- *"Yes fully in shower they make time - very sure, competent, put in bathroom, put towel, make sure I am safe"* [Monarch]
- *"Always knock/ring bell before entering. Say 'Good morning' always. They talk me through what they are doing/going to do"* [Extra Care]
- *"Go okay - they can't be negative with her, question carers - part of the learning process if you are not sure about doing something"* [Carewatch]
- *"Most of them are alright, some of them are very nice".*[First Point]
- *"But too many different carers [now]. Had two fellas before from Sevacare who got to know him"* [First Point]
- *"Complained about having a towel to go into bathroom, standards care provider - only two can get the towel around you - needs basic training"* [Sevacare]
- *"Odd issues occur - not surprising as my X has dementia and is very confused, but does not realise that."*[Extra Care]

Two respondents commented that carers were able to speak to the person in their own language.

4.4.4 Quality of care experience

We asked people to say what they liked about their care and received the following answers:

- *"Being helped in the morning takes the pressure off"*[Sevacare]
- *"They are always friendly and helpful they ask if anything else I need before they leave"* [Intercare*]*

- *"They do help her to get ready; what they asks them to do they will do* [Sevacare]
- *"Initial six week re-ablement package last year was provided by a different agency (RADIS) & they would have been rated very poor by our family"* [Intercare]
- *"Staff are friendly and caring"* [First Point]
- *"Same carers and them being on time knowing who to contact if a problem happens"* [Flexi Care]
- *"They listen and respond. They treat me as an intelligent human being (not always the case with social care/NHS)"* [Inter Care]
- *"Caremark is very good agency and always working hard"* [Caremark]
- *"The people who come here are well trained and caring"* [Carewatch]
- *"We were fortunate to have one main care giver who was very friendly reliable and got on well with X"* [Caremark]

During one of our interviews we were able to witness a visit by carers to a service user and the service user agreed for us to stay, although we moved to another room during the care. The carers appeared courteous and respectful, as well as carrying out their work quickly and without fuss. The client said he was satisfied with his care provider: *"It does what it says on the tin"* [Sevacare]

In our self-completion survey we asked respondents to rate their care agency overall:

Rating	Number	Agency
Very good	6	Sevacare Intercare (2) Flexi Care Did not answer (2)
Good	10	Caremark (3) Intercare (2) Carers Trust Heart of England (1) Unique(1) Carewatch (2) Don't know (1)
Ok	1	Carewatch
Poor	1	First Point
Did not answer	2	N/A
TOTAL	20	

However, within the feedback we collected there appears to be a difference in experiences between the people with more straightforward care needs, eg getting up in the morning, preparing meals and those with complex or multiple issues. For example additional sensory impairments or brain impairment or dementia see cases below.

One respondent described an instance when carers were told to leave a client in the shower by their office as the carers were instructed to move on to their next appointment. The service user was a very frail individual.

4.5   Raising feedback/communication

We asked our respondents if they knew how to raise a complaint about their care or who to contact to discuss their care (if there is a problem or a change is needed). The majority of people 81% (39 out of 48) knew how to make a complaint, and which organisation (usually the care provider) to contact if there were a problem. 4 people interviewed had a named contact they would call, and felt confident to do so.

We also asked if people knew who to contact if they wanted to discuss the care, if there is a problem or care needs changing? 43 out of 48 (89%) said they did know who to contact.

Know how to discuss care	Interviews	Self-completion survey	Total
Yes	26	17	43
No	2	0	2
Did not answer	0	3	3
Total	**28**	**19**	

However, whilst we told participants we would not share names, addresses etc, we had to re-assure participants about how we would use their information and some were reluctant or refused to have any information about their personal circumstances used in conversations with the City Council which might identify them even if this was to seek to resolve issues.

We perceived a high level of concern about care providers or the council knowing that some respondents were not happy with their care and a reluctance to let us advocate on behalf of people to get situations where they expressed that care was not working addressed.

Some people had started some procedures but did not want to take their complaints about their relative's home support further. This indicates concern about the results of doing so or that they felt lacking in power to take their concerns further.

