

**WHAT USERS OF
HOMECARE HAD TO SAY
ABOUT THE SERVICE
THEY RECEIVE**

Analysis of findings from Homecare Quality Check visits

59 inspections were carried out between 1st March 2015 and 31st March 2016 and findings recorded on a template based on the headings of the new CQC inspection model. This was to ensure as much consistency as possible in our methodology.

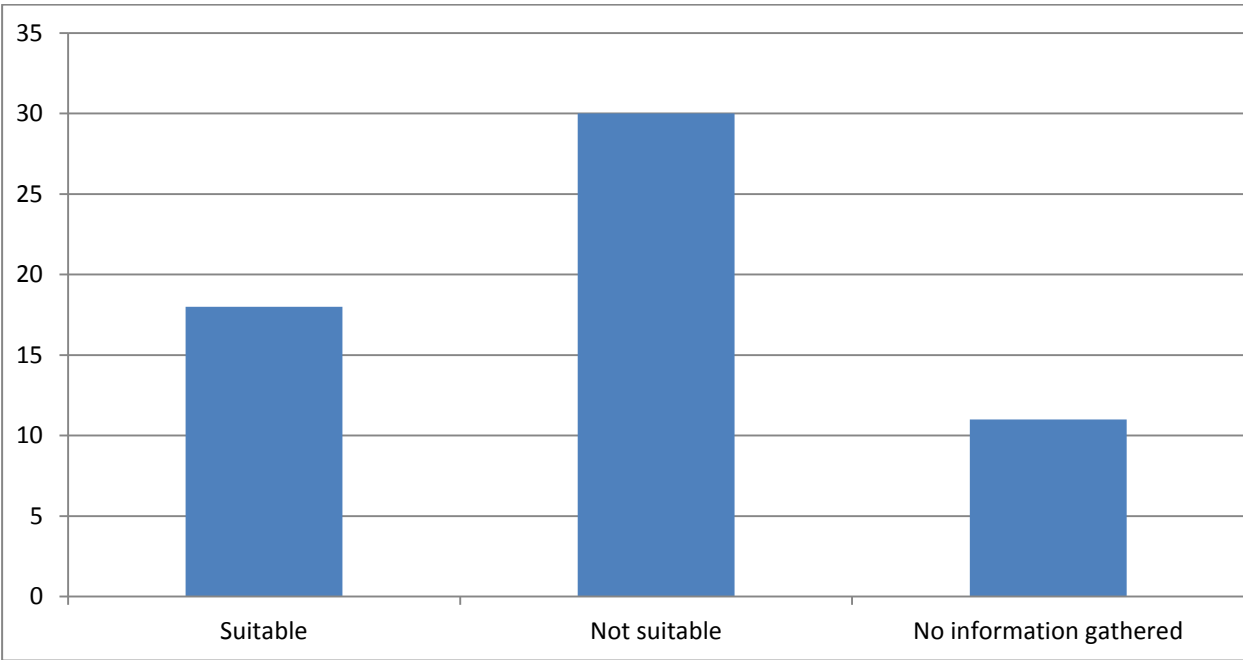
Respondents didn't necessarily have something to say about each key heading or sub heading. The graphs below show their responses

How safe do you feel?

Under this heading, we looked at

- Safety & suitability of living environment
- Safety of equipment / assistive technology
- Safeguarding issues
- Appropriate risk taking

Safety & suitability of living environment

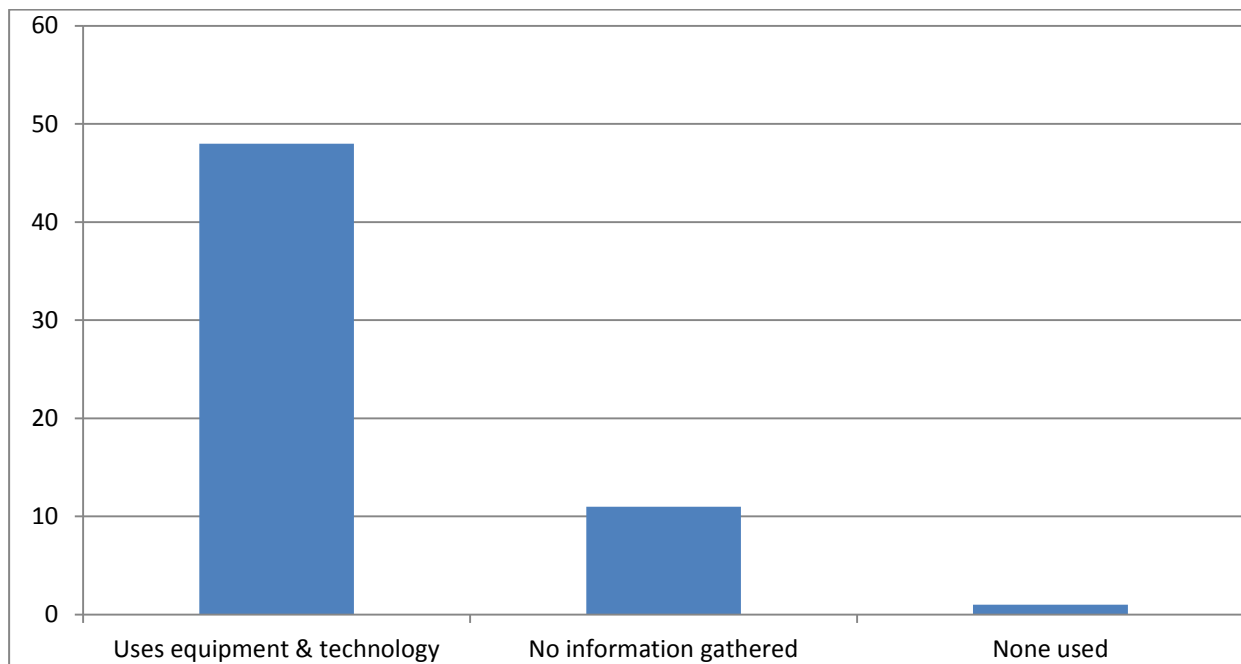


Living environments varied greatly with mixed tenure involved i.e. from sheltered, Council, Housing Association, privately rented and owner occupier. The people we interviewed who lived in sheltered accommodation said that this gave them a greater sense of safety.

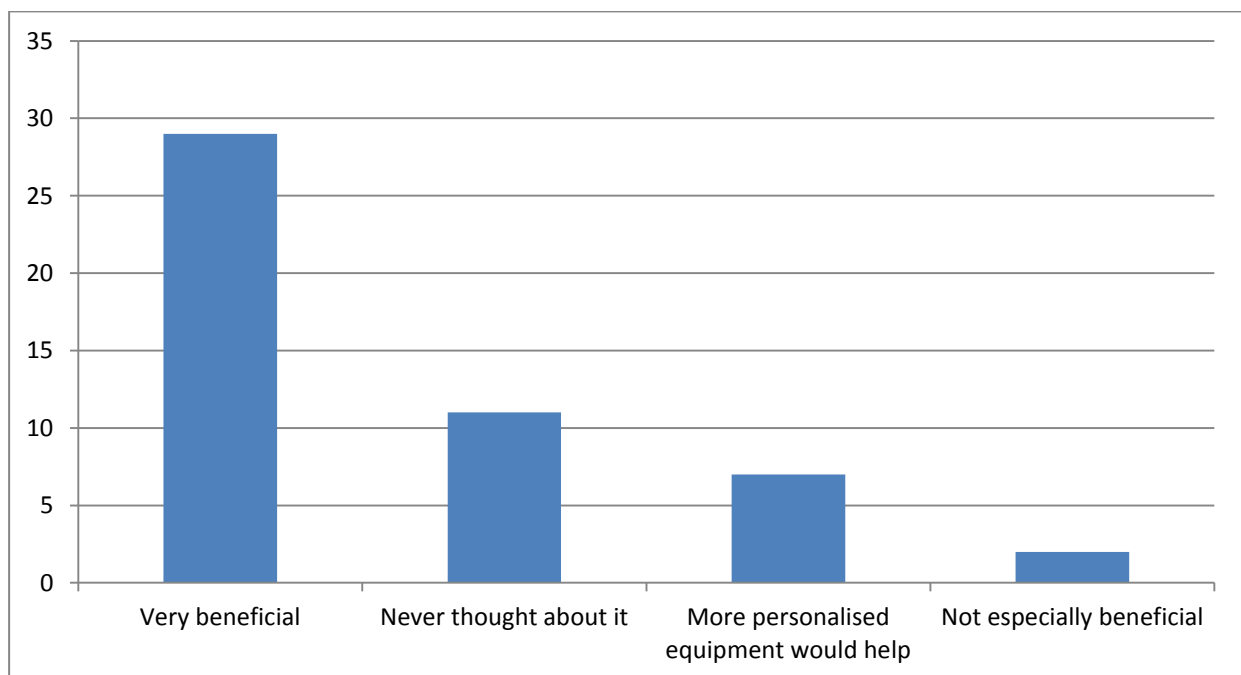
Where living environments were identified as not being suitable, this did not mean that the respondent didn't like their accommodation, wanted to or could move.

