

**Experiences of
Homecare
Services in
Waltham Forest**



Executive summary

Home care has been in the news lately as the Care Bill¹ progresses through Parliament and special interest groups and membership organisations seek to influence the content of the Bill.

Several high profile reports have highlighted the way in which domiciliary care provision, also called homecare, has developed over time and the impact that this has had upon those who use the service. Increasing use of 15 minute visits; staff pay and conditions and a high staff turnover all have consequences for the level of care offered to, and the level of satisfaction experienced by, those in receipt of home care.

In Waltham Forest the council contracts domiciliary care from a list of 29 home care providers, not all of whom are currently used, and they intend to switch to a different model in 2015. This research project came about due to comments we received about homecare locally and the need to ensure that the patient voice is heard when change is implemented. With the switch to a new model in mind Healthwatch was keen to gather opinion and experience of the current service so that when the council makes decisions about the new model of home care from 2015, what service users think about the service, their experiences, concerns and expectations, can be central to the decision making process.

We found that some people have had very positive experiences with homecare and rate the service highly. Others have not had such a positive experience. This is to be expected, homecare services involve the provision of very personal support in a person's home and so the perception of that service will not be uniform.

That said, it did become clear in our research that elements of the homecare service can be improved across the board to make a better service for all. We make recommendations in this report for service improvement based on what local residents told us about their homecare.

While there are generally good relations between carers and service users, with notable exceptions, the results indicate that the relationship with the care provider companies is less effective. We believe the onus should be on the care provider to establish and maintain an open dialogue with the service users to ensure high standards are established and maintained.

Another issue is the financing of homecare. It is clear that people who are financing their own care are making choices about what services they can and cannot afford. Budget cuts at a national and local level are clearly having an impact upon homecare provision and this is an area to be monitored closely to ensure that people do get the care they need.

¹ <http://services.parliament.uk/bills/2013-14/care.html>

Thanks are due to Age UK for help with distributing the survey, staff at the London Borough of Waltham Forest (LBWF) Families Directorate; staff at the Waltham Forest Carers Association; staff at the Disability Resource Centre, Sheila Thorn and all those who distributed, helped to promote, or responded to the survey. We appreciate your assistance.

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Introduction

We conducted a survey about homecare services in Waltham Forest between November 2013 and January 2014 and invited comments on the service from those using and providing the service locally.

The survey (copy at Appendix One) invited current homecare service users (and relatives, friends or neighbours of service users) to tell us about themselves, the homecare services they use and to share their experience and opinion of their homecare service.

We used a mail-out via Age UK and direct mailing to a representative sample of people in receipt of homecare on the London Borough of Waltham Forest (LBWF) lists. We promoted the survey on our website and distributed bulk copies to local housing associations as well as generally promoting the survey amongst our membership.

We also held two focus groups, in partnership with Waltham Forests Carers and the Disability Resource Centre during December 2013, speaking to 15 people in more depth. One to one interviews were also conducted with three older residents who have some experience or need of homecare.

We received 51 useable responses. Several additional surveys were returned only partially complete and were not used. We do not have a definitive figure available for the number of residents in Waltham Forest using homecare services, either funded by the Local Authority (LA), self-funded or using a mix of funding. The council keeps lists of those residents in receipt of local authority (LA) funded homecare. As of the week ending 28th February 2014 there were 730 people in receipt of LBWF funded homecare and a further 390 receiving funded homecare via the Council's Reablement & Support Service.

Results:

These results reflect the characteristics and homecare situation of our survey respondents and may not be statistically representative of homecare service users across the borough.

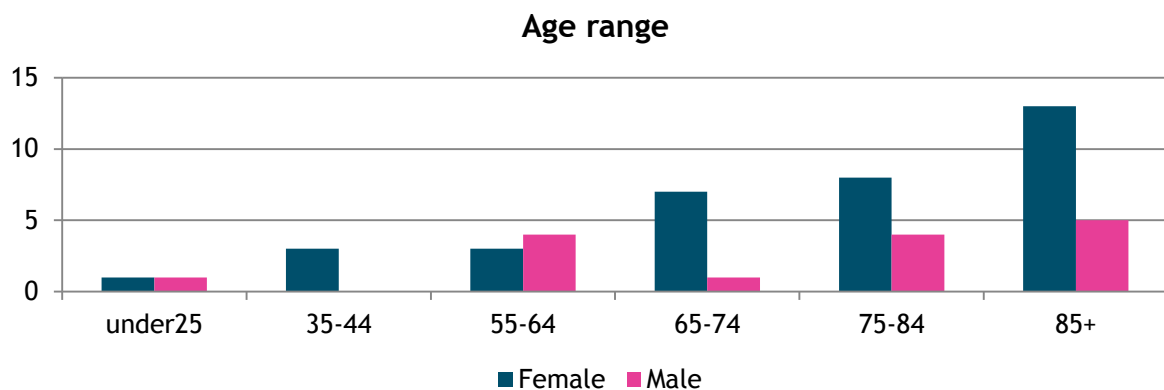
Demographics

Homecare services are traditionally seen as a service for older people, but they are used by people of all ages. Of the 51 responses we received the majority were from white women aged 65+ but we received responses from a range of ethnicities and age groups, and from all areas of the borough.

Age and gender

76% of respondents are aged 65+

71% of respondents are female

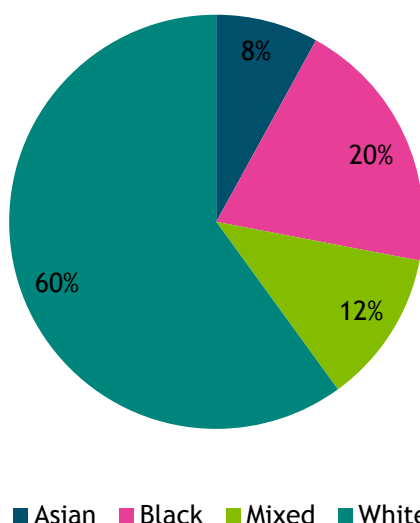


Ethnicity

The ethnicity profile of our respondents differs from the profile of the 2011 census data for the borough, but might not be expected to match it exactly due to various factors including cultural and language issues, the varying age profile of different ethnic groups in the borough and difficulty reaching some groups at all.

| Ethnicity | Homecare Survey | Census 2011 (LBWF) |
|-----------|-----------------|--------------------|
| Asian | 8% | 21% |
| Black | 20% | 17.4% |
| Mixed | 12% | 5.3% |
| White | 60% | 52.1% |
| Other | | 4.1% |

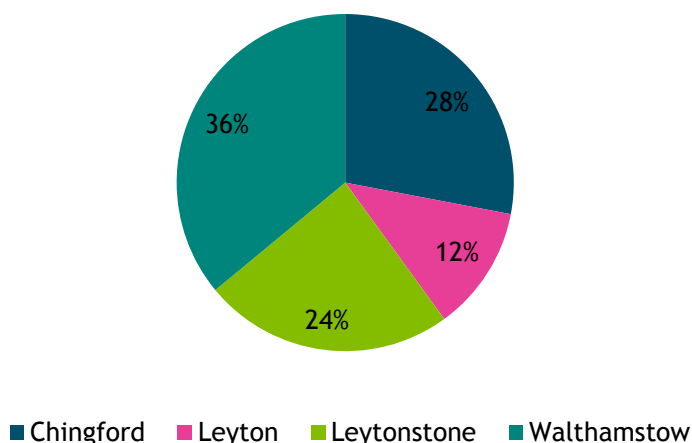
Ethnicity



Location

As well as advertising the survey on our website and distributing it via Age UK, we sent the survey directly to a representative sample of homecare service users on a list provided by LBWF. Recipients were randomly selected according to their geographic location in the borough. We received an overall response broadly representative of the distribution of homecare recipients across the borough, according to the Council’s list of those it funds.

Location



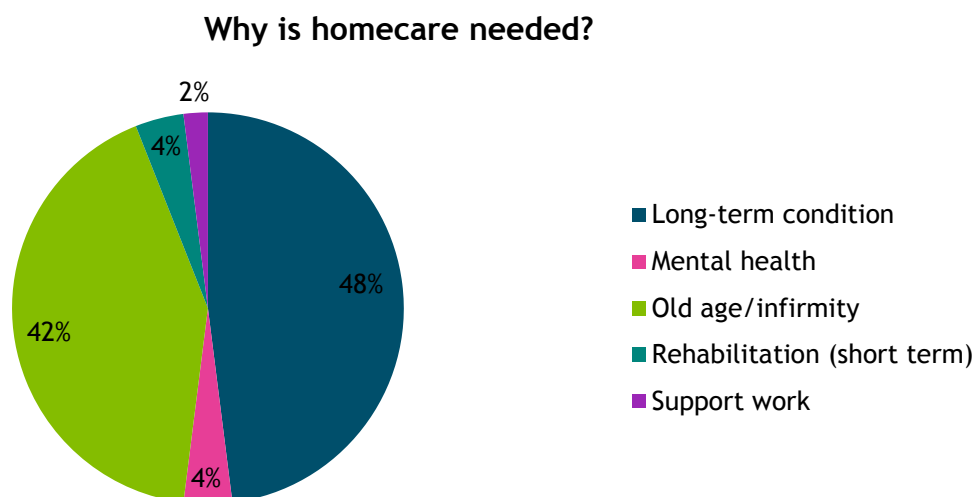
| Location | Actual * | Response |
|-------------|----------|----------|
| Chingford | 29% | 28% |
| Leyton | 17% | 12% |
| Leytonstone | 13% | 24% |
| Walthamstow | 42% | 36% |