One of the aspects of how Home Support is now organised is that people receive their care from a specific agency for their Cluster location. There does not seem to be the option of using an alternative agency if the relationship with the agency has broken down. This may leave people feeling they have little choice.

- *"Has raised a complaint with council and social worker. Feel you have to stick with care agency"*
- *"Feel that the office girl was so rude on the phone"* [Carewatch]
- *"Carers no problem but people in the office - staff were very rude phoning. Carers stuck in the middle, management forcing* [them] *to leave"* [Carewatch]

- *"Disgusted about how they talk to the carers – not first time it has happened, carer got phone call one was shouting so loudly. I heard her say "I can get you sacked any time you like"* [Universal]
- *"Yes"* -but seemed to indicate that he was worried about making a complaint" [Caremark]

4.6   Communication

We asked if home care agencies communicated any changes (eg if a visit will be late or if there will be a different care worker)

Answer given	Self completion-survey	Interview	Total
Yes	7	8	15
No	7	9	16
Don't know/sometimes	1	6	7
Did not answer	5	5	10
Total	**20**	**28**	**48**

The information people provided to us indicted that the majority of communication was either by phone to the office, or from the office to the carer /cared for. There were two identified circumstances where relatives spoke of emails, particularly around rotas for care, for the purpose of letting people know who was coming to deliver care. One person was trying to complete an assessment for their relative on line and this was seen as a positive thing that was of benefit. One family carer thought it would be helpful if there was a voice mail left on their phone as they were too busy to read information in Care Plan.

- *"There needs to be better communication between the client and the office/care person"*[Carewatch]
- *"Have rung up about different carers, waiting to see if they will change providers, hoping we will get somewhere"* [First Point]
- *"I'm disgusted about how they talk to the carers - not first time it has happened, carer got phone call one was shouting so loudly"* [Universal]

4.7   Choice

Three people found that the change from one care provider to another difficult as their previous care provider knew them and developed their care and support accordingly.

There were also concerns raised with us about personal payments – the alternative to using a Home Support agency for a person's cluster.

- *"The other company had two workers who were lovely but they folded. This organisation, they appear to be quite young and change. Don't get to know them they change a lot".* [Intercare]
- *"But too many different carers* [now]. *Had two fellas before from* [Another agency] *who got to know him."* [First Point]
- *"Last summer changed care provider - didn't want them to change."* [Unknown]

The above statements are as a result of the change to commissioned home support services which are now based around area clusters
Two people who were unhappy about their current provider were offered the option of a personal payment but felt this was too difficult in terms of the skills and capacity to manage the financial recording for the service.

4.8   Funding and finance

Three cases were raised where there have been inaccuracies in terms of care provided and financial management: bills have been sent out for incorrect amounts for payment. In two cases the City Council commissioning team were involved in working out the hours and payment required.

One person raised concerns about billing and incorrect bills due to missed calls. Another said:

"Have raised with agency re. invoice from council discrepancy between the two bills coming in"

4.9   Linkages

Three people indicated that how the care providers, Social Services and City Council link up together and knowing who is responsible for what parts of the care is not always clear. The ways in which they communicate and deal with more complex issues – eg involving multiple care such as district Nurse, Social Worker, City Council and so on. Situations where people may be most vulnerable are also difficult to deal with on a day to day basis.

4.10 What could be improved?

20 out of the 48 said that nothing could improve their care, indicating they were satisfied with the service they were receiving and 20 respondents had at least one suggestion to improve their care, they fell into the categories of:

Skills and knowledge, including knowledge of specialised areas
- *"Carers who have the skills and abilities to do their job, have incentives to do the work they do"*
- *"Trained staff, agreed times and consistency"*
- *"Special arrangements for old and vulnerable people"*
- *"Training and communication"*

- *"I feel the agency could do more to make things better for the carers"*

Communication
- *"To know who is coming"*
- *"If they told me what was going to happen"*
- *"Training and communication"*
- *"Communication"*