Unsuitability factors included living in a first floor flat with steep stairs, not being able to access the upstairs where the bathroom is situated and kitchen and bathroom facilities being no longer accessible following a Decent Homes refurbishment. Familiarity was an important factor in safety e.g. not wanting to move away from the family home.

Equipment and assistive technology



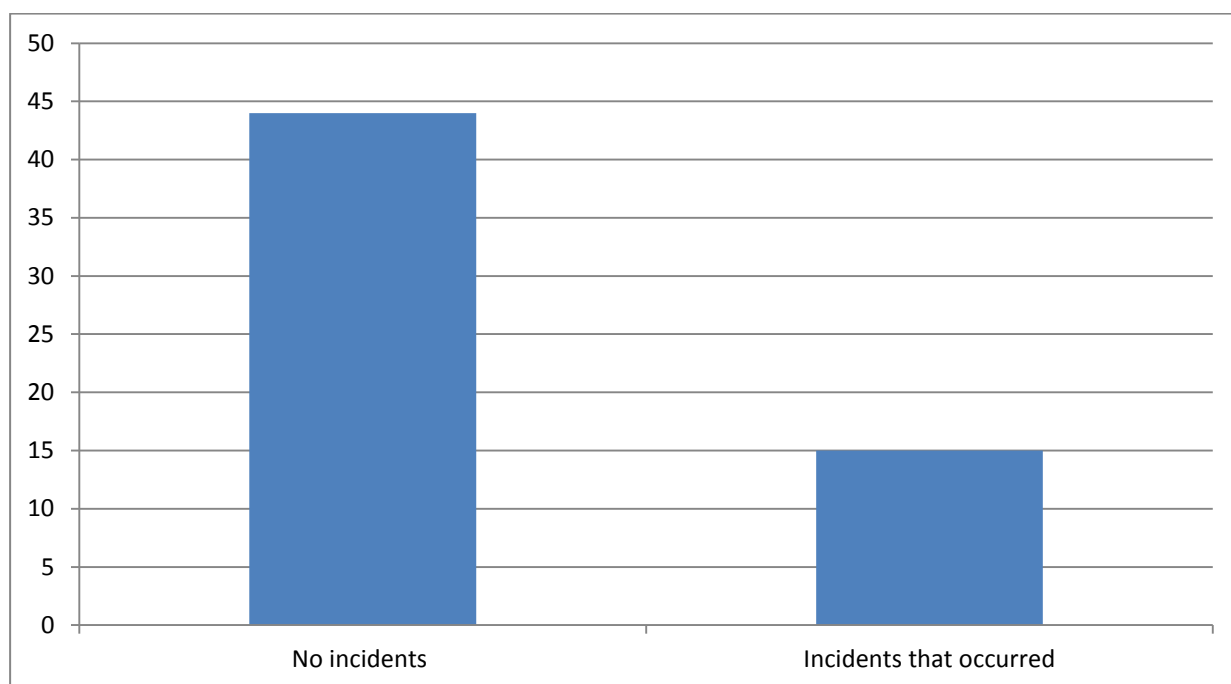
46 respondents made use of some sort of equipment / assistive technology, ranging from just a SMART pendant alarm to walk in showers, wheelchair ramps and hoists



Although 29 of those 46 respondents said it was very beneficial to them, 7 said they would benefit from more equipment that was personalised & specific to their needs. The remaining 11 said they had never even thought about the usefulness of their equipment. 2 felt that their equipment wasn't particularly useful or beneficial to them.

It must be noted that in several cases, equipment had been purchased privately by service users and/or family members themselves. It must also be noted that in a few cases, respondents said that their Homecare workers did not know how to use equipment and that family members themselves had to provide training to them to enable them to use it.

Safeguarding from abuse



None of the respondents we interviewed had an understanding of safeguarding issues or had this explained to them, although unfortunately, there were some 15 reports of situations where the lack of professionalism from Homecare workers could definitely be deemed as neglect or abuse.

Examples of this included:

- A carer leaving a service user unattended in the shower for a prolonged period and not responding to repeated requests for assistance
- A carer using abusive and/or racial-motivated language
- A carer using physical abuse against a service user
- 2 service users being shouted at by their Homecare worker
- 2 homecare workers being physically rough with their service users
- 2 incidents of theft / financial abuse
- 4 incidents where the Homecare worker failed to turn up at all
- 2 incidents where incontinence pads were not changed, one of which led to the service user being ostracised by other service users at her day centre.

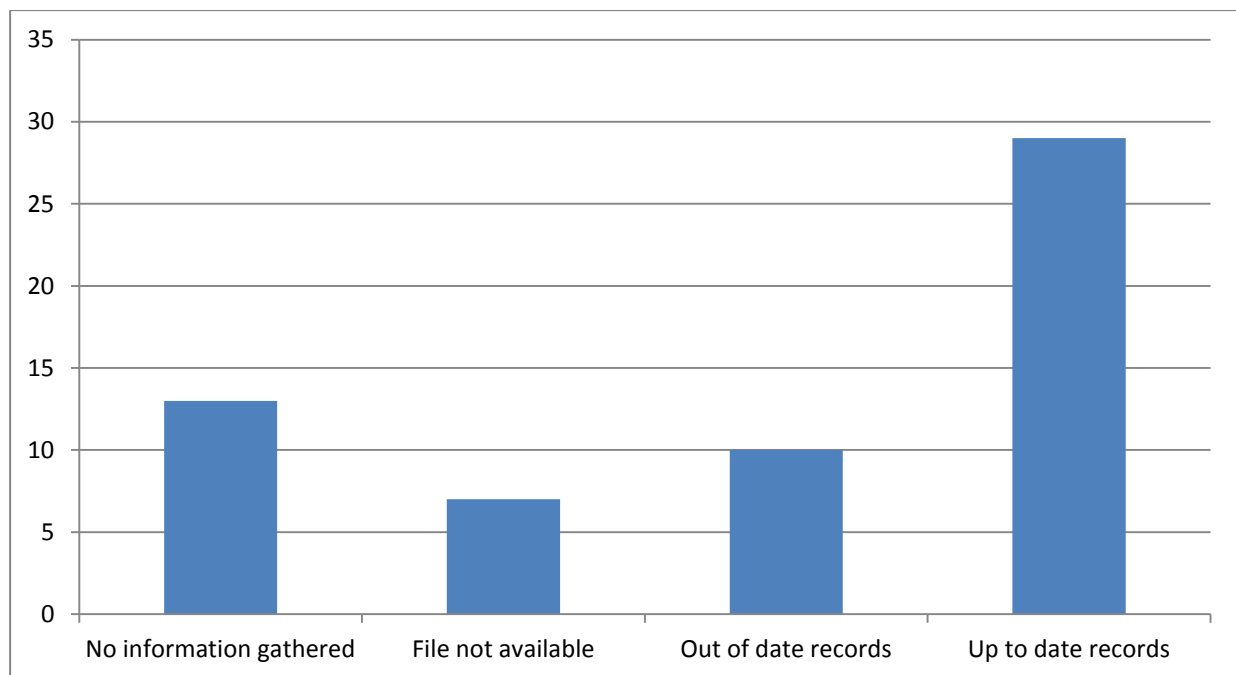
Whilst all these incidents have all been reported to the Homecare agencies, only 1 safeguarding alert had been made.

Is the service effective?

