

**HOMECARE
WORKERS
FORUM**

SOUTHWARK

HOME CARE WORKERS FORUM 2015

Home Care Workers provide vital support to some of the most vulnerable people in Southwark, playing a hugely important role in enabling older people remain at home, safely and securely living in familiar surroundings rather than going into residential care.



Age UK Lewisham & Southwark will be hosting an event

On **Monday 19th October** from **17:00hrs. to 19:00hrs.**

Venue:

STONES END DAY CENTRE 11 Scovell Road London SE1 1QQ

Guest Speaker:

Jay Strickland

Southwark's Director of Adult Social Care will be presenting his vision of **Home Care** in Southwark and talking to you about the Ethical Care Charter

This event is a recognition and acknowledgement of the very valuable work that **Home Care Workers** do and to say a BIG THANK YOU.

YOUR OPINION MATTERS!

Southwark Council will be asking for your comments as part of their process to re-commission **Home Care Services** in Southwark.

The **Home Care Quality Check Project**, based at Age UK Lewisham & Southwark will also be sharing its findings and asking you for your comments.

Your presence at the event will be representing the **Home Care** sector, not the organisation you work for. We will not ask you for your name or the agency you work for against your comments. **All your comments will be made in confidence.** We want to know what the most important things in **Home Care** are to you and how your job could be made easier and better. What we want to do is to work towards improving **Home Care** for the people receiving it and the people providing it.

To show their commitment and appreciation, Southwark Council will be paying for the 2 hours of your time that this event will take.

To further show our commitment and appreciation Age UK Lewisham & Southwark will be giving everyone who hands in a completed survey a £10.00 Marks & Spencer gift voucher.



There will also be a raffle at the event.

Please Note: Registration will start at 16:45 and light refreshments will be provided

If you are interested in attending the event please contact:

Joan Thomas, Home Care Quality Check Co-ordinator

 Joan.thomas@ageuklands.org.uk

 **020 7358 4076** or text to:  **07939 830411**

(Please remember to leave your contact details & Joan will get back to you)

Southwark Council will be funding 2 attendees per agency, so if we have more than two people from an agency, Joan will be drawing names out of the hat!

Southwark Council will have been in contact with your managers about this event and reimbursing your time, arranging cover etc.

Nearest Tubes:

Elephant & Castle, Borough

Bus Route:

133, 35, 40, 343 & C10



WE LOOK FORWARD TO SEEING YOU

On Monday 19th October 2015



Homecare Workers Forum

We held a Homecare Workers Forum on 19th October 2015 at our centre in collaboration with Southwark Council which 20 Homecare workers attended.

Southwark demonstrated its commitment to consultation with all its key Homecare stakeholders by funding the attendance of 20 Homecare workers. 2 representatives from each of Southwark's 4 major block contracts and their 6 main spot contracts were paid for 2 hours attendance. A further incentive was a £10 voucher for each Homecare worker upon completion of the questionnaire.

Jay Stickland, Southwark's Director of Social Care gave the opening address to present Southwark's future vision of Homecare, which included their adoption of the Ethical Care Charter for all providers who are successful in their re-procurement of Homecare.

Attendees were asked for their comments on a range of subjects in focus groups to discuss what they thought were the skills and knowledge necessary for Homecare work, their experiences of training and supervision and what they felt would make them feel more valued and respected.

Findings from the Homecare Quality Check project were also presented for comment and discussion. Attendees also completed a questionnaire, the results of which were compared to the findings of the Homecare Quality Check project and shared with the Council to include in their stakeholder consultation for their re-commissioning process.

A flyer for the event was sent out to the relevant service providers and followed up by telephone calls to confirm attendance.

Attendees were representing their profession rather than the agency they worked for and were assured that all their comments would be made in confidence; no names were attached to comments made.

All attendees were frontline Homecare staff; the Co-ordinator made it clear when contacting the individual Homecare agencies that the forum was not for team leaders or managers.

Comments made and issues identified in by Homecare workers were shared and discussed with Southwark's Commissioning team, its Quality Assurance team and also with their Focus Group for Service Users and/or their carers.

Comments from the focus groups are listed below.

What skills do you think that you need to do a good job to deliver Homecare?

- Further training that is paid for by the agency
- Regular training
- Training in supervision
- Shadowing
- Careful recruitment
- People skills
- Patience & empathy
- Adequate staffing
- Good interpersonal skills
- Good communication skills
- The ability to listen to service users
- Patience
- To be sensitive to service users' needs, including cultural specific needs
- To be given clear boundaries about the role of a care worker
- Opportunities for career progression
- Practical skills with using equipment such as hoists
- Observation skills – knowing what to look out for & reporting to the office, need to be observant to notice changes and report to office etc.
- Need to receive updates from review of care plans
- Regular carers & replacements
- Co-ordinators should organise handovers and doubling up for new carers
- Client's files aren't personalised & should be – you just get a brief list of tasks to be done
- Not just adding to your rota with no information provided about the client
- Attitude of carers
- Right temperament e.g. patience, kindness, compassion & empathy should be addressed at recruitment -should be training in these areas too
- Because the job is so hard, people leave

How should supervision and on the job training work?

- Handovers so as not to have to go in blind
- Proper face to face handover with regular worker and client to know how client wants things done, not just what needs doing
- More specialised training other than the mandatory training provided at the recruitment stage (induction), for example;
- Dementia, challenging behaviour, managing incontinence and medication.
- Training is provided by our organisation for the use of hoists, but hoists are different so we should be trained by OTs in the service users home on the hoist provided for the service
- More opportunity to shadow other care workers when handing over care packages or prior to going on annual leave
- Training provided by district nurses with regards to undertaking clinical tasks
- More training provided by the Council
- Interpersonal skill training
- Needs to be tailored to individual as we all work in different ways; some may need shadowing for longer, some may need longer induction.
- More frequent & longer supervisions.
- Training from nurses to use peg feeds.
- Adequate training as induction & training isn't always enough
- Ongoing training in more relevant subjects
- Bespoke to carer's strengths & weaknesses
- For our managers to provide us with more 121 supervisions and 1 on 1 observations in service users homes
- Face to face training is better than e training
- Meaningful training
- Supervisors that aren't overstretched who are having to juggle too many things at once
- Important to look smart/dress well. Makes an impression and makes you feel good.
- To be paid for travel time and to get decent length of time to travel.

- To not get big long breaks between calls as care workers end up having to huddle in Primark/sit somewhere sheltered and free in the winter and doesn't feel very good. Often out 'at work' for 14 hours a day but only get paid for 7 as this is the only contact time, the rest is spent waiting.
- Having more training and getting regular positive feedback
- Feedback comment section on signing sheets
- Not having to pay for postage for time sheets
- Office being given feedback from service users about good stuff
- Carer of the month or gold star award or something
- Regular get togethers for confidence building/team building
- Supervision frequency & duration varies amongst different agencies
- There should be more training on local information e.g. local agencies, GPs etc. & how to refer to them
- Training varies between agencies e.g. some are NVQ level 2 and some Level 3
- How training is provided also varies between providers e.g. internal trainers, external trainers, e training
- NVQ paid for but has to be done in your own time in line with other vocational courses
- Refresher training should be given
- Training in moving & handling is the first training you get
- Meds training is critical & should be provided
- Training is basic
- Cultural needs are a training issue- must be mindful of other people's culture.
- Training on culinary skills is important e.g. making sandwiches

What would make you feel more respected and what would others need to either stop doing or doing differently?

- Not being looked down upon by other professionals