Consistency and timings
- *"Consistent carers who are good, have good attitude and are pleasant"*
- *"The care service got the contract because they said they could cope with two calls. It is obvious that the amount of staff they employ is not to a level where staff can cover visits when staff are ill or on holiday without compromising, the times of the calls and the amount of extra calls staff are requested to do at short notice"*.
- *"Have an appointed time for daily visits"* [Carers Trust]
- *"Timings too late for dinner, and I don't want me dinner after me sandwich"* [Caremark]
- *"Being clean, being on time"*
- *"The time of arrival needs to be established and the client informed if things are running late"*
- *"Get all staff up to the standard of the best - who are excellent"*

Funding and Finance
- *"Taking payment electronically"*

5   Conclusions

5.1 Service user voices

Through this piece of work we were able to reach some of the most frail and vulnerable people in the City who often do not have their voice heard. We were able to listen to and reflect their lived experiences of receiving home support/care through newly commissioned services designed to meet their needs and help them to live as independently as possible at home.

Through our interviews and surveys, we were able to collect in-depth information about 28 people's experiences of home support services. This represents a very good 10% response rate from the letter the Council sent out on our behalf. This was supplemented by our self-completion survey responses. The majority of the information we gathered was about City Council funded services.

We spent over 70 hours of staff and volunteer time conducting home visits and phone interviews. Seven volunteers were involved during the interviews, along with Healthwatch staff with most interviews lasting between 60 to 90 minutes.

5.2 Quality of care

There was some variation in the quality of provision. There were examples of service users feeling that their care providers were good, and identifying the positive impact the home support services had on service users and relatives' lives.

There also appeared to be gap in either understanding about assessments/re-assessment or gaps in re-assessments being carried out. Some of the Home Care agencies also reported difficulties in terms of responsiveness for getting care packages changed when people's needs changed due to delay within the social work team.

People who used services and their families and carers valued the opportunity to get to know their carers and identified that when carers changed frequently it left people feeling vulnerable. It could mean having to repeat their care needs to unfamiliar carers and could reduce the quality of care.

In three cases we heard people expressing deep concerns and distress about the care their relative was receiving, reporting a big impact on services users and relative's lives.

Most service users and carers/relatives thought that their care workers were trained for their role and thought care workers were respectful and helpful.

There were some concerns about hygiene practice/knowledge, knowledge/practice in use of hoists and equipment and more specialised care for those with dementia and/or sensory impairment, especially when there were a number of different health factors affecting the care – eg diabetes, incontinence and so on.

5.3 Communication

Care providers described to us a variety of different methods for communication with service users and family carers and service users raised communication difficulties as a concern. Individuals expressed a need for continuity of care and for better practical information about visit times, if there were to be any changes to the agreed times or if there were any other changes to care. Service users were not always given this information.

Most of the communication we heard about and observed was through phone calls to the Home Support Agency offices; from offices to carers and through care plans and assessments. We saw and heard little evidence of the booklets and newsletters described by some care agencies to us.

We were aware that people caring for their relatives are becoming increasingly IT literate and therefore there may be potential to increase the use of other technology to share information.

5.4 Staffing and training

Care providers flagged up the challenges they experience in recruiting staff; although this seemed to vary between the 7 agencies. Providers indicated that time and resources needed to be invested in building their work force to meet the demands of the work.

Training methods, training duration and training standards/levels differed between providers for example from three days to five days training. Some mentioned the care certificate standard.

More consistency and depth of knowledge in the training of carers is needed. This is a local issue for current providers alongside a bigger picture issue for Coventry City Council to consider in its work around market development and market sustainability. It is also an issue for the workforce strategy being taken forward by Better Health, Better Care, Better Value (Coventry and Warwickshire STP).

Training and support are factors which support recruitment and retention of staff. Instances of senior staff in care providers shouting at care staff were also highlighted to us by service users and this is not acceptable.

5.4 Choice

The cluster model meant that some people who had received care from other providers before the new model felt that the change in care provider had altered their experiences of care and caused disruption to an ongoing relationship of care.

The City Council's cluster model allocates a care agency based on where people live. It seems from the information we gathered that the method to get a choice of different care agency relied on people taking on a personal payment to pay for their care. Those we spoke to who had been offered this felt they did not want to

do this as they saw it as difficult for them to manage, due to their personal circumstances such as ill health. The Care Quality Commission in its recent 'System Review' in Coventry[6] highlighted that the model may limit choice and that relatively few people take direct payments or personal budgets. Therefore there is work to do locally to ensure choice and control and to support people to understand and manage direct payments.