Under this heading, we looked at

- Assessment, care & support planning, schedule of tasks
- Change of care worker, change in time, other time issues
- Nutrition, hydration & medication
- What's not covered in the care package
- Person centred care

Assessment, care & support planning & schedule of tasks / up to date accurate records

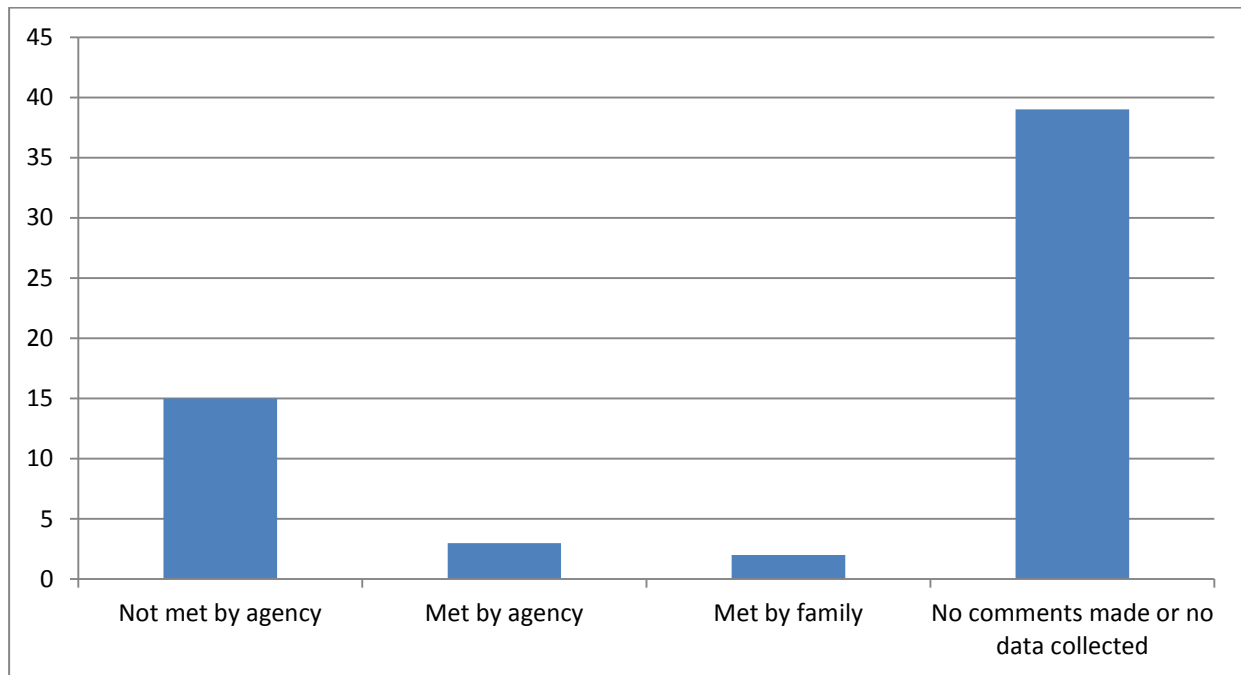


The schedules of tasks contained in service user files are very generalised and the similarity between them is startling. The issue here is that a service schedule would state something along the lines of “*assist client with.....*” but doesn’t outline what exactly needs doing and how.

Changes in the visits’ frequency and duration were not recorded – this sometimes led to problems when there was a change in Homecare worker.

It is interesting to note that during one interview, the lay inspector asked the Homecare worker how she knew exactly what to do for her client. The reply was that all the details were in the client’s file. When it was pointed out that there was no schedule in the file, the Homecare worker said she had been told beforehand at the office and that a meeting had taken place the day before with the client, the manager of the agency and the Social Worker to agree the care plan. Unfortunately, the client had no re-collection of such a meeting.

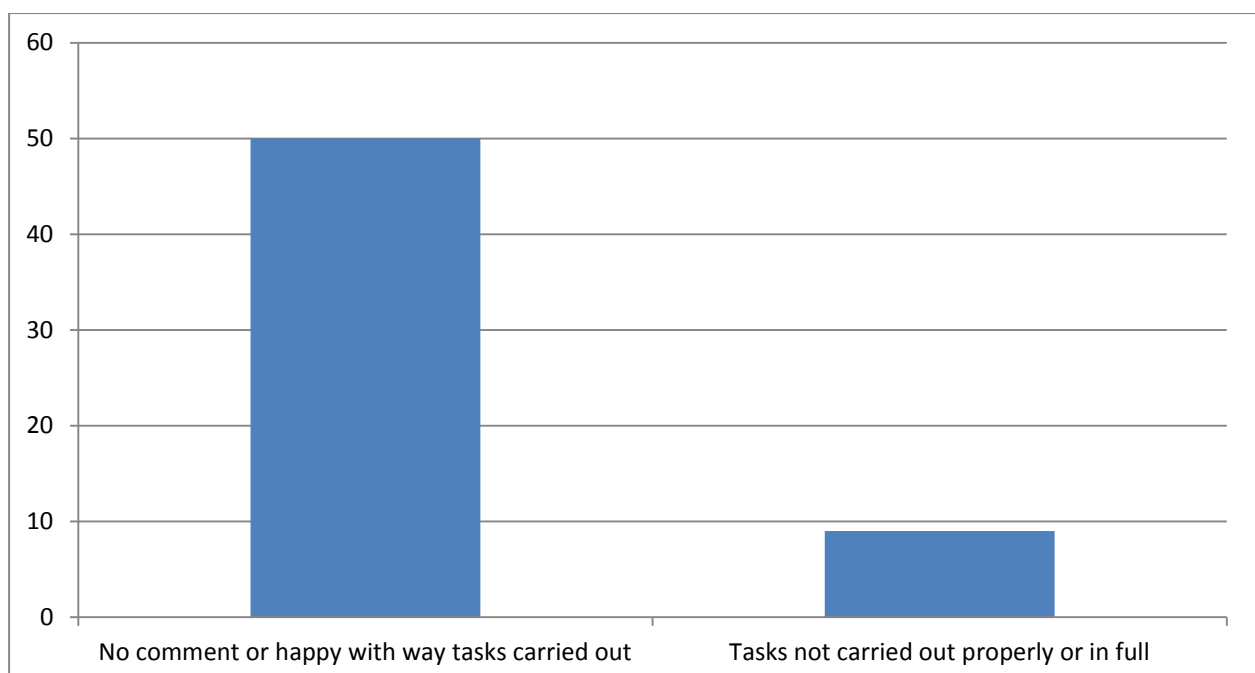
Cultural needs



The 15 respondents who cited their cultural needs not being met told us that these related to the inability of Homecare workers to prepare food items such as a cup of tea and sandwiches as well as ethnic foods. Other issues cited included lack of social interaction due to problems with language and lack of common cultural experiences. Comments came from clients across various ethnicities.

Only 3 respondents reported that their cultural needs were met by the agency. One of those told us that no offer of a culturally specific Homecare service was offered, nor even mentioned by statutory services at assessment stage despite these support needs being made very clear by the daughter. Mother & daughter said that a non - culturally specific service would not be as effective as language support and dietary needs were met by the agency.

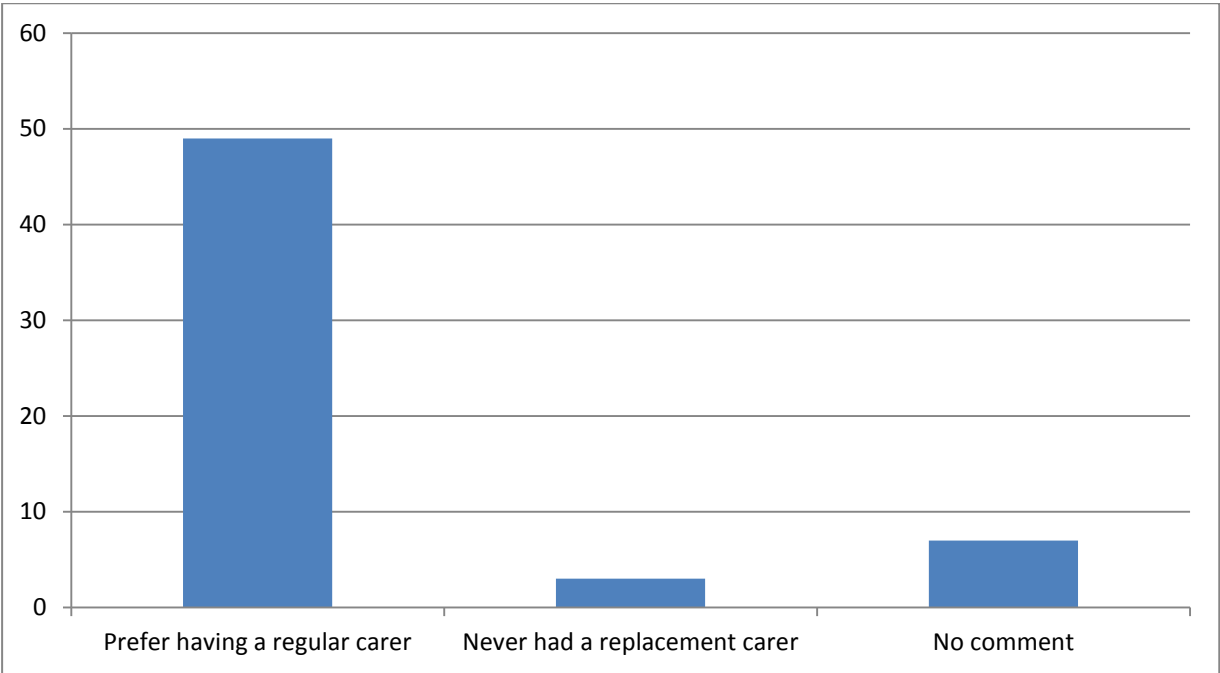
Tasks listed not being carried out



The 9 respondents who felt that the tasks listed were not being carried out properly or adequately said these related to domestic tasks. Respondents cited instances of Homecare workers saying that they were not cleaners, but carers.

