

# Home support/care services in Coventry: user experiences

Summary Report

August 2018



## **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. Their written response can be seen on page 39.

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 service 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.



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