Some respondents, through their concerns about anonymity, have shown they are worried about maintaining the care they receive, and fearful of losing their current care if they raised negative issues with their care provider or the City Council. They are therefore more likely to accept problems such as inconsistency or provision or care which does not meet their needs. 6 people said they had made complaints to managers. The Cluster model may impact on peoples' willingness to make a complaint about poor care.

5.5 Multi Agency work

For those receiving more complex care there are a number of agencies involved - from district nurses, doctors, occupational therapists to social workers (who are involved in the setting up and management of care packages). In some instances people felt unclear about the roles and involvement of different agencies.

5.6 Funding and Finance

We received comments about confusion where the care provider and City Council have different records for paying bills (around the number of hours worked). This was an issue impacting some people who are paying or part paying for their relative's care.

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[6] www.cqc.org.uk/files/local-system-review-coventry

6   Recommendations

Healthwatch Coventry makes the following recommendations to:-
Coventry City Council (both to commissioners of home support and to leaders
responsible for adult care provision), the managers of Home Support agencies, and
for consideration by related organisations involved in building and improving
linkages between care and NHS services - working to prevent hospital admissions
such as Coventry and Rugby CCG and Better Health, Better Care, Better Value
Coventry and Warwickshire.

We recommended the following to Coventry City Council as a result of our findings
as well as asking for the Contract monitoring team to look into concerns about one
of the agencies raised by service users.

We met with council officers and a representative of Coventry and Rugby Clinical
Commissioning Group to discuss our findings and recommendations. We have asked
for an action plan from the City Council but this has not yet been received.

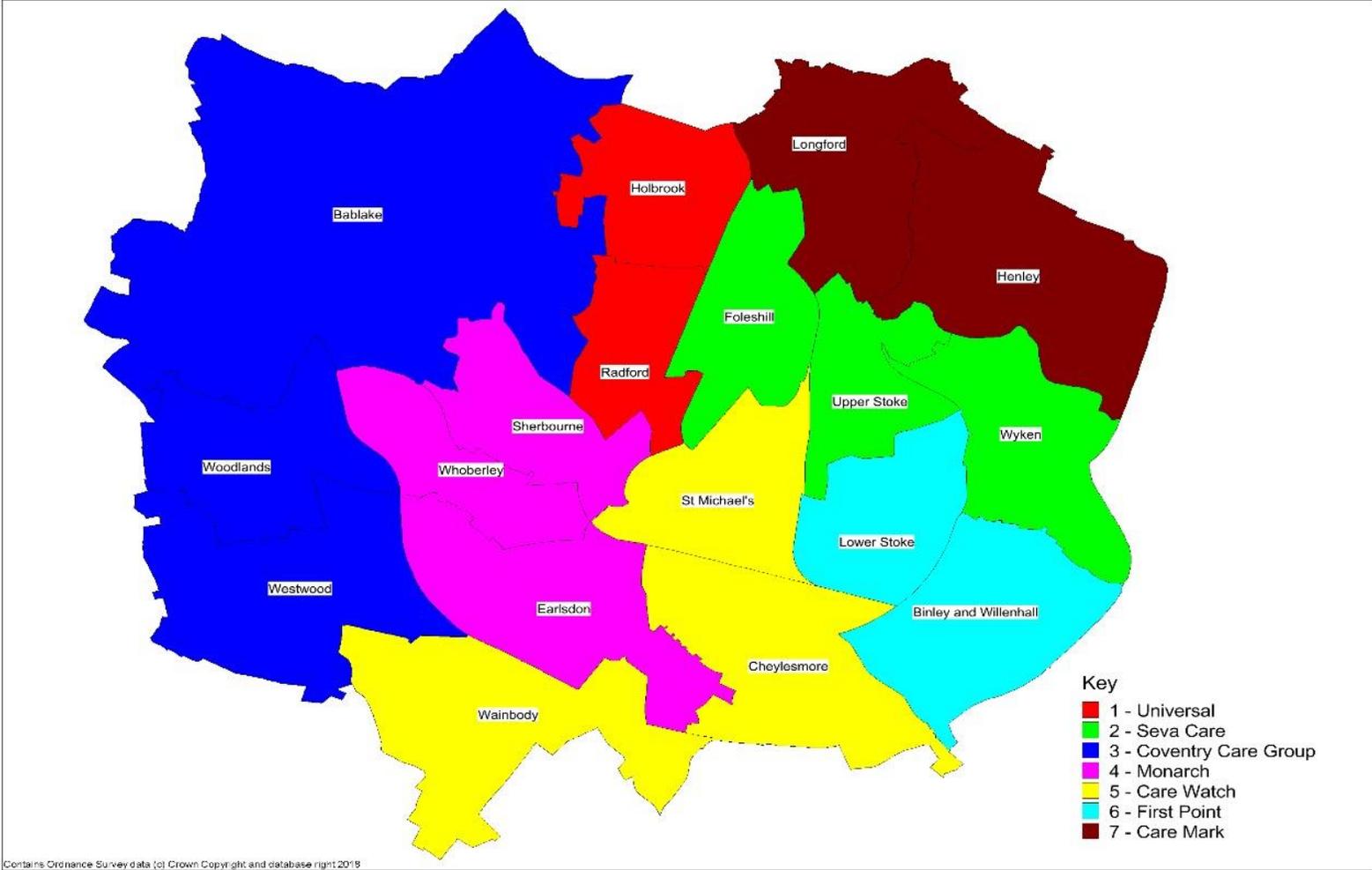| |
|---|
| 1. Develop plans to support training and skills within the home care sector. Work for consistency of training and support for care workers, valuing their important contributions. Address poor management practice and identify best practice eg Care Certificate Standards