Examples of problems encountered include the Homecare worker putting items in the laundry without first checking. Heavily soiled clothing due to incontinence messed up the washing machine which had to be washed & rinsed out several times. This had a knock on effect on other tenants as it was a sheltered housing scheme with a shared laundry. Another respondent cited soiled incontinence pads not being thrown out in the rubbish. Another respondent said that the Homecare worker's standards of cleanliness were not as high as his own.

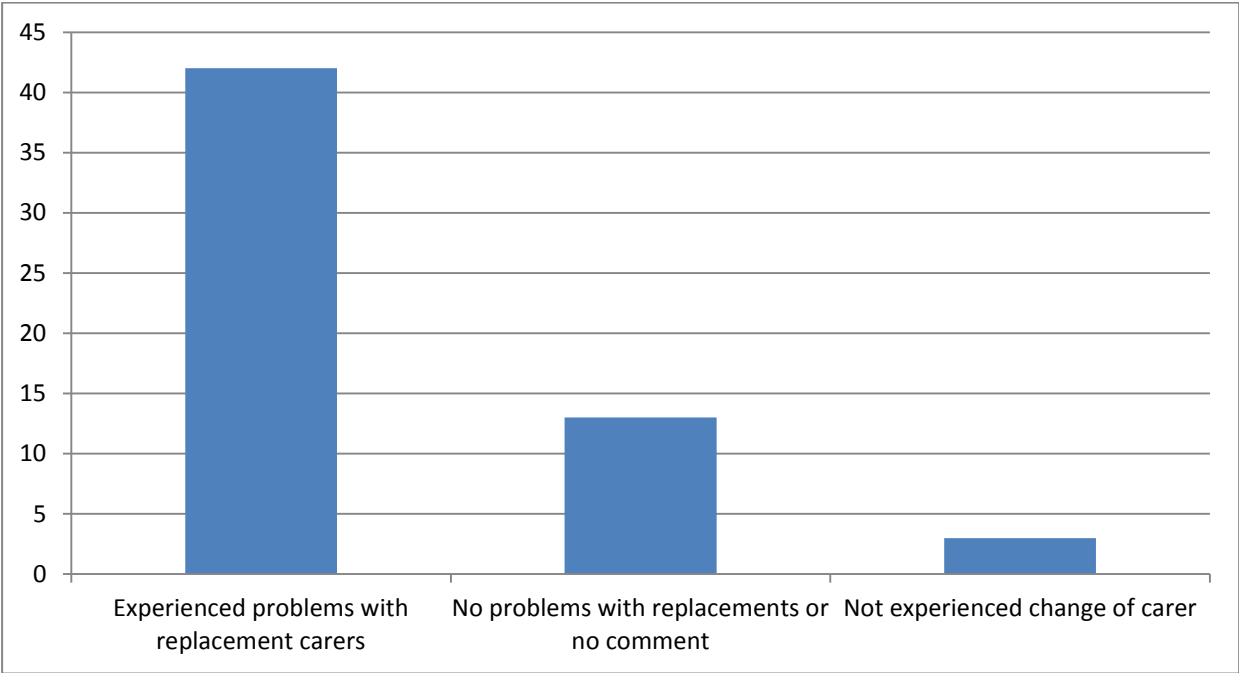
The value of having a regular Homecare worker



Only 10 made no comment on this although 3 of those had always had the same Homecare worker so hadn't experienced the impact of having a replacement and therefore couldn't comment.

49 respondents said they preferred having a regular Homecare worker. They cited the importance of and their appreciation of having established relationships and routines between their Homecare workers and themselves.

Change of carers



Although most of the people we spoke to do have regular Homecare workers, even a short period with a replacement could lead to many problems.

43 had experienced problems when there had been a change from their regular Homecare worker due to annual leave or sick leave. These ranged from no prior notification from the agency, too many different replacements, lack of consistency in the care delivered and lack of detailed handovers which resulted in clients having to explain things, sometimes on several occasions. One respondent said there was no point in having a replacement who didn't know what to do, how to do it or where things were kept and that showing them all these things was physically exhausting.

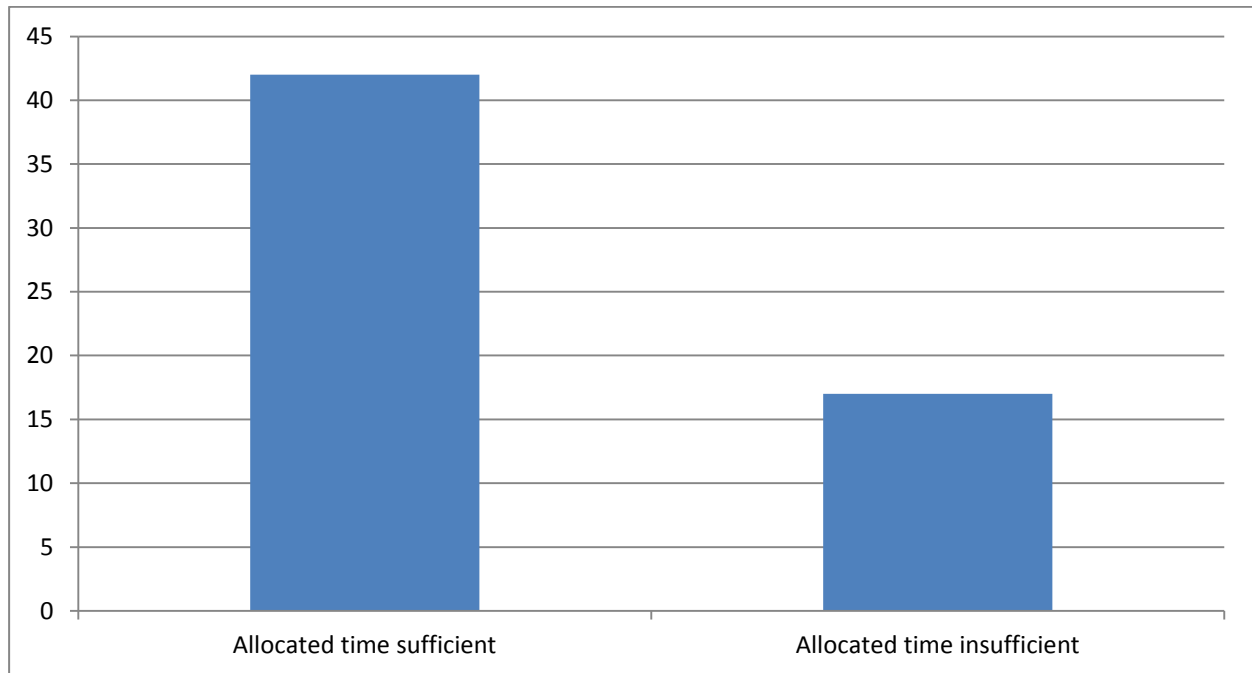
We were told that having a regular Homecare worker makes life easier, things go more smoothly and that over time trust can be built up and that these things are lost when replacements come in.

Is the service caring?

Under this heading we looked at

- Allocated times and rushing, other time issues
- Kindness, courtesy, dignity, respect & compassion
- Social interaction

Allocated time & rushing

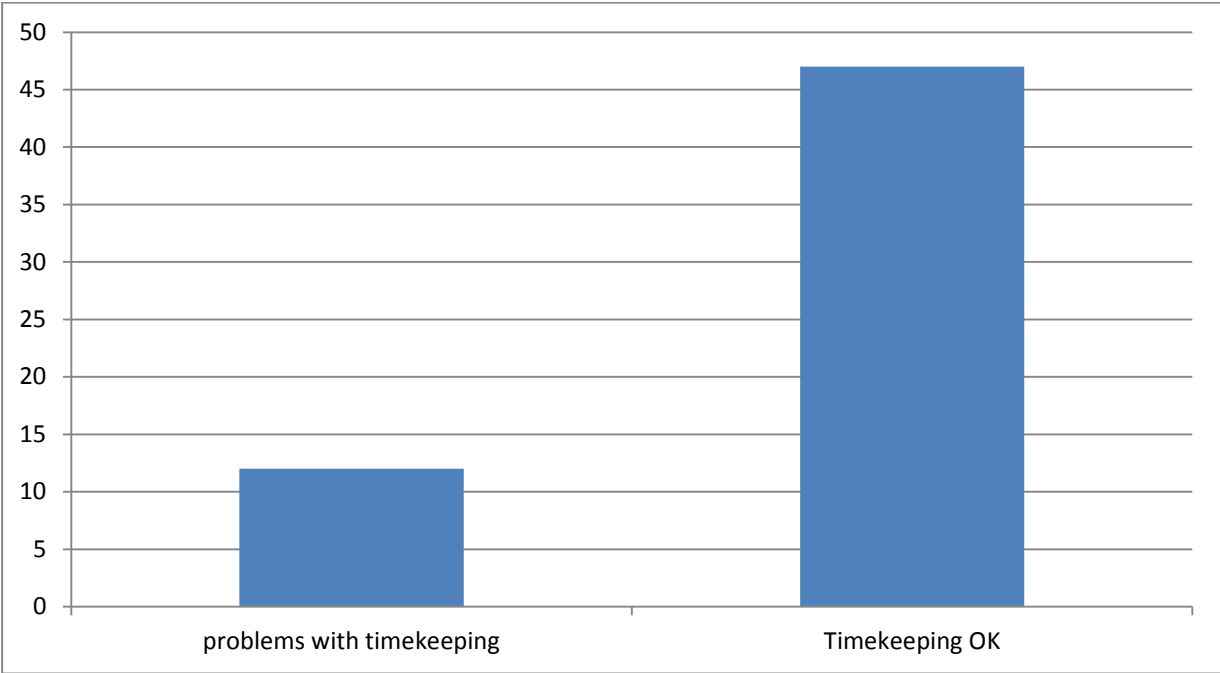


17 respondents said that the length of the visits was not sufficient and that Homecare workers were always rushing. Some respondents felt that this was not the fault of the Homecare workers but down to the fact they didn't get their travel time factored in or paid for and that sometimes there were problems with public transport.