* From LBWF homecare list

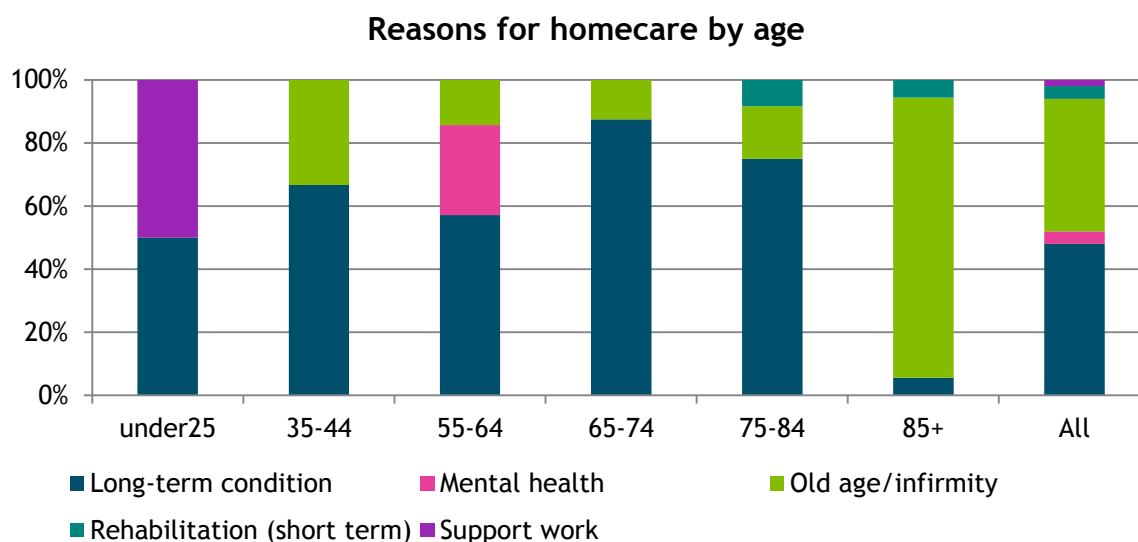
About the homecare:

The need for homecare

Q8. Why is/was the homecare required?



The majority of respondents require homecare due to long-term conditions (48%), including stroke, dementia and Multiple sclerosis, or due to old age and infirmity (42%). This indicates that most will have ongoing and long-term need of homecare services. Indeed, question 12 asked about the likely duration of homecare and 82% indicated that they were receiving long-term homecare.



Across all age groups the primary reason for homecare is long term condition. This trend only changes within the 85+ years age group, where old age/ infirmity is the primary presenting reason for homecare. With all groups representing on-going need any reorganisation of homecare services will require careful planning to ensure individuals

receive effective services that meet their requirements. For the younger this may be better aligned with greater support for self management, however, with a growing older population in the borough future service provision planning will require careful consideration.

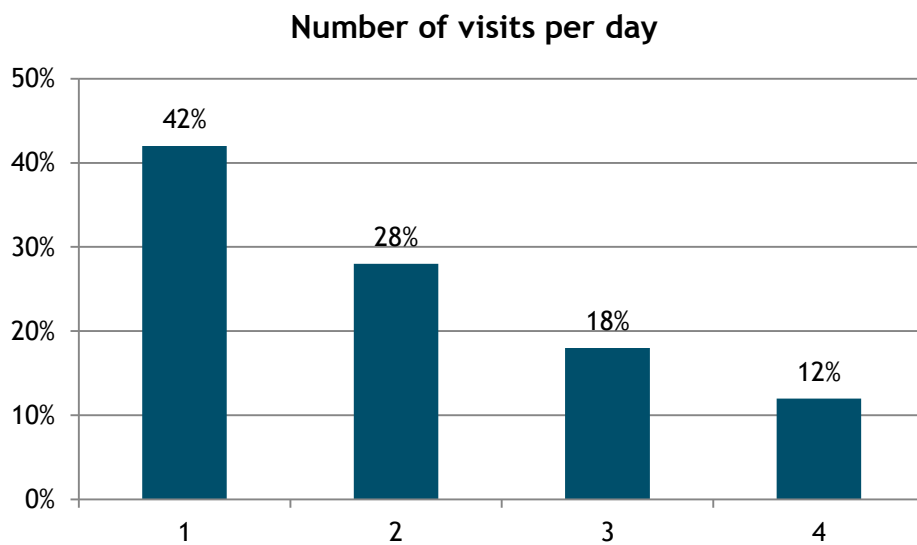
Frequency of care

Q13. When is/was homecare provided?

Despite the majority needing care for long-term conditions or old age/infirmity not all respondents see a carer every day.

- 64% have care visits seven days a week
- 32% have care visits Monday to Friday
- 4% only see a carer on weekends.

The number of visits per day varies considerably too, 42% receive one visit but 12% receive four visits per day.



Most respondents said they receive the number of hours of care that are contracted, though at least one person had, in the past, received fewer hours of care than were in their care plan. Focus group attendees discussed this question and raised the issue of not knowing what they were entitled to under their care plan and so being unable to say whether they did or did not receive the agreed amount of care time.

Length of visits

Q14. How long are most of the homecare visits?

The length of visits varied amongst respondents and some respondents receive visits of varying duration, depending on the purpose. Most respondents (80%) have visits of between thirty and sixty minutes, with 49% having thirty minute visits and 31% having a mix of thirty, forty five and sixty minute visits.

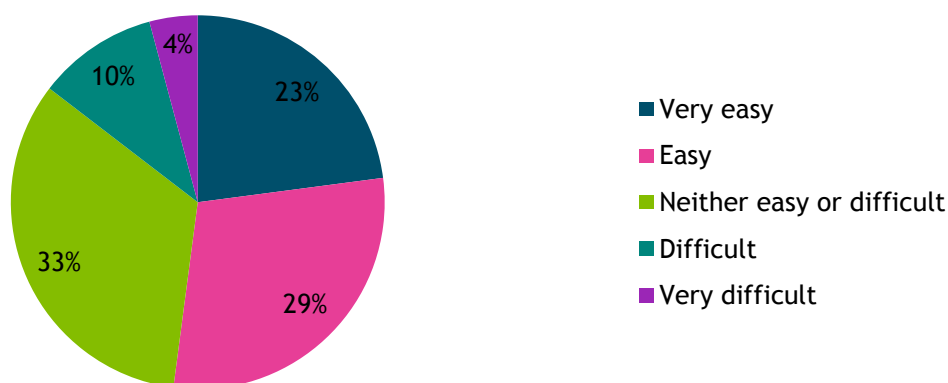
Two people said they have fifteen minute visits; both receive LA funded care for old age/infirmity reasons. The Council has not contracted any fifteen minute visits for care giving since at least September 2013. The minimum length for such visits is thirty minutes but some clients get fifteen minute visits for specific tasks, such as medication administration or welfare checks. As at October 2013 the Council was paying for fifteen minute welfare check homecare visits for thirty people in the borough.²

Within the focus group discussion there was general feeling that the duration of visits was not of as much concern as the use, or mis-use of that time. For example, one service user receives visits from two carers simultaneously and feels they spend the time chatting and catching up socially with each other rather than focusing upon the task or service user. Another carer claimed to be talking to the office but “sounded like she was having a social chat” during the care visit. A third service user resented the need to make office calls during the visit and would prefer this was done before or after the visit rather than during.

Ease of setting up homecare

Q18. How easy was it to set up and arrange the homecare, on a scale of 1 to 5?

Ease of setting up homecare



² Email exchange between Cllr Angie Bean and the Adult Social Care department in October 2013

Few respondents found setting up their homecare difficult. The majority (52%) found homecare very easy (23%) or easy (29%) to set up. Those who commented positively on ease of set up noted that they had assistance with the process from social workers, relatives and local agencies or had it set up as part of their hospital discharge process, which made the process easy.

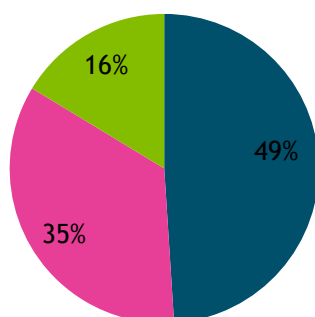
Those who found the process of setting up homecare difficult had trouble negotiating the system, there was a “*huge amount of red tape to get through*” and “*the time and effort it takes to set up is horrendous*”. One relative had been struggling for months to get care for their relative and only succeeded after a social worker assisted them. Another relied upon their own professional knowledge, “*As I have worked for social care for over 20 years I understood the system and how to access support for my mother*”.

Maintaining a sufficiently supportive care plan for service users was also an issue for one relative after a neither easy or difficult set up process. “*It was easy to set up original homecare but when [the] package needed to be increased it wasn't as easy, between [the] OT, [the] physio and social worker*”.

Who pays for the care?

Q17. How is/was the homecare paid for?

Who pays for the homecare?