All staff should be competent in using hoists, and equipment, understand hygiene and be aware of how to support people with sensory impairments and dementia. |
| 2. Address the challenge of service users being reluctant to raise issues and concerns because they believe it will impact negatively on their care and relationship with their care provider or feeling complaints are not resolved well.

The Council should take steps to re-assure people about what will happen if service users have concerns and complaints and ensure there is a clear line of communication for serves user to talk directly with the City Council in addition to the processes the individual agencies run. |
| 3. Ensure there is choice of care provider. Identify how more support can be created to enable people to feel confident in accepting personalised budgeting and personalised payments. This supports choice and control. |
| 4. Create opportunities for joint sharing and discussion between home support agency representatives and with wider social care staff eg social workers and NHS community staff such as OTs and district nurses |
| 5. Run developmental sessions for providers to explore good practice and support them to learn from each other and best practice regarding organising care, communicating with service users and other suggestions from service users highlighted in this report. |

7. Acknowledgements

Our thanks to Coventry City Council for helping us to contact people receiving home support through their systems, and thanks to, Age UK Coventry, and Carers Trust as we were able to get information out and agreement from relatives and those receiving home support to participate in the Project.

8. Copyright

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Appendix 1 map of home support clusters

Key
1 - Universal
2 - Seva Care
3 - Coventry Care Group
4 - Monarch
5 - Care Watch
6 - First Point
7 - Care Mark

Contains Ordnance Survey data (c) Crown Copyright and database right 2018

Appendix 2 contact details for Home Support providers

Sevacare
441 Foleshill Rd,
Coventry CV6 5AQ
024 7666 2758
https://sevacare.org.uk/

Universal Care – soon to be Clece Care
125 Queens Road, Nuneaton CV11 5LD
024 76371197
https://www.universal-care.co.uk

Caremark
Enterprise House, Foleshill Road, Coventry
024 76581244
https://www.caremark.co.uk/

Carewatch (trading as Premier Care)
46 Holbrook Lane
024 76581003
https://www.carewatch.co.uk

Consortium – Coventry Care
Carers Trust
6 Queen Victoria Rd, Coventry CV1 3JH
024 76101040
https://www.carerstrusthofe.org.uk/

First Point
101 Lockhurst Lane, Coventry, CV6 5SF
Telephone: 0247 7710466.
http://www.firstpointhomecare.com/

Monarch Care
Enterprise House, Foleshill Road, Coventry
024 76663976
https://www.monarchcareuk.com/

Appendix 3 interview tools and questionnaires used

Guided Questionnaire for Home Care providers

Date	
Name of Authorised Rep	
Name of Provider	
Area of city covered	

Approximately how many people receive home support services from your company under the City Council contract?