One respondent said she would like to have more time allocated to her but that she would not be able to afford the greater financial contribution that she would have to make.

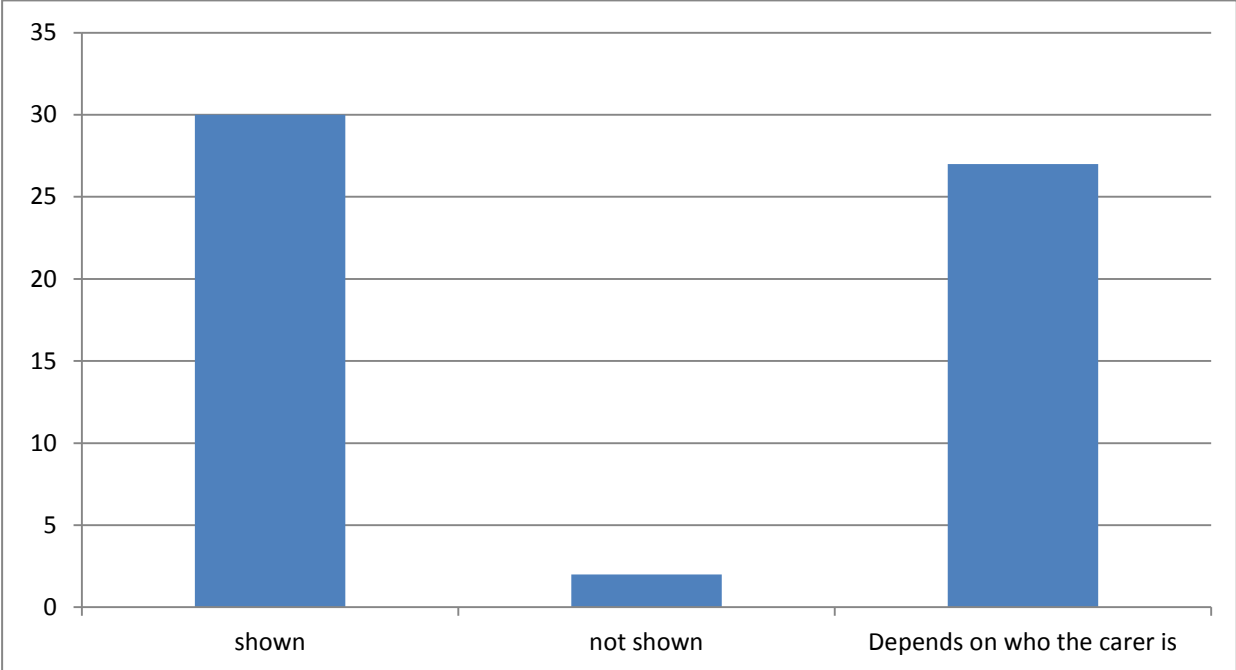
It was pointed out by one respondent who receives double handed visits, if one Homecare worker is late, it's the same as both of them being late.

Timekeeping and problems with lateness



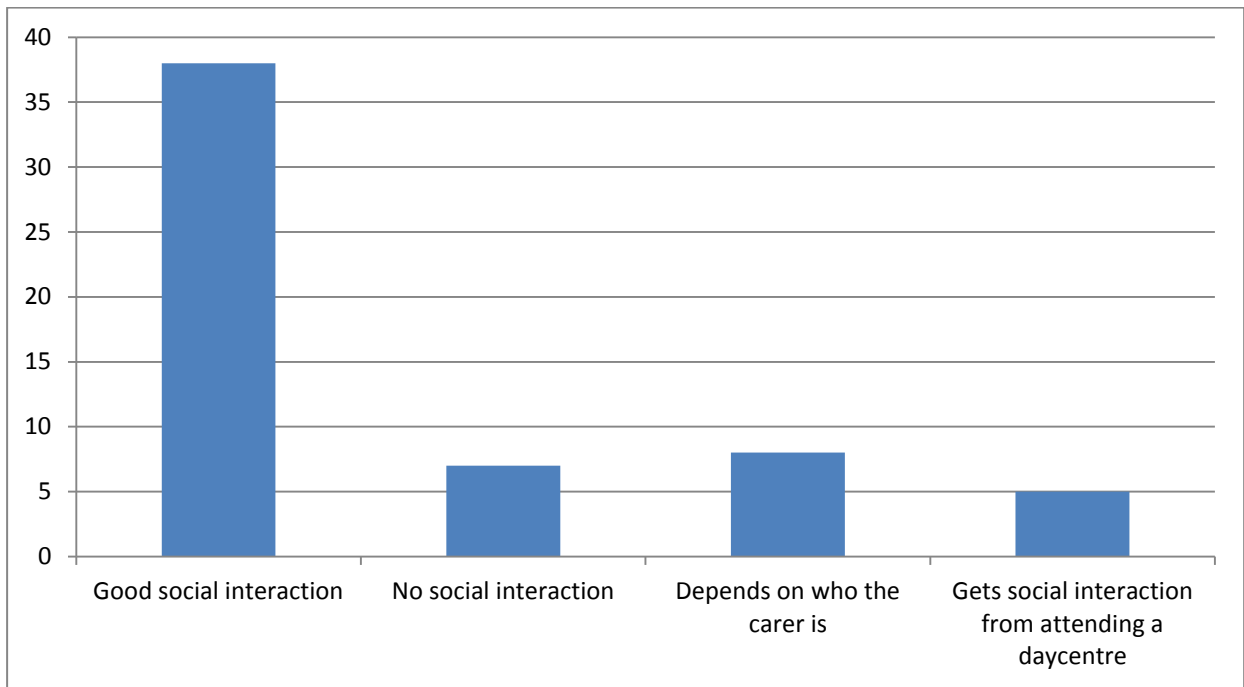
12 respondents cited problems with more than the occasional lateness from Homecare workers and specifically, it was not the lateness in itself that was the problem but the lack of a phone call to inform respondents of this. Some told us about visits that were several hours late and even some no shows; this is especially worrying when respondents are dependent on Homecare workers to assist with their medication.

Kindness, courteousness, dignity & respect, politeness & compassion



Several respondents pointed out how important this is and that Homecare workers need to have the right attitude.

Social interaction



Several respondents said that social interaction and a bit of chit chat with their Homecare workers was much appreciated & valued. 1 said how much they miss it when it's not forthcoming.

1 of the 7 who reported no social interaction from their Homecare worker said they preferred it that way.