■ LA funded ■ A mix ■ Self-funded

All potential homecare service users are assessed for their care needs and for funding eligibility. Currently LBWF, like the majority of other London councils³, only funds those assessed as falling within the critical or substantial levels of risk bands, under the Fair Access to Care Services (FACS) eligibility framework.⁴ Depending upon their financial

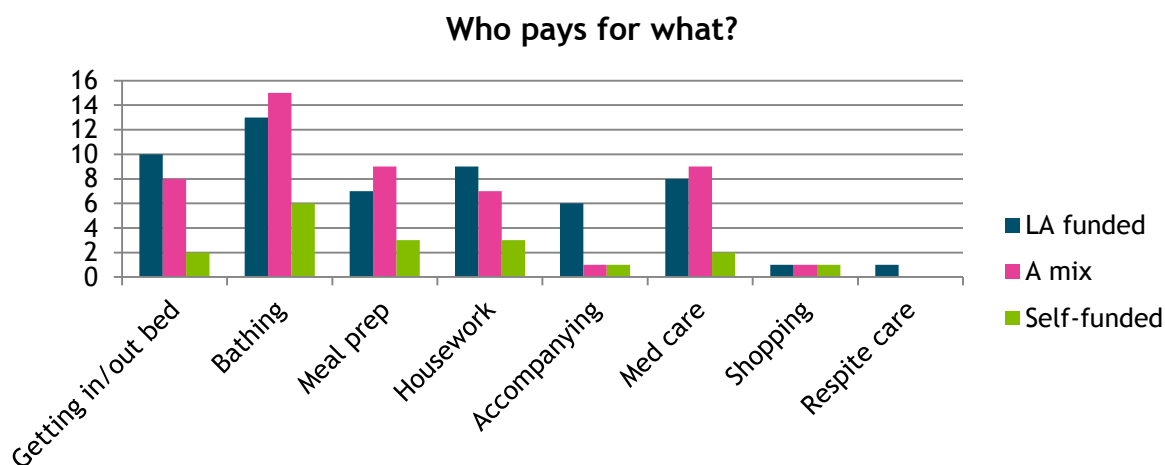
³ 8 out of 10 London councils in 2008/9, *Impact of Dilnot Commission, Adult Social Care in London*, London Councils, May 2012.
<http://www.londoncouncils.gov.uk/policylobbying/healthadultservices/publications/impactofdilnotcommission.htm>

⁴ Fair Access to Care leaflet, Factsheet no. 17 Dec 2012
<https://www.walthamforest.gov.uk/documents/asc-fair-access-to-care.pdf>

situation service users falling within these bands might have to pay for some or all of their homecare services, or have them fully funded by the council. Those in need of homecare with needs assessed as moderate or low must fund their own care and the council gives them information about how to contract this and where to find advice and support if required.

Having used a council list to distribute the survey it is, perhaps, unsurprising that 49% of respondents have all their homecare services paid for by the local authority. Some of those who pay for part of their homecare costs indicated that they pay privately for additional services not covered for them by the local authority, such as shopping and accompanying. However, 16% of respondents entirely self-fund their homecare services.

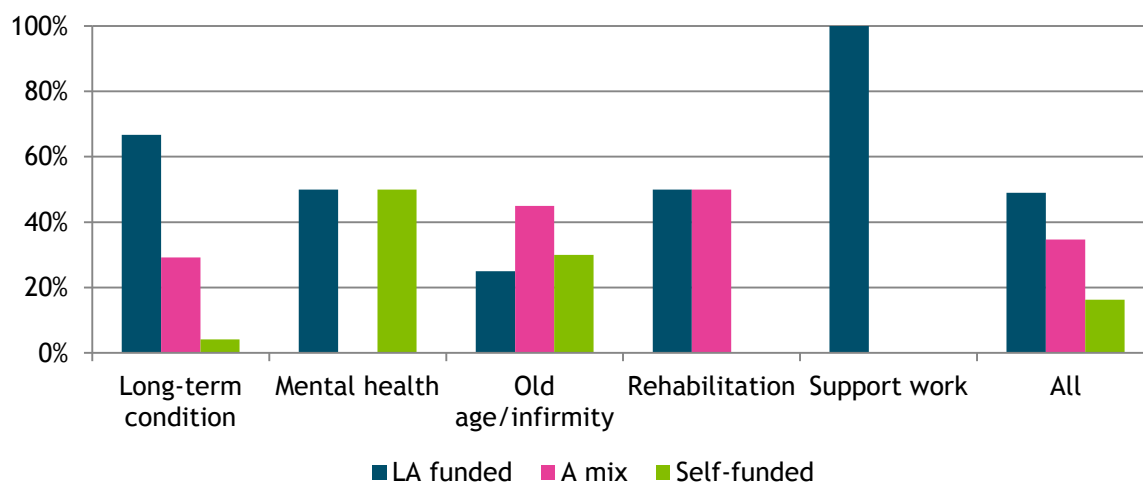
As discussed above, the severity of the need partly determines who pays for the homecare service and as the chart below shows with the exception of respite care, all types of homecare support are currently either partly or fully self-funded by at least one respondent.



Amongst our respondents, those who have homecare due to old age or infirmity more frequently pay for some or all of their care than those who have homecare due to long-term conditions. This may, or may not, be typical across all service users in the borough, however, with an aging population this has implications. The population forecast in Waltham Forest estimates a 93% increase in those aged 65+ by 2041⁵.

⁵ LBWF website <https://www.walthamforest.gov.uk/Pages/Services/statistics-economic-information-and-analysis.aspx> Table 2 2013 Round of demographic projections, 2012

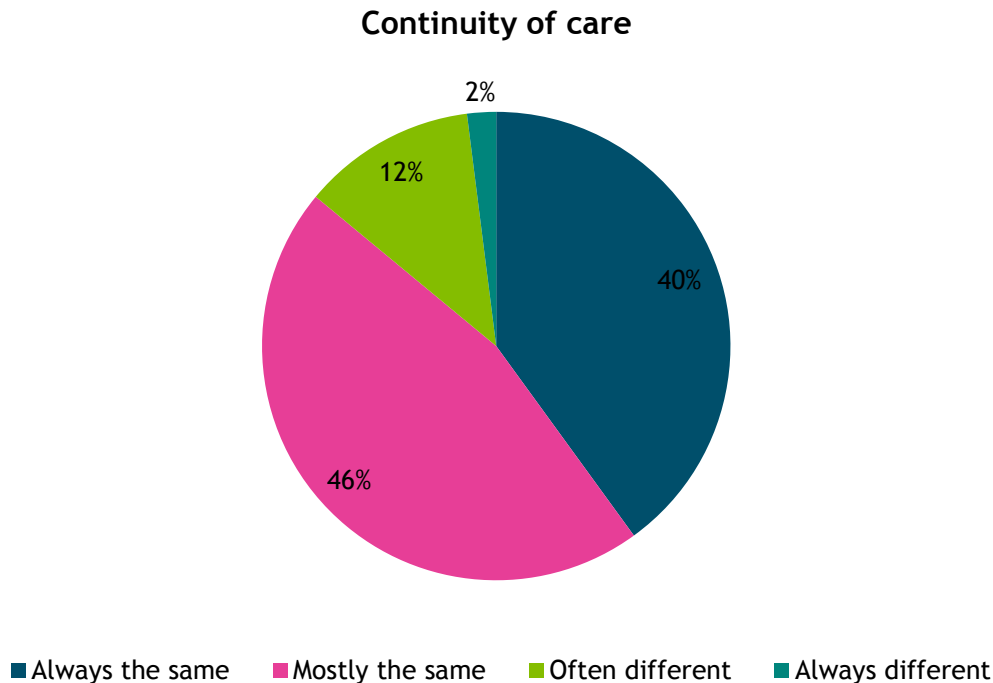
Who pays, by reason for homecare.



One respondent, in receipt of long term care due to old age/infirmary, initially had their care paid for by the local authority, but this has recently discontinued and they now have to pay for the care themselves. It is not within the scope of this study, but further research into who pays for what homecare locally would be of interest; particularly as central and local health and social care budgets continue to be reduced as part of a general reduction in public spending. As the older population increases will people continue to get the care that they need if they routinely have to fund some or all of it themselves and a smaller LA budget has to stretch to cover more people? Will decisions about what is essential and/or affordable adversely impact upon the health, welfare and quality of life of homecare service users (and their relatives) in the borough who partially or totally self-fund? Discussion at the focus group covered the cost of care and revealed that two people have already made the choice between homecare and money for other things; they have cut back on the amount of care they receive because they cannot afford to keep paying for it as well as other living costs.

Continuity of care

Q20. Do/did you see the same carer or team of carers regularly?



Respondents were asked whether they see the same carer or carers and the majority do, only one respondent said they see different people each time. Some have the same team all the time and some have a regular weekday team and different people at weekends.

There is consensus that continuity of care, seeing the same team of carers, is important to service users and often preferable for the care staff too. Respondents raised the issue of having strangers in the home, they stressed the need and desire to be able to trust the carers, build a rapport with them and know who to expect in their home.

The majority of comments about this question concerned the impact upon the quality of care received. Seeing the same carer, or team, improves the quality of care for respondents.