How many people using your service do you have in receipt of direct payments?

How many people do you have as private clients?
What training and support is provided for people who are employed as care home workers?

What measures are taken to ensure quality standards are met?
   Prompt - what do you have in terms of complaints procedure?
- Staffing procedures

What support plan and assessment paperwork do you use, what are the key parts of these and how are they used?

How often are the assessments and care plans reviewed?
Prompts – what would trigger a reassessment of a support plan?
- How often does this happen?

How do you involve relatives and carers in the person's care (if appropriate)?

What communications structures and protocols do you have in place to let people know what is happening with their care? (For example if there is a change/delay)

What are some of the operational issues in terms of providing home care services to people?

How does your company gather feedback from the people it provides care for?

Prompts: How often does this happen. Do you carry out telephone surveys?

What do you do with the feedback?

Other than providing the City Council older adult Home Support Contract what services do you provide?
(EG Private; Non clinical; short term (reablement following hospital discharge?)

Additional comments

Guided interviews for people receiving care at home

Notes for interviewers
Healthwatch Coventry works to give local people a say in their social care and health services.

We want to understand what people who receive home care services (also known as domiciliary care) think of the help they get. What works well and what could be better.

Healthwatch is independent, we do not run home care services. We work to represent the interests of local people in health and care services.

Thank you for agreeing that we can interview you about your experiences of Home Care.

Safeguarding Adults
Any information that you tell us about that puts you or others in danger must be shared with the appropriate third party.

Date	
Name of Authorised Rep	
Ref No.	

Name of Home Care provider			
Caremark		Consortium	
Carewatch /Premier care		Universal	

Sevacare		Monarch	
First Point		Other	
Name of other			

Who is the person that receives the care	
What is your relationship to that person	

1 Your needs

1) What home support services do you get? (tick all apply).

Type of care services	tick
Personal care (taking a bath or getting dressed)	
Getting up in the morning	
Going to bed at night	
Preparing meals	
Help with eating meals	
Help to take medicine(s)	
Any other - please say what	

2) How long have you been receiving home care services?

Less than one month	
One month to three months	
Three to 6 months	
Over 6 months	

3) How often do you receive home care?

Once a day		Three times a day	
Twice a day		Four times a day	
Other			

4) Do you have a care plan or support plan based on an assessment of your needs?
{note for interviewer – Often people are not familiar with the term Care Plan so you may need to ask other questions - A care plan is usually from the provider of care and is a folder of information setting out what care is given with recording sheets for the actual care provided during visits which the carer will update}

Prompt   -   Do you feel that you were involved enough in developing the plan for your care ie what care you are given?

- Does the plan for your care/care plan reflect what you want?

5a) Have you had a review of your assessed of care needs?

Prompt – should be as and when necessary- (should be before 6 weeks if there is a change in needs **and** annually unless anything changes)

5b) Did anything about your care change as a result of the review

6) Do you feel your care needs are being met?
- why is that?

2) Care provision

7) How long are the visits you get from the carers?

15 minutes	45 minutes	
30 minutes	60 minutes	
Other		

8) Do you feel staff have enough time to complete their work?

Prompts - Why is this?
- What happens?

9) How consistent are the visits you get?

	Yes	No	Sometimes
Do you have the same care worker(s) visiting you?			
Do you know the names of your care workers?			

10) Have you ever had late or missed visits?

Yes ☐ No ☐

Prompts - How often?
- *What happens when your carer is delayed or does not come?*

11) Do your care workers have the skills and knowledge to provide the care tasks you should get?
Prompt – can you give an example (could be making food, lifting, etc)?

12) Are you happy with the way your care workers treat you?

Do they understand your needs? An example

Do they treat you with respect and dignity? An example
Do they understand and respect your culture?