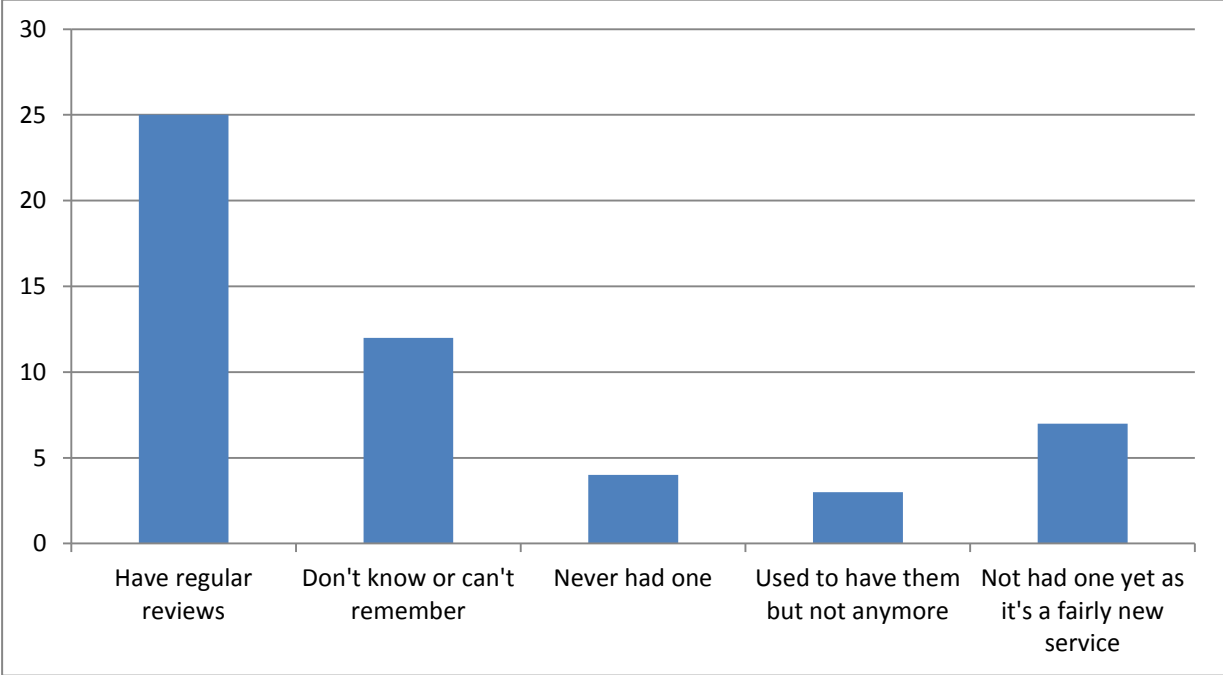
Unfortunately we observed a visit when there was practically no social interaction from the Homecare worker; the service user said that this made her feel very small as if she didn't matter.

Is the service responsive?

Under this heading, we looked at

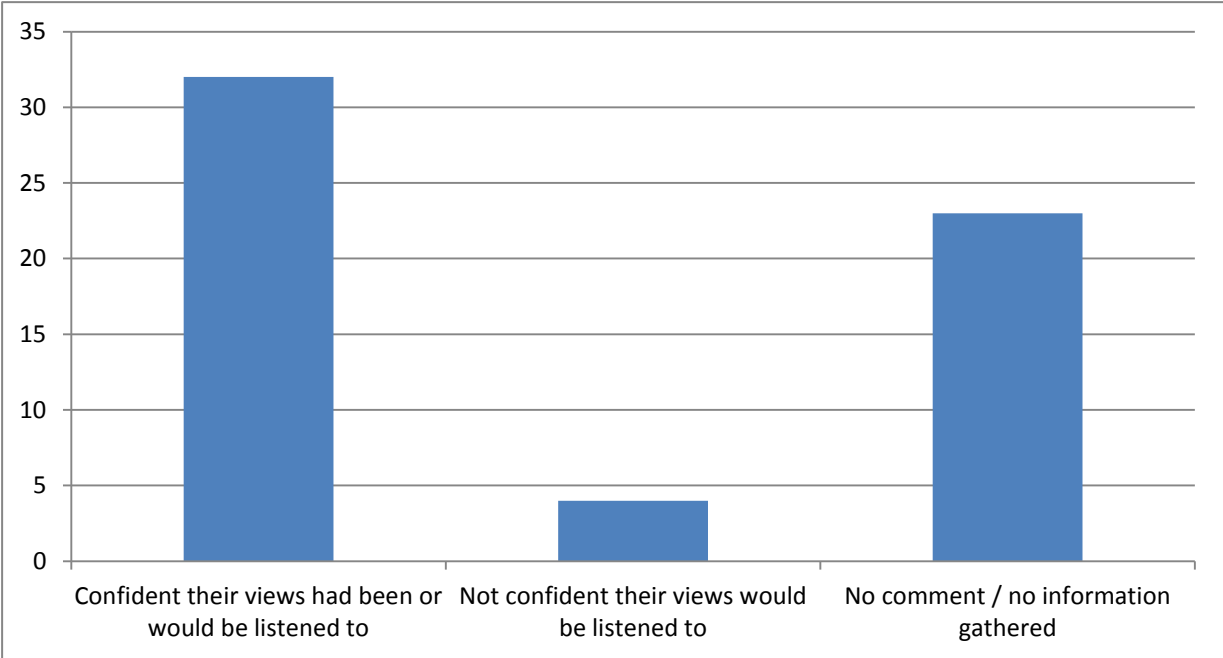
- Reviews
- Service user role in reviews
- Multi –agency working / sharing of information
- Person centred care

Reviews

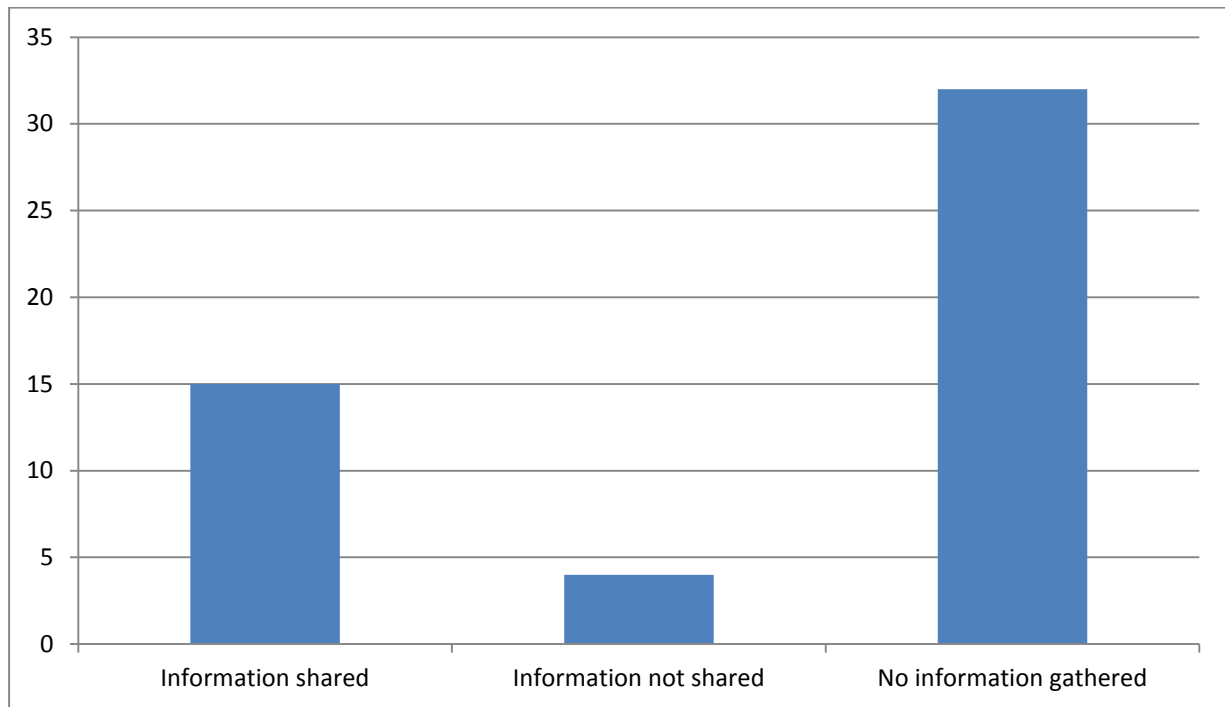


It was pointed out that Social Workers who are complete strangers carry out reviews but that Homecare workers who know the client well aren't involved in this process. There was no information contained in any of the files about reviews, only updated schedules.

Service user role in reviews

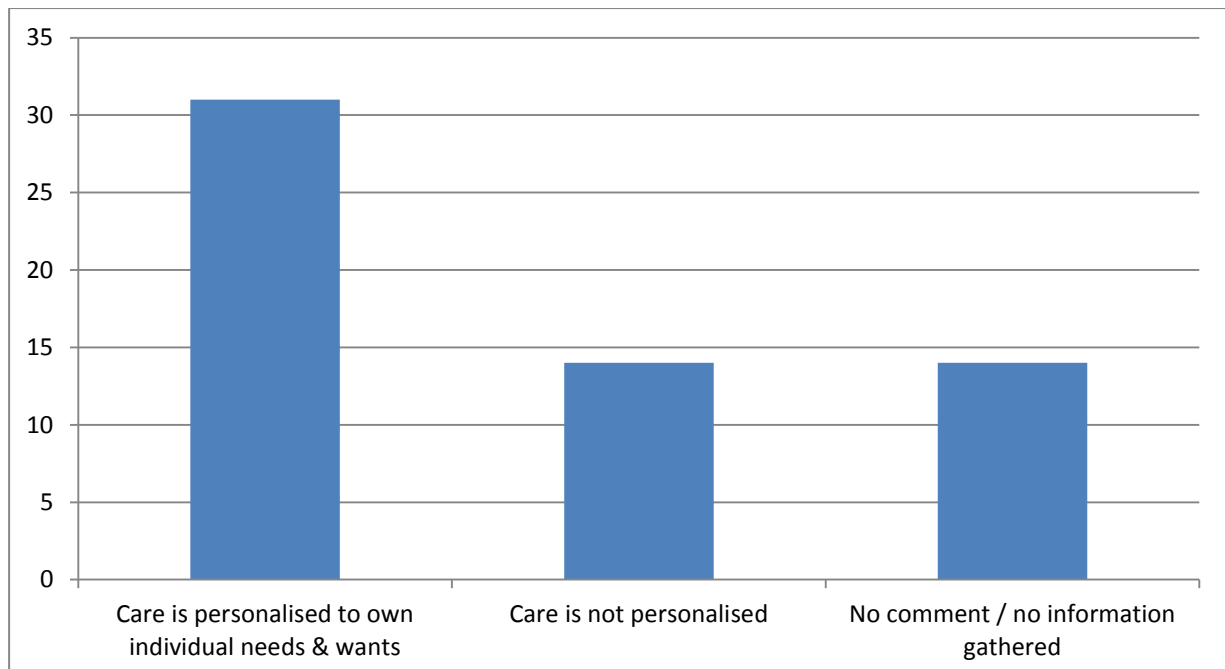


Multi-agency working / sharing of information



Where there was sharing of information between the different professionals involved, in the majority of cases, this was facilitated through the service user's own efforts, family members or the Day Centre with several people saying that there was a lack of a named Social Worker to co-ordinate this role.

Person centred care



Although 31 respondents said that they did receive care that was personalised to their needs & wants, 16 of them said that this was not automatic; that it was down to much time and effort on their own part and the willingness of their Homecare workers to take on board their comments. One respondent said that to get there *"it's been a long, bumpy & scary ride"*

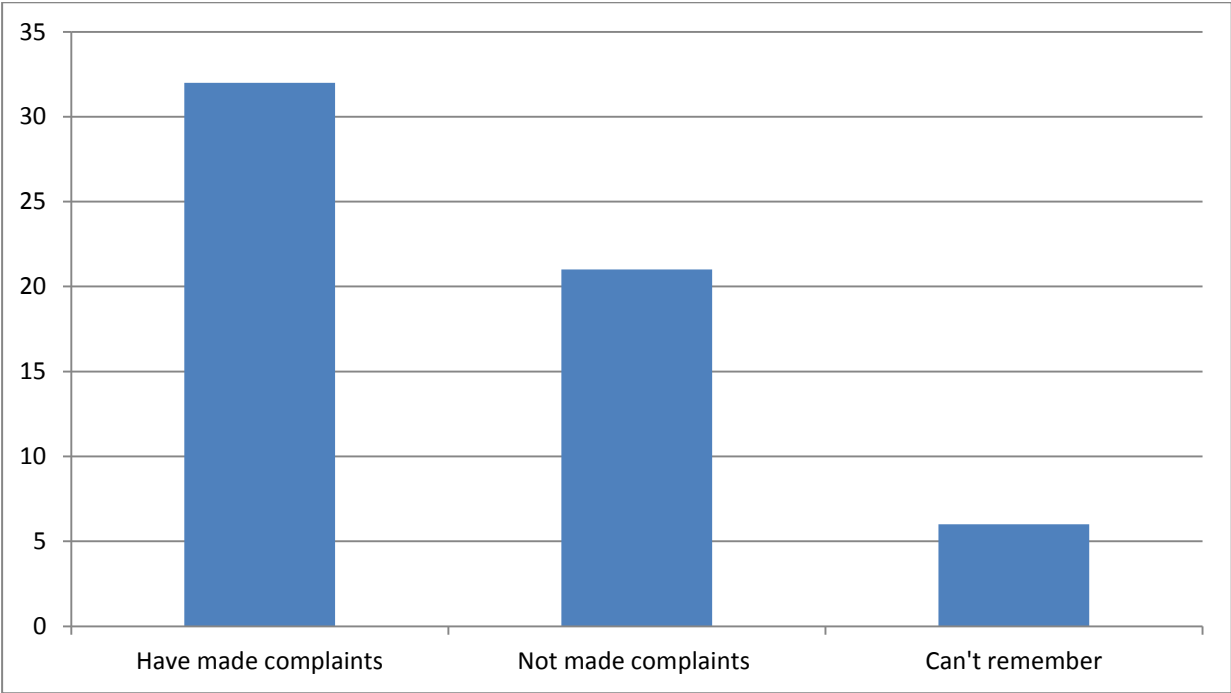
There was no evidence in any of the files accessed of any person centred tools such as 1 page profiles, what works / what doesn't work, important to / important for etc. Nor were there any details of how tasks should be carried out / client preferences.

Is the service well led?

Under this heading, we looked at

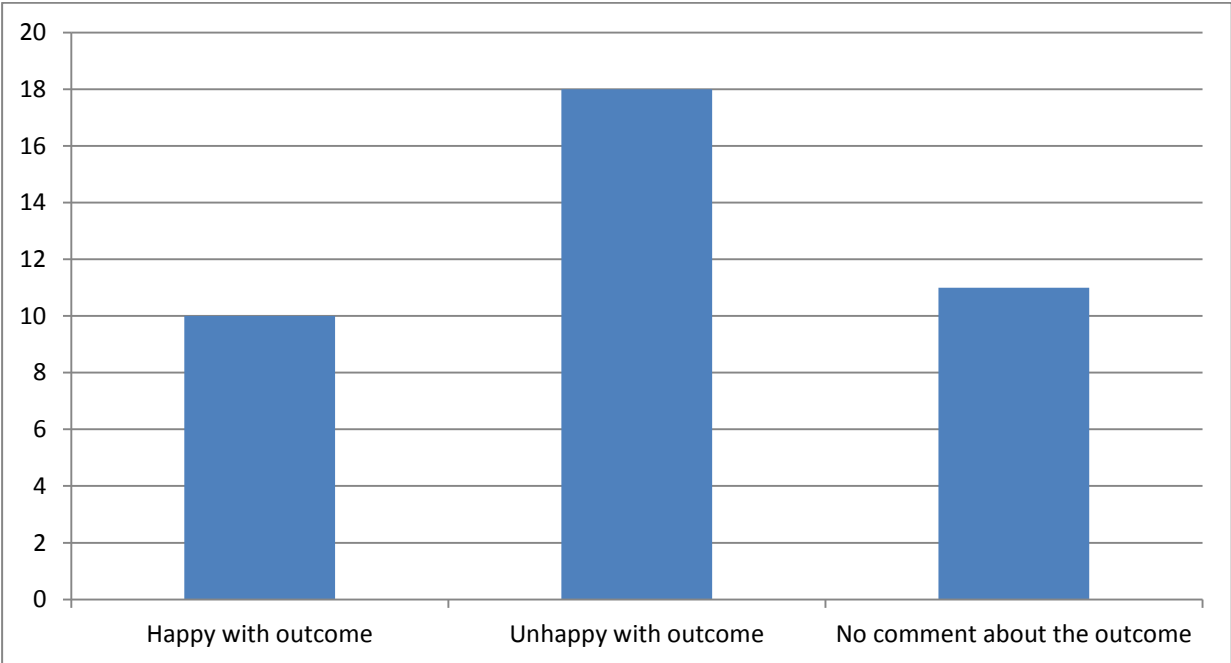
- Complaints
- Customer satisfaction consultation
- Trained & competent staff
- How well led and managed is the care agency

Complaints

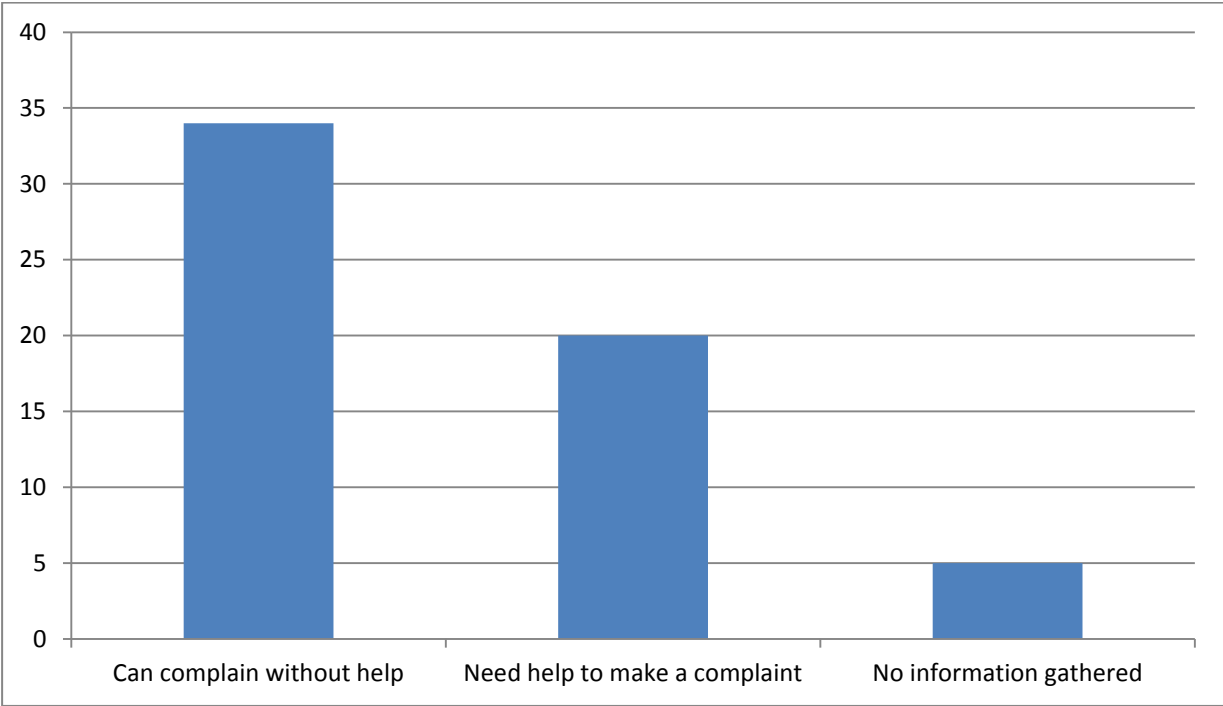


None of the respondents had made an official written complaint but 28 respondents had made informal complaints over the telephone to the agency. Of the 21 who had never complained, 1 said she would be afraid to in case of repercussions and 6 said there was no point in complaining as they had no confidence in the agency.

Outcome of complaints

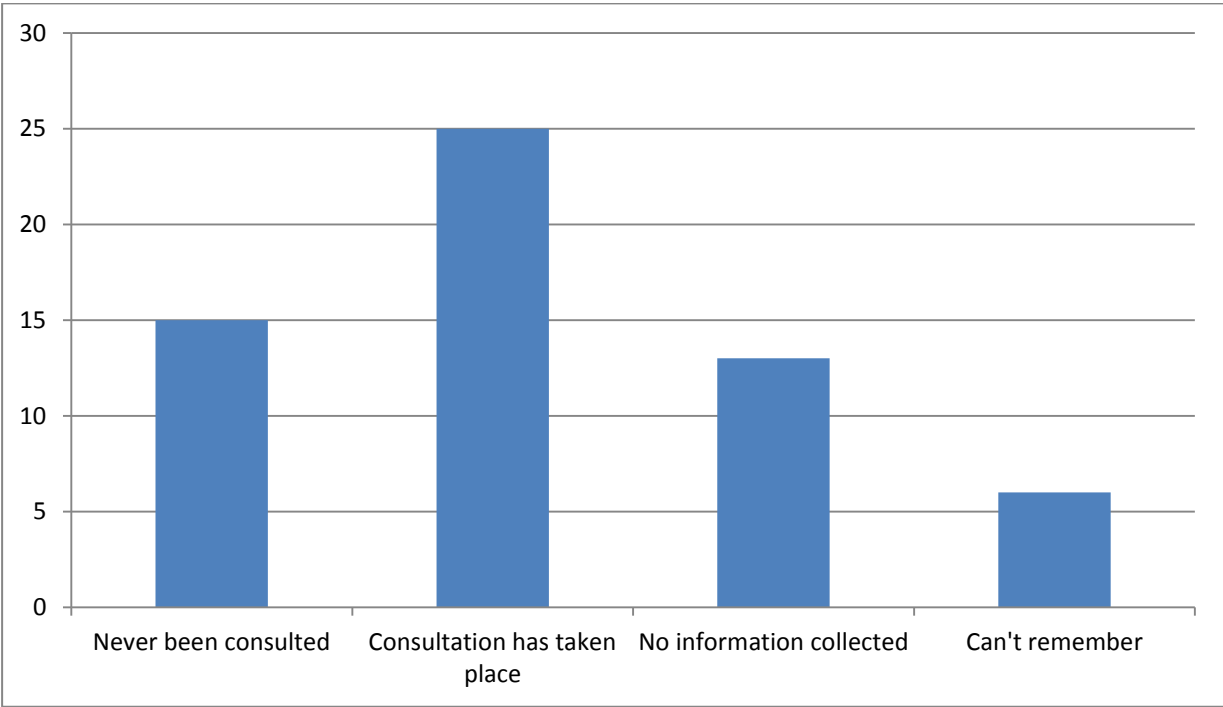


Ability to make a complaint without assistance



Not being able to complain without assistance is a real issue for those without family members or friends to advocate for them.

Customer service satisfaction



Of those that said that they had been consulted, only 3 were in person while the others had been by postal survey or via a phone call. Those that had been consulted over the telephone said this had been very informal and not very comprehensive.

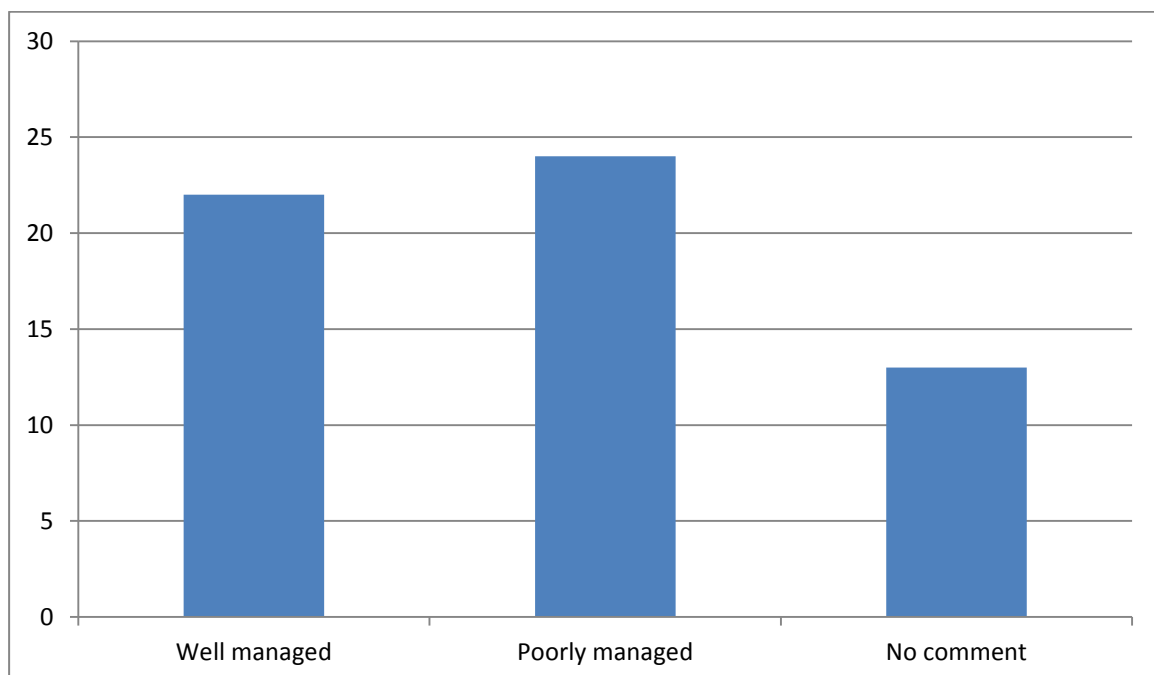
7 respondents said that the face to face interview with the Homecare Quality Check project was much appreciated & showed that somebody cares.

Trained & competent staff



Respondents told us about the need for training in areas around the particular conditions that affect older people such as dementia, strokes, diabetes etc. which would increase not only increase empathy as well as understanding. Training in soft skills such as patience and respect was also highlighted. Other areas of training pointed out were the use of equipment & adaptations as well as the preparation of basic food items such as sandwiches and tea.

How well managed is the agency



Of the 24 respondents who felt that their agencies were poorly run, issues cited included not returning their phone calls, lack of consistency between office staff and not being listened to.

The most important aspects of Homecare

Respondents were also asked what was most important to them about their Homecare.

Whilst this was not the most accurate way of gathering information due to some respondents citing just one thing, while others cited several, it does nonetheless give us a picture of what matters most to people receiving Homecare.

- **Regular carers** includes associated issues such as having problems with replacements, not being informed beforehand about replacements and lack of handovers.
- **Attitude** refers to showing respect, dignity, kindness, patience, compassion and honesty.
- **Punctuality** includes receiving a phone call first to indicate lateness.
- **Cultural needs** includes language, nutrition & shared experiences.
- **Better run agency** includes better communication from office staff, the returning of phone calls, better terms and conditions and more monitoring & consultation.
- **Independence and choice** includes being taken outside the home.
- **Other** includes physical environment and housing management issues

All the other categories are self- explanatory

What are the most important things in your Homecare?