- *“I prefer to see the same people and feel happier knowing who is coming”*
- *“It is important that we have the same carers as the recipient is very partially sighted and recognises people by voice.”*

Whereas a lack of continuity of care can cause a drop in the quality of service for respondents

- *“very upsetting having different people as they never know where things are or what to do”*
- *“I have had four different stand-in carers during one week which is very annoying as every day the routine has to be explained to them”*

- “[in the evening] we get someone different all the time, which is not good as dad does not like unfamiliar faces”

Respondents recognised that while continuity of care is important it is not always possible as carers need time off. They emphasised that good communication with the agency at these times, being told to expect a relief carer, or seeing a regular relief carer for example, make lapses in continuity of care more tolerable.

One respondent noted the need to have carers that were culturally attuned to their service user. *“Carer must be the same ethnic origin as the person they have to take care of and [the] carer must also be really aware of the culture and belief of the person they have to look after”.*

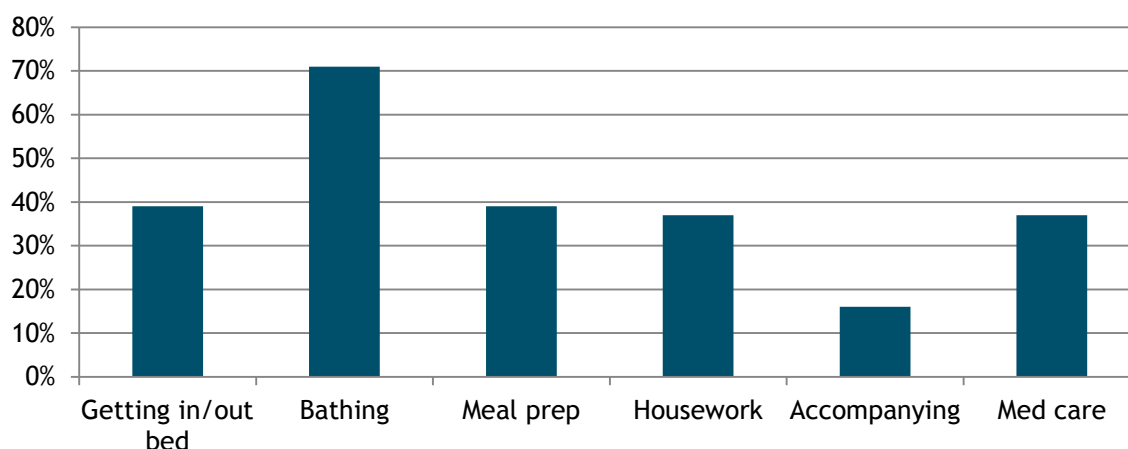
Service users value continuity of care, they like to see the same carers regularly, to build a rapport with them. This brings practical benefits - regular carers knowing the routine, where things are kept, how the service user likes things to be done, getting the job done faster - as well as more psychological benefits - knowing who is coming to the house (particularly for the blind or those with dementia), or establishing a relationship with someone.

At the focus group, while most people saw more than one carer in a week they generally saw the same people and valued this continuity, noting it as an improvement on previous service where there was little attempt at continuity.

Types of homecare

Q22. What type(s) of homecare assistance is/was provided?

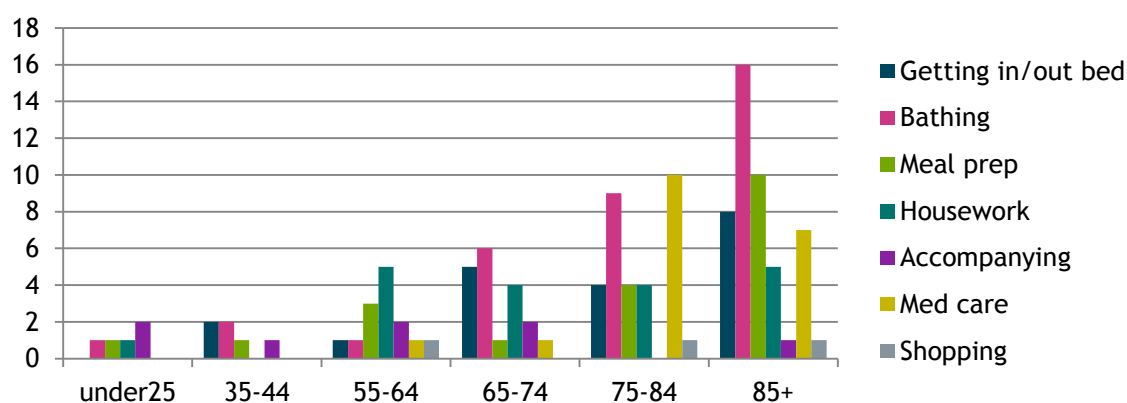
Who gets help with what?



Homecare covers a variety of everyday activities that people need assistance with, including personal assistance (getting in and out of bed, bathing and washing, medical care), practical assistance (meal preparation and household chores) and help outside the home such as accompanying and shopping.

Respondents receive a range of help from carers and in various combinations, one person receives 5 types of homecare assistance, others only receive one kind of assistance such as bathing and washing or accompanying. Older respondents receive more varieties of assistance than younger age groups.

Who gets what help, by age group.



What additional help do respondents want?

Q23 What additional services would you like (them) to receive as part of the homecare package?

Of those who answered this question some said they had all the help they currently needed, some wanted additional time for the current activities they were receiving homecare for, some said that they relied upon their relatives to provide any additional support and, by a small majority, the remaining respondents said they would like additional tasks carried out.

Those wanting additional tasks as part of their homecare package gave examples and included practical personal help, (help with eating, using the toilet) housework support (changing sheets, general cleaning and emptying bins) and more social support.

Some respondents would like to go out but cannot do so alone and would like to be accompanied, for practical tasks such as shopping, everyday activities such as going to appointments and general socialising. Several respondents would like more social support but as it is self-funded they cannot afford to go out as often as they would like, *"I would like the carer to take me out regularly. I pay extra for accompanying outside the home"*.

The issue of more social interaction was raised at the focus groups, service users felt that carers rushed through their tasks and had little time for social interaction and conversation. Several relatives were particularly concerned about ensuring that the service user was eating. In one instance the carer comes to prepare meals but the time allotted does not include time to stay and ensure that the meal is eaten, *"supervision with meals would be good, especially at lunch time"*.

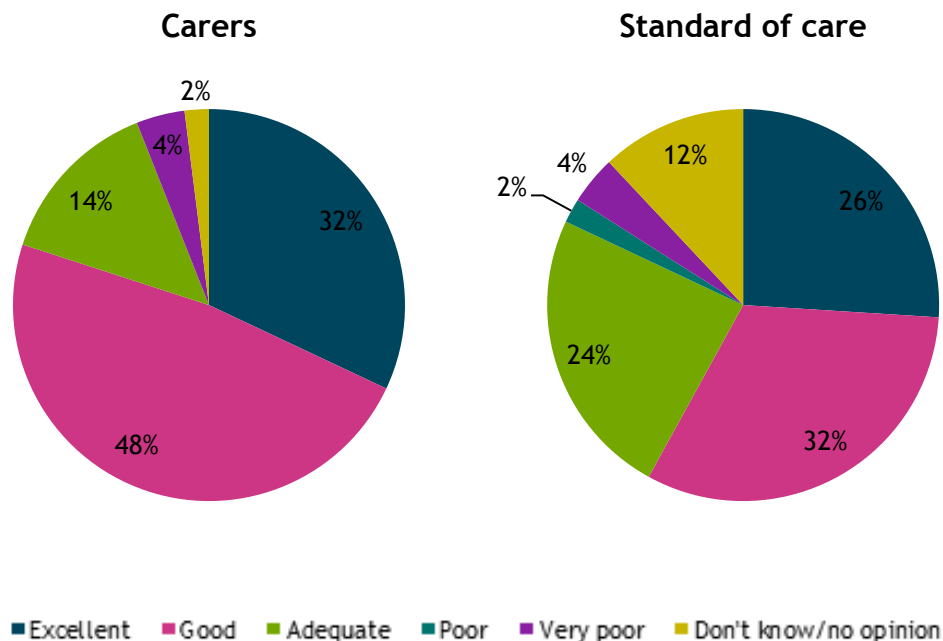
From the comments it is clear that families are supplementing the homecare received. Daughters of one respondent provide practical help of the sort that carers do provide, as well as the tasks not covered by homecare such as managing finances. *"despite living ... a long way from my mother I am able to provide support with cooking meals, shopping, laundry, ironing, and cleaning. My mother is no longer able to leave her flat so access in the community is no longer needed. I used to support her with this. My mother's finances are dealt with by my sister and support with shopping"*. One respondent relies upon her granddaughter to take her to health appointments, another relies upon her husband for the bulk of her care.

Discussion at the focus groups covered the issue of additional care and it was clear that while people want or need additional homecare services, including social activities, they are acutely aware of the cost. Only three service users (the youngest within the focus group) had been given funding to enable them to get out and about and two of these had since had the service reduced. The prohibitive cost of additional services means that service users at the focus group are generally resigned to managing with what is currently available rather than asking for more, *"I cannot afford it"*. Where no relatives, friends or neighbours are able to provide additional help, including for social activities service users are going without.

Rating the standard of homecare

Q24 How would you rate the standard of homecare received?

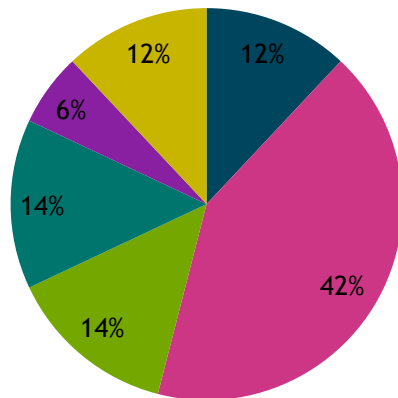
Respondents were asked to rate various aspects⁶ of the homecare service they received.



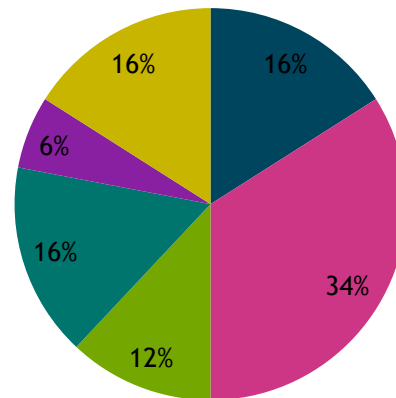
The majority of respondents were positive about their carers, rating them excellent or good; the standard of care received was also rated highly too. However, some had variable opinions about individuals within their care team, “*some helpers are rubbish, some are lovely and do the work very good*”, others experienced variable standards of care, “*standard of care is poor at times, not always*”.

⁶ The carers themselves, the time of care visits, the duration of care visits, the standard of care received, the range of tasks undertaken by carers and communication with the homecare agency

Timing of visits



Length of visits

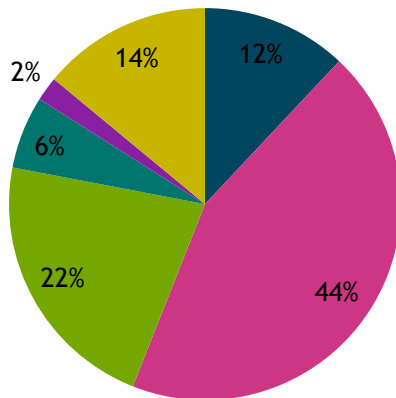


■ Excellent ■ Good ■ Adequate ■ Poor ■ Very poor ■ Don't know/no opinion

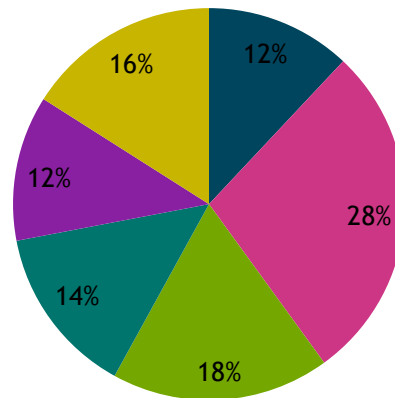
There was less consensus about the timing and duration of visits. While 54% found the time of their care visits excellent or good more than a third of respondents (34%) found them adequate, poor or very poor. One focus group attendee said that the timing of his visits was inadequate and he was often hungry during the day, between his morning and evening visits when meals were prepared.

Half of respondents found the length of their care visits excellent or good but more than a third found them adequate, poor or very poor. One respondent gave an example of why she was unhappy with the length of visits, particularly in the mornings, *“In the morning carers need more time. Allowed 45 minutes, they’re with me 1 hour, 1.15 hours on shower days”*. In this case, the carers stayed for as long as the task took. Another respondent noted that the length of visits had been adjusted but not increased, to allow for an additional visit to put the service user to bed, *“minutes have been taken from visits over the day and from housework and laundry time”*. Again the focus group discussion covered the cost of care; while some wanted longer visits they did not ask for them because they could not afford to pay for them.

Range of tasks



Agency communication



■ Excellent ■ Good ■ Adequate ■ Poor ■ Very poor ■ Don't know/no opinion

Agency communication had the most variable spread of responses, 44% found it adequate, poor or very poor, with 40% rating it as excellent or good. While one respondent had regular communication with the office staff and considered them excellent another described their communication with the agency as “*appalling*”.

It should be noted that with the exception of the one about carers each question in this section included at least 12% and up to 16% of respondents expressing no opinion or not answering the question. This raises questions about how much information and/or engagement service users have with their homecare provider, though it could also be a case of the issue not being relevant or of significant concern to them.

The comments received about rating the standard of homecare received primarily concerned the quality of the care, the organisation of the care, staff issues and communication with the agency.

Thirteen respondents commented on the quality of care they received, seven noting good or excellent care, two noting poor quality care and two noting the variable quality of their care.

Comments about good quality care covered care staff working well together and arriving on time, carers staying longer than allocated in order to get the task finished properly and engaging well with service users

- “*The carers are good, they both arrive together (which is very important when hoisting is involved) and are always punctual*”
- “*Carers do the work but [are] not paid for it*”
- “*The carers are excellent. They know what to do and dad is very comfortable with them*”

Comments about poor quality care included observations about carer behaviour, “*carers are sometimes rude, bossy and make personal comments*”. For one respondent this led to a termination of the service, “*I have cancelled the service I was receiving as PA was extremely homophobic which was uncomfortable.*”

Staff training was raised by one respondent, “*Homecare assistants need better training before they start work, not on the job*”. Another questioned the volume of work they have to contend with, recognising that they are overstretched, “*I do wish that the companies [did] not have so many clients for their workers [who] have to go to daily do one another’s work*”. This ties in with and has implications for continuity of care as well as the quality of care given.

Communication, with care staff and with the agencies was an issue raised by several respondents. While some praised the agency “*I communicate regular with both the office team and the carers and the carers employed by Supreme show real compassion and care for their job*” others found the service poor, “*They never ring me back when I leave messages, never let me know the name of the carer who will be coming in place of one of my regulars when they are off sick and very rarely answer the out of hours telephone number*”. One stressed the need for effective communication “*There must be communication between the carers, supervisor and the family members of the care recipient*” but believed that the fact they knew agency staff improved their situation when problems occurred, “*I know someone from the care agency therefore I receive good service for the problems, otherwise [it] could have been difficult*”.

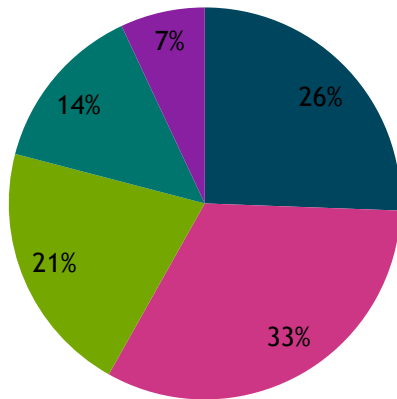
Amongst the focus group attendees it was clear that, when rating the standard of service received, they were influenced by the nature of the personal interaction they had with care staff. Those with good personal relations with their carers rated the standard of care as high. Those who had problems with their carers related to attitude and behaviour, rather than how they carried out tasks, tended to rate the standard of care less highly overall even while they rated the standard of practical care as good.

Ease of managing homecare

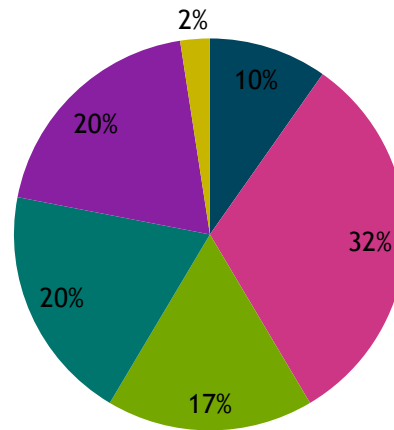
Q28. Thinking about your homecare service, how easy is it to...

Respondents were asked how easy it was to manage various aspects of their homecare service.

Ease of visit timing



Choosing staff

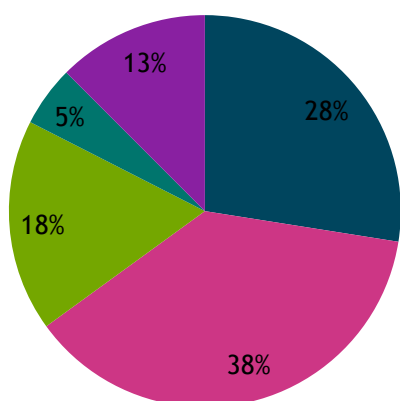


■ Very Easy ■ Easy ■ Not very easy ■ Impossible ■ I don't know ■ I have never done this

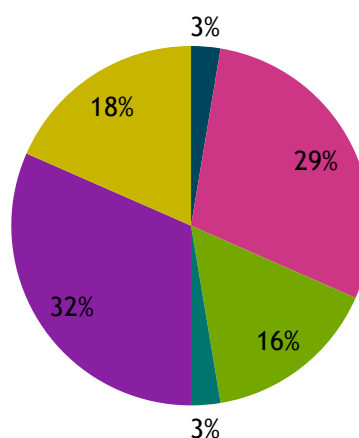
The majority of respondents (59%) said it was very easy or easy to choose the timing of their visits; this is usually done when the care plan is put in place, *“the time the carers arrive was chosen by me years ago. I only have one visit a day so presumably it is not so difficult to select the time you want”*. However, there was a lot of feedback about carers not keeping to the timetable, arriving late for example. One respondent complained of the carers coming too early, *“Sometimes we feel the carers come to the recipient too early in the evening to assist him to bed”*. They also commented on changing the care plan to improve the care but not having faith that the changes would be implemented, *“From the last OT assessment it was suggested that the lunch time carers put him to rest on [the] bed and teatime carers get him up. But how easy will this be to input as carers always seem busy going to other clients?”*

Fewer people said it was very easy or easy to choose the staff, 20% said it was impossible and another 20% did not know about it.

Choosing activity



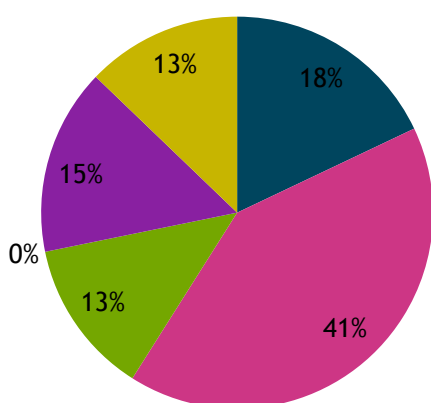
Find out about additional services



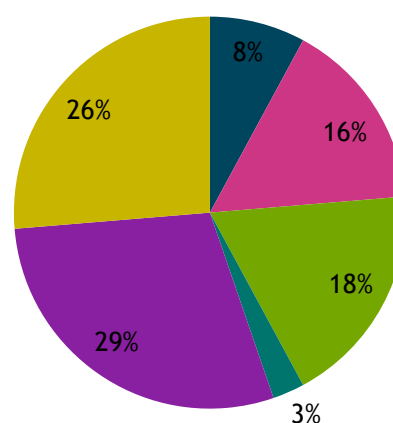
■ Very Easy ■ Easy ■ Not very easy ■ Impossible ■ I don't know ■ I have never done this

Respondents generally found it very easy (28%) or easy (38%) to choose which tasks and activities their carers undertook, though 5% said it was impossible. Finding out about additional services was seen as less easy and 32% said it was impossible to do so, which may be a symptom of the difficulties in communicating with the agency that some respondents experience. This question received the biggest response of “I don't know” amongst the six aspects of managing the homecare. Knowing what additional services are available and which might improve a service user's quality of life is important and should be something that homecare providers keep their clients informed about routinely.

Ease of complaining



Ease of changing providers



■ Very Easy ■ Easy ■ Not very easy ■ Impossible ■ I don't know ■ I have never done this

Significantly 59% said it was very easy or easy to make a complaint about their homecare services and this is very positive; though 28% didn't know about it or had never done it.

One respondent believed that knowing care professionals was an advantage, *“I know someone in the care trade therefore all these things are easy for me to handle”*, the implication being that they consider it a difficult process and harder to negotiate without that assistance.

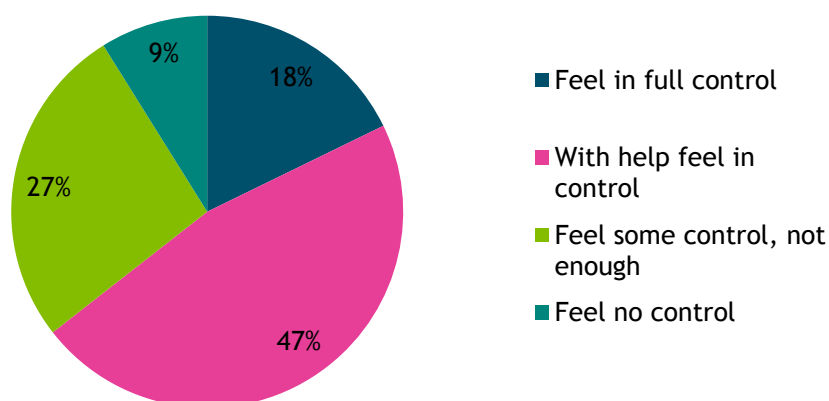
When asked about the ease of changing providers respondent were less sure than with other aspects of managing their homecare service. Less than a quarter thought it very easy (8%) or easy (16%), more (26%) had not done it, or did not know (29%) and 18% considered it not very easy. One respondent had changed provider several times, although had not instigated this once. *“I have had homecare for so many years and over that time I have had care from four different agencies, not because I decided to change agency but because their contracts expire after three years and usually another company takes over. Clients are then transferred to new agency. I personally have never changed the company who provides care”*.

There is clearly a need for improved communication between the agencies and the service users to ensure that homecare recipients understand the system and have the information they need to feel in greater control of the service they receive and are making clear choices about aspects of their homecare package. Clearly, in the future, for an ever increasing number of homecare service users this will be influenced by the budget available for services, but informed choice about the services they use remains important.

How does homecare leave respondents feeling?

Q26. Overall, how does your homecare service leave you feeling?

How does homecare leave you feeling?



The majority of people (65%) felt they had control over their daily lives, but 9% felt that they had no control over their daily lives despite the homecare they receive and 27% felt they did not have enough control.

From comments received it is clear that the feeling of lack of control is exacerbated when care staff fail to keep to the care plan, or visit times and the service user does not get the

support they are expecting when they are expecting it. At these times the service user might not feel sufficiently in control to address the issue, as happened to one respondent. *“At times when they come late and they still want to go on time, not thinking that they were late, I don't feel I have enough control over my life. When you are an old person the relationship is not as [with] ones own relatives, therefore I don't speak to no one because they are thinking that they are young not old”.*

At least one respondent feels her relative has no control because she does not get the level of care she needs, *“It is hard to choose one answer, with more help it would be better. With the help as it is now my [relative] is stuck in a chair unable to do anything for herself.”*

Clearly service users have differing perceptions of being in control and not all look to homecare services to enable them to feel in full control of their lives. Two respondents, who said they feel some control but not enough, commenting on this question mentioned that their family members provide vital support, *“I live with my parents and rely on them to look after me in my daily life”* and *“I depend on my son and daughter-in-law all the time.”*

Complaints

- 39% of respondents had complained about their homecare and of these 90% complained to the homecare agency.
- 55% of complaints were resolved, 20% were still being looked in to and 25% were not resolved to the respondent's satisfaction.

When asked about how easy it is to make a complaint 59% said it was easy, or very easy, to do so, 13% said it was not very easy. That 15% of respondents said they did not know how easy it is to complain is a concern; it may be that they have never used the complaints service or that they have no information about it. Understanding how to complain about poor or inadequate service is crucial in ensuring that standards are maintained and that service users receive the homecare they need. All homecare providers should have clear complaints policies that service users are kept informed about and understand how to use if the need arises.

The variety of complaints people told us about reflects the nature of homecare provision, ie. it is a service for individuals, and behaviours that some service users might find acceptable or bearable will be unacceptable to others. However, some complaints concern safety issues or a lack of care, which are less subjective.

Complaints included carers not turning up, providing inadequate care, refusing to do what the respondent wanted or expected, inappropriate behaviour of carers, lack of communication, neglect by carers and respondents not seeing the same carers.

Carer behaviour complaints included using a mobile during the visit, homophobia and rudeness towards the service user. One relative complained that the carer did not address the service user respectfully.

“Failure to show” complaints included no carer turning up due to a clerical error, carers failing to attend without notification and insufficient carers attending. Failure to attend can have serious consequences, in one instance the service user was left *“neglected with no care, food, drink or medication”*.

Timekeeping was also an issue for complaint. In one instance carers due to attend a service user unable to get out of bed unaided, consistently failed to attend until 10.30am although they were due at 7.30am. Lateness was also a common complaint, although one that some respondents put up with rather than complain about, *“late[ness] is the only complaint and when you ring it is so many different tales. I stop asking anymore”*.

The use of relief carers caused complaints too. Not seeing regular relief carers was an issue, seeing *“up to four different people in one week”* can be stressful for service users. *“I would get different carers every day and I felt this was unacceptable for personal care”*.

Some respondents had complained about lack of care, including carers being *“very rough when washing and dressing”* and a service user being put to bed uncovered and unable to cover themselves.

Safety issues included a key safe box being left open, putting the service user at risk. This effectively left the front door of the house open to anyone passing by. Another example is insufficient carers available to use vital hoisting equipment so the carers family had to improvise.

Most people complained directly to the company providing the homecare, 70% contacting only them and a further 20% contacting the provider as well as the council and/or the carer. 5% of respondents contacted their sheltered housing officer and 5% complained directly to the carer.

Although 50% of complaints had been resolved several respondents mentioned that they had to escalate their complaint before it was resolved, *“I had to contact the managing director of the agency before the problems were resolved as local agency did not or would not sort things out. Very annoying as I got the impression they were uninterested in the service user complaints”*.

Some complaints were still being resolved (20%) and 25% had not been resolved to the respondents satisfaction, including complaints about timekeeping, rough handling and homophobia. One complaint about turning up late had only been resolved in the short term and had subsequently re-occurred. As one respondent noted if complaints are not resolved, or not to the service users satisfaction, they might not bother to make complaints about poor service in future. This will have an impact upon the standard of care and upon the happiness of the service user.

The focus group discussion about complaints covered much the same issues though the lack of out of hours office support and general poor communication with the office were also mentioned. It is clear that there are common triggers for complaints and so a more open culture around complaints and the resolution process would be beneficial.

Comments

Throughout the survey respondents were able to add additional comment to their answers and this qualitative information provides valuable insight into the homecare experience in Waltham Forest. At the end of the survey they were invited to give any additional comments about homecare they wished. These comments included general statements about homecare “*I do not wish to change my homecare provider*”, “*I like my carers and the agency*” as well as more detailed comments about the quality of care, specific incidents or observations about staff and the care agencies.

Quality of care

Several respondents praised their carers and the high quality of service they received

- “*We use XXX homecare [agency]. We are still with them because the regular carers are absolutely brilliant; otherwise we would have gone elsewhere.*”
- “*[I have a] long-term team of regular carers who are now like family friends and do a good job because they have been in post long-term and know the recipient well.*”

Others highlighted the poor quality of the service they received

- “*It would be nice to get helpers who just did what they were employed to do. No backchat, no couldn't care less attitude and can't even Hoover.*”
- “*Initially the carers were employed by the council and were very good. One in particular became a close friend. Following the decision to transfer council services to an agency the service deteriorated. A modicum of bullying.... Arrival times varied most days and evenings....Complained money and objects went missing*”

One commented on the variable standard of care received.

- “*It depends on the carer as to the standard of care that is delivered. Some carers are very attentive and others just go in and “do the job”. Why do some carers shout at the recipient when he is not deaf? And why do carers walk into the recipient's house without introducing themselves?*”

Staff Issues

Several respondents offered opinion on what makes a good carer, including the qualities, training and support they need.

- “*Carer is a very stressful job. Those who are employed to serve must have the qualities of patience, help, understanding and tolerance.*”
- “*Staff need proper induction training and regular updates.*”
- “*The care service if it is to improve must nurture and care for front line staff to get and retain compassionate and caring people on the sector.*”

One respondent explored the pay and conditions for staff, particularly zero hours contracts and travel time. “*Concerned that excellent care staff have to work on such short term hourly rate contracts, some times zero hours contracts. That staff are not*

paid for travel times by some agencies which puts them financially under pressure and causes good people to leave the care sector..... Especially as people are living longer and the care sector continues to grow. Pay and conditions must be improved.”

Summary and recommendations

It is clear from the responses we received that individuals' perception of homecare services is very subjective and dependent upon many variables.

Some people have very good relations with their carers, "My carers are very nice. I call them my "little daughters"." and feel they get very good care, regardless of, for example, how often the agency calls them or how easy the care was to set up. Others have had a bad experience with their carers and this informs their perception of all aspects of their service.

Overall, the results are generally positive and the majority of respondents, with their homecare, are left feeling more in control than not. If the purpose of homecare is to support people to remain in their homes longer, independently, rather than needing to go in to a care home, then homecare services in Waltham Forest could be said to be working.

However there is clearly room for improvement and the below table outlines issues and recommendations. Where appropriate we have clarified who the recommendation is most applicable for (commissioner or provider, or both), however within either role there may be elements of the recommendation relevant to both parties and therefore we urge full consideration by all parties.

As the regulator of Homecare services, we will be sharing our report with the Care Quality Commission (CQC) to ensure that the client voice and these recommendations can feed into the regulatory and inspection framework they are responsible for.

| <i>Issue</i> | <i>Lead</i> | <i>Recommendation</i> |
|---|---|---|
| <p>There is increasing demand for homecare.</p> <p><i>With an aging population, an increasing number of people with complex long term conditions and a drive to keep people out of hospital and in their homes, the need for homecare is increasing at the same time as overall funding is decreasing. A clear choice of consistent, good quality homecare is important.</i></p> | Commissioner | <p>(1) Review relationship, alignment and joint working with:</p> <ul style="list-style-type: none"> step-up step-down reablement services self-management patient education voluntary sector/other befriending and social activities voluntary sector support schemes to keep people independent and in control. |
| <p>Homecare is difficult to set up.</p> | <p>Commissioner and providers</p> <p>Commissioner and providers</p> | <p>(2) Review processes and support for establishing home care in the first instance as well as increasing/decreasing homecare services.</p> <p>(3) Review information available to prospective homecare clients (contacts, service details, criteria etc)</p> |

| | | |
|---|-------------------------------------|---|
| | | <p><i>It must be made easier to set up homecare, however it is funded and however the need is identified. The process should be clear and easily understandable and achievable within a set timeframe.</i></p> <p><i>Those who had their care set up after a hospital stay generally found the process easier so there is existing good practice to learn from when reviewing the set up process.</i></p> |
| <p>Some people pay for or top up their own care.</p> <p><i>People told us they were currently making choices about the level of care they can manage with.</i></p> | Commissioner | <p>(4) Review monitoring arrangements and understanding around level of need and actual use of services.</p> <p><i>We must ensure that people who can't afford to top up or pay don't fall through the cracks and miss out on vital care that is essential to their physical well being or miss out on the care that may improve their quality of life.</i></p> |
| <p>Some people experience low levels of continuity of care.</p> | <p>Commissioner</p> <p>Provider</p> | <p>(5) Review contract monitoring levers and pay structure, including per minute payments and provider fee rate, for strengthening continuity of care.</p> <p><i>Continuity must be a condition of care provider's contracts and they should be encouraged to retain and support staff to ensure this continuity is provided.</i></p> <p>(6) Review pay, recruitment and retention policies and procedures.</p> |
| <p>Low levels of agency (and local authority) communication and service.</p> | <p>Provider</p> <p>Commissioner</p> | <p>(7) Agencies, (with clients), to review communication protocols and ensure clear, accessible information re expectations of the service, communication and interaction.</p> <p>(8) Local authority to ensure clear and accessible communications to clients where homecare provider contracts have been terminated, and assistance with choosing alternative providers.</p> <p><i>Service users should feel like valued customers rather than a captive market. It is important that service users should be empowered to expect a level of service from their agency and that the agency understands the benefits of providing it. There should be a constructive and ongoing dialogue between service users and the homecare providers, and the local authority where appropriate. Establishing a 'client user group' could help to inform how both agencies and LA communicate.</i></p> |

| | | |
|---|-----------------------------------|--|
| <p>People unaware of the complaints process or ineffective processes that do not demonstrate adequate learning.</p> | <p>Provider</p> | <p>(9) Agencies to review complaints policy and processes, service user guide and other information provision to clients and ensure information includes complaints handling processes, what to expect, how to escalate, out of hours contacts, how to change service provider, assurance of discretion and what measures are in place to ensure no care provision is adversely affected by a complaint.</p> |
| | <p>Provider</p> | <p>(10) Consideration to be given to regular opportunities to hear from clients eg. client feedback groups/meetings.</p> |
| | <p>Commissioner and providers</p> | <p>(11) Consideration to be given to client involvement in eg complaints panels, staff learning and development sessions etc.</p> |
| | <p>Commissioner</p> | <p>(12) Incorporate learning from complaints and regular client feedback mechanisms into contract monitoring.</p> |
| | <p>Providers</p> | <p>(13) Ensure effective monitoring of complaints, and peer learning, development and sharing of best practice between care agencies.</p> |
| | <p>Commissioner and provider</p> | <p>(14) Review provision for out of house/emergency contacts</p> <p><i>It is important that service users understand how to make a complaint and that they feel confident the complaint will be reviewed and resolved within set timescales. They should not have to routinely escalate their complaint or rely upon personal contacts to get complaints resolved. A situation where service users feel aggrieved but also feel it is pointless to complain is also unacceptable. They must have faith that their complaints, comments and concerns will be listened to and appropriate action taken.</i></p> <p><i>Service users should be given and have explained to them the complaints process and this information should be reviewed and updated regularly.</i></p> <p><i>Complaints procedures should involve regular monitoring for themes and trends, peer learning and development and demonstrate clear learning, sharing of best practice and service improvement.</i></p> <p><i>There should be ample opportunity for clients to provide feedback without having to make a formal complaint.</i></p> |

| | | |
|---|---|---|
| <p>Lack of clarity concerning how many people are using homecare services.</p> <p><i>The council keeps lists of those it funds. Individual agencies providing LA funded or private care keep lists of their clients, but there does not seem to be a definitive list of all the people locally who use homecare services. The Care Quality Commission (CQC) inspects care provider agencies individually and the council monitors those it contracts to provide care but it is important that someone looks at the whole sector locally.</i></p> | <p>Commissioner</p> | <p>(15) Consider mechanisms and tools available to assist in capturing a view on the whole sector across Waltham Forest, to include information on the conditions affecting those receiving care.</p> <p><i>Without a complete picture of the scale of care it is difficult to understand the quality of care, opportunities for sharing best practice, and take a long term view on planning for future service provision.</i></p> |
| <p>Lack of knowledge regarding entitlement and care plans.</p> | <p>Commissioner and providers</p> | <p>(16) Develop engagement mechanisms with users to review:</p> <ul style="list-style-type: none"> – Information provision to clients and informal carers around a “core offer” and what this entails. – Accessibility of care plans and related information and documentation. <p><i>Clear accessible information should be provided to ensure clients are aware of what care they should be receiving and what their rights are as consumers.</i></p> |
| <p>Staff display behaviours deemed inappropriate to clients</p> | <p>Providers</p> <p>Commissioner and providers</p> <p>Providers</p> | <p>(17) Provide opportunities for clients to be involved in eg recruitment panels, staff feedback and training sessions.</p> <p>(18) Develop a Homecare charter that describes the best care and what all agencies should be aspiring to and enables staff to keep service users informed on such matters as: code of conduct; professional boundaries; processes and procedures around checking in/ out of visits with office.</p> <p>(19) Training for home care staff on the condition which they are providing care for.</p> |
| <p>A substantial proportion of people are dissatisfied with the timing and length of visits</p> | <p>Commissioner</p> <p>Commissioner</p> | <p>(20) Monitor, regularly review and map the timing of visits and tasks undertaken to ensure accurate allocation of time.</p> <p>(21) Consider alternatives to the per minute</p> |

| | | |
|--|--------------|---|
| | | payments that currently exist. |
| People do not feel fully in control of their lives | Commissioner | (22) Consider conducting a “deep dive”/ research into factors that influence and impact upon individuals’ feelings of being in control. |
| Measuring progress against recommendations | Healthwatch | (23) Review these recommendations annually over the next 3 years to monitor change against rising need, growing austerity and change of contract. |

There is a need for an open and realistic discussion about how homecare can be afforded in the future, but while that discussion goes on we need a strong framework to support the service now and deliver a good standard of care to all service users in the borough.

This report represents what people told us in Waltham Forest. We hope that the client voice can feed in strongly to both current and future service development within the borough.



This report was produced by Healthwatch Waltham Forest, the independent consumer champion for health and social care. For more information please contact us:

Healthwatch Waltham Forest
Unit 15, Alpha Business Centre
60 South Grove, Walthamstow, E17 7NX
Tel 020 3078 9990

www.healthwatchwalthamforest.co.uk
info@healthwatchwalthamforest.co.uk
Company No 8395175 registered in England
Registered Charity No 1154603

Appendix One

Copy of survey

Homecare in Waltham Forest

Homecare, also known as domiciliary care, is a term for support provided in the home by careworkers to assist someone with their daily life. This support is supposed to ensure people can remain in their own home despite temporary incapacity, long-term conditions or as they become less able to manage without help.

Healthwatch Waltham Forest is keen to hear about homecare experiences in the borough. For example, is it easy to arrange homecare, is the provision good, does it differ across the borough and does it offer people what they need when they need it.

This survey is intended to gather views from those in receipt of homecare - either from the recipient themselves or from a friend or family member. If you, or a friend, neighbour or family member, have experienced **homecare services in the last two years anywhere in Waltham Forest** (either local authority or privately funded) we would be happy to hear your views on the service and about any homecare experiences, good or bad, you want to share with us.

We will present the information you give us in a report which will not identify individuals, so please feel free to answer as fully as possible. The report will be used to ensure that the London Borough of Waltham Forest takes into account your views and experiences when making any changes to its homecare service in the future.

If you have previously used homecare, though not within the last 2 years, you can still give us your views/opinion by writing to us, calling us, or using the webform on our website (<http://www.healthwatchwalthamforest.co.uk/content/homecare-comments>)

- You can call us on 020 3078 9990
- email us at info@healthwatchwalthamforest.co.uk
- use the webform at <http://www.healthwatchwalthamforest.co.uk/content/home-care>
- or write to us using our FREEPOST address (no stamp required)

RTET-YZCX-SBCL (freepost), Healthwatch Waltham Forest, Unit 15 Alpha Business Centre, 60 South Grove, London, E17 7NX

Thank you for taking the time to tell us about your homecare experiences. This survey should take no more than 20 minutes to complete. It would help us if you could answer all the questions.

About you

1. Which of the following best describes you?

- A recipient of homecare (now or previously)
- A family member, friend or neighbour of a recipient of homecare
- A member of staff directly providing homecare
- Other

2. Please give the first part of your postcode, e.g. E4 or E11 _____

About the homecare recipient

Please tell us more about the person in receipt of homecare.

3. Gender

Female Male

4. What age is the homecare recipient?

under25 35-44 45-54 55-64 65-74 75-84 85+

5. Ethnic origin

White: English/Welsh/Scottish/Northern Irish/British White: Irish

White: Gypsy or Irish Traveller White any other background

Asian: Indian Asian: Pakistani Asian: Bangladeshi

Asian: Chinese Asian any other background

Black: Caribbean Black: African Black any other background

Mixed: White and Black Caribbean Mixed: White and Black African

Mixed: White and Asian Mixed any other background

Other: Arab Any other ethnic group _____

6. Sexual orientation

Straight/Heterosexual Gay man/Homosexual Gay woman/Lesbian

Transgender Prefer not to say Other _____

7. Location

Where in Waltham Forest is/was the homecare delivered?

Chingford Leyton Leytonstone Walthamstow

8. Why is/was the homecare required?

Old age/infirmity

Long-term condition

Mental health

Rehabilitation (short term)

Other _____

9. If you prefer, please write below the reason for using homecare.

The homecare provided

We want to know what homecare is provided, is it what is required and is it a good service. Please answer these questions about the homecare received by you or received by your relative, friend or neighbour, within the past two years.

10. Is homecare currently provided?

- Yes No

11. If homecare was provided in the past, please state the date it stopped

12. What is/was the likely duration of the homecare?

- Temporary care, for a short period only
 Intermittent care, as and when required
 Long-term care
 Other _____

13. When is/was homecare provided?

Please tick any time(s) during which home care is/was provided

- Early morning care (Monday to Friday)
 Early morning care (Weekends)
 Daytime care (Monday to Friday)
 Daytime care (Weekends)
 Evening care (Monday to Friday)
 Evening care (Weekends)
 Night time care (Monday to Friday)
 Night time care (weekends)

14. How long are most of the homecare visits?

- 15 minutes 30 minutes 45 minutes 1 hour
 Other _____

15. In hours, how much homecare is/was supposed to be provided in total per week?

Example: 4.15 (4 hours, 15 minutes) _____

16. In hours, how much homecare is/was actually provided in total per week?

Example: 4.00 (4 hours 10 minutes) _____

17. How is/was the homecare paid for? (mark only one)

- Local Authority funded Privately funded
 A mix of local authority and private funding

18. How easy was it to set up and arrange the homecare, on a scale of 1 to 5, where 1 is very easy and 5 is very difficult?

- 1 2 3 4 5
Very easy Easy Neither easy or difficult Difficult Very difficult

19. Please add any comments you wish to make about the ease of setting up homecare.

20. Do/did you see the same carer or team of carers regularly?
(We are interested to know if there is continuity in the homecare provision)

- Yes, I see the same people all the time
- I mostly see the same people
- No, I often see different people each time
- No, I never see the same people

21. Please add any comments you wish to make about seeing the same or different carers.

22. What type(s) of homecare assistance is/was provided?
(tick all that apply)

- Getting in and out of bed
- Bathing and washing
- Preparing meals and eating
- Housework, cleaning etc.
- Accompanying outside the home
- Medical care, e.g. administering medicine
- Other _____

23. What additional services would you like (them) to receive as part of the homecare package?

24. How would you rate the standard of homecare received?

| | Excellent | Good | Adequate | Poor | Very poor | Don't know |
|---|-----------|------|----------|------|-----------|------------|
| The carers | | | | | | |
| Time of visits | | | | | | |
| Length of visits | | | | | | |
| Standard of care | | | | | | |
| Range of tasks undertaken by carers | | | | | | |
| Communication with the homecare agency | | | | | | |

25. If you wish, please add comments about your rating of these aspects of the homecare

26. Overall, how does/did your homecare service leave you feeling?

(This question is intended for the service recipient only)

- I feel in control of my daily life
- With help I feel in control of my daily life
- I feel I have some control over my daily life, but not enough
- I feel I have no control over my daily life

27. Please add any comments here about how you feel

How easy is it to.....

28. Thinking about your homecare service, how easy is it to...

| | Very easy | Easy | Not very easy | Impossible | I don't know | I have never done this |
|--|-----------|------|---------------|------------|--------------|------------------------|
| Choose the timing of the visits | | | | | | |
| Choose the activities staff carry out | | | | | | |
| Choose which staff provide the homecare | | | | | | |
| Make a complaint about the homecare | | | | | | |
| Find out about additional homecare services | | | | | | |
| Change the company which provides the homecare | | | | | | |

29. If you wish please add any comments here

30. Have you made a complaint about the homecare service within the past two years?

(mark only one option)

- Yes *Skip to question 31.*
- No *Skip to question 34.*
- I don't know *Skip to question 31.*

Complaints about homecare

Use this section to tell us about any complaints you have made about homecare in the last two years

31. Who did you complain to? (tick as many as apply)

- The carer
- The company providing the healthcare

- The Council
- The police
- Other _____

32. Please tell us the nature of the complaint(s) made about the homecare

33. Was the complaint resolved to your satisfaction?

- Yes
- No
- It is still being looked into
- Other

Thank you

Thank you for taking the time to complete this survey.

The report of the results will be available on the Healthwatch Waltham Forest website in the new year and will also be used to ensure that people's views are heard when any changes to homecare provision in the borough are considered.

If you wish to, please use the space below for any additional comments about homecare in Waltham Forest.

34. Any additional comments about homecare

Please return this completed survey to Healthwatch Waltham Forest before Monday 13th January 2014.

You can send it FREEPOST, so no stamp is needed.

**RTET-YZCX-SBCL (freepost),
Healthwatch Waltham Forest (homecare),
Unit 15 Alpha Business Centre,
60 South Grove, London,
E17 7NX**

Glossary

| | |
|------|----------------------------------|
| CQC | Care Quality Commission |
| LA | Local Authority |
| LBWF | London Borough of Waltham Forest |
| LTC | Long Term Condition |
| OT | Occupational Therapy |
| PA | Personal Assistant |