3) Communication

13) Does your home care agency let you know about any changes to your care (eg if a carer visit will be late or if you will have a different care worker?)

Prompt - If you have experienced a change to your care tell us what happened

14) Who would you contact if you want to discuss your care, you have problem, or if your care needs change?

15) Do you know how to raise a complaint with the care provider or with the council?
     Prompt   - Have you raised any issues or concerns?
          -   If yes What happened?

4) Overall

16) Over what do you think about the service you receive from your home care provider?

What do you most like about your home support provision?

Is there anything that would make your experience of home care better?

5 Equal opportunities monitoring information

Completing this section will help us to check that we are including a wide range of people from across Coventry in our survey.

Disability
Do you consider yourself to be disabled?
       Yes ☐   No ☐

Gender
    Male ☐   Female ☐   Transgender ☐
Please indicate your age
    Under 55 ☐   61-65 ☐   71-75 ☐   81-85 ☐
    55-60 ☐   66-70 ☐   76-80 ☐   85+ ☐

Are you?

White		**Asian or Asian British**	
British	☐	Indian	☐
Irish	☐	Pakistani	☐
Traveller/Romany	☐	Bangladeshi	☐
Eastern European	☐	Other Asian (please say)	
Other White (please say)			

Mixed

Black or Black British

White and Black Caribbean	☐	Caribbean	☐
White and Black African	☐	African	☐
White and Asian	☐	Other Black (please say)	
Other Mixed (please say)	☐		

Chinese or other ethnic group

Chinese	☐
Other ethnic group (Please say)	☐

Thank you

<u>INTERVIEWER</u>: *explain what happens next and what we will do with the information collected*

Your personal contact details will be treated as confidential and will not be passed on to third parties without your consent.

The information we gather will be used in a report which will go to Coventry City Council. The council has a role in overseeing home care service and wants to make sure that the service it is responsible for are working well. You name and address won't appear in this but there may be details about your care which might enable them to identify you if they put this with other information they hold about you. The final report which we (Healthwatch) will publish will not identify you.
Are you happy for us to proceed?

Yes ☐   No ☐

Would you like to be sent a copy of the published report we produce?

Yes ☐   No ☐

Self Completion questionnaire

This survey is to understand what people who receive home care services and their family carers think of the help they get.

Home Care (also sometimes known as Home Support or Domiciliary Care) is help provided in a person in their own home to help with day to day living.

Healthwatch Coventry is an independent organisation working to give local people a say about their social care and health services. We do not run Home Care services and work in the interests of local people. Find out more at
www.healthwatchcoventry.co.uk

Our findings will be shared with Coventry City Council, which pays for some Home Care services (for those who do not have the funds to pay themselves).

We will also publish a report. We will not use your name or anything that might identify you in the report.

1. Your Postcode (at least first part)

2. Do you or a relative/friend receive home care?

A. I receive home care/ support		If A go to question 4 on next page
B. My friend/relative receives home care support		If B go to question 3 below

Questions for relatives

3. What is your relationship to the person who received home care services?

4. Have you been present when the carers have visited your relative/friend?

yes ☐   no ☐

Questions for all

5. What is the name of the Home Care Provider used?

Caremark		Consortium	
Carewatch		Universal	
Sevacare		Monarch	
First Point		Don't know	
Other : Name of other care agency			

6   What home care services are provided? (tick all that apply)

Type of care services received	Tick All that apply
Personal care (eg. taking a bath or getting dressed)	
Getting up in the morning	
Going to bed at night	
Preparing meals	
Help with eating meals	
Help to take medicine(s)	
Any other - please say what	

7. How long has the care been provided?

Less than one month ☐   Three to six months ☐
One month to three months ☐   Over six months ☐

8. How is your home care package funded (tick one)?

Paid for by the individual	
Paid for by the family	
Paid for by Coventry City Council (at least some of the care)	
Fully paid for by the council	
The council arranges the care and then sends a bill for the full cost	
Part of 6 week re-ablement package following a hospital stay	
Don't know	
Other (please say)	

9. Is there a care plan based on an assessment of needs?

Yes ☐   No ☐   Not sure ☐

10. How involved were you (if you are a relative if this was appropriate) in agreeing the types of care services received?

Not involved ☐   A bit involved ☐   Very involved ☐   Not applicable ☐

11. Have care needs been reviewed?

When	Tick one
Yes, after 6 weeks	
Yes, annually	
No	
Don't know	

Any other – please say

12. Does the home care service meet your care needs/your relative's needs?

Completely ☐   Most of the time ☐   Some of the time ☐   Not at all ☐

Please say why you think it is

13. How often is home care received?

Once a day		Three times a day	
Twice a day		Four times a day	

Other (please say)

14. How long are the Home Care visits?

15 minutes		45 minutes	
30 minutes		60 minutes	

Other

15. Do you think the care staff have enough time to complete their work?

Yes ☐ No ☐

> If NO please say why you think this is or what happens

16. How punctual (on time) are the care workers (please tick)?

Completely ☐ Most of the time ☐ Some times ☐ Not at all ☐

> If they are not please say what happens

17. What do you think of the quality of the support provided by the care workers?

Do you agree or disagree with the following statements	Strongly Agree	Agree	Disagree	Strongly disagree	Don't know
The care workers are understanding	○	○	○	○	○
The care workers are friendly	○	○	○	○	○
The care workers gossip about other people	○	○	○	○	○
The care workers show me dignity and respect	○	○	○	○	○
The care workers are well trained	○	○	○	○	○
The care workers have the equipment they need	○	○	○	○	○
The care workers keep records of what they do	○	○	○	○	○
The same care workers visit regularly	○	○	○	○	○
I know the names of the care workers	○	○	○	○	○

18. Do the home care agency communicate any changes (eg if a visit will be late or if there will   be a different care worker?)

Yes ☐   No ☐   Don't know ☐

> If you have experienced a change to the care tell us what happened?

19. Do you know who to contact if you want to discuss the care, if there is a problem or care needs are changing?

Yes ☐   No ☐   Don't know ☐

20. Do you know how to raise a complaint with the care provider?

Yes ☐   No ☐   Don't know ☐

21. Overall how do you rate the service you receive from your home care provider?

Very Good   Good   Oka   Poor   Very poor

☐ ☐ ☐ ☐ ☐

22. Your other comments

Anything else you would like to tell us about home care services

Any suggestions you have for what could be done differently

About you (so that we can give details of our survey sample)

What ethnic group would you say you are from?

White   Your Gender   Male ☐
British ☐
Irish ☐
Traveller/Romany ☐
Eastern European ☐
Other White (please say)

Mixed
White and Black Caribbean ☐
White and Black African ☐
White and Asian ☐
Other Mixed (please say)

Asian or Asian British   Female ☐   Transgender ☐
Indian ☐
Pakistani ☐
Bangladeshi ☐
Other Asian (please say)

Black or Black British
Caribbean ☐
African ☐
Other Black (please say)

Chinese or other ethnic group
Chinese ☐
Other ethnic group (please say)

Please indicate you age

Under 16 ☐ 16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐

Do you consider yourself to be disabled?   Yes ☐   No ☐

Thank you for taking the time to complete our survey –
we really appreciate it

Please return this survey to

> Freepost RSZB-RKRJ-KSKK
> Healthwatch Coventry
> Voluntary Action Coventry
> 29 Warwick Road
> Coventry
> CV1 2EZ
> **Deadline 29 March 2018**

<u>Optional</u>

We think it would be helpful to speak to some people a bit more about their experiences. If you are interested in talking to us please provide your contact details:

I am interested in being contacted to give more information about my experiences of home care services ☐

Your Title: ☐   Your name: ☐

Your Address:	
	Postcode
@ Your Email address:	
📱 Your Telephone number	

Personal contact details will be treated as confidential and will not be passed on to third parties without your consent. In all cases if you choose to share your personal contact details these will be detached from the information you have shared in the questionnaire.

29 Warwick Road
Coventry
CV1 2ES
024 76220381
Email: healthwatch@vacoventry.org.uk
www.healhwatchcoventry.co.uk

Healthwatch Coventry is provided by Here2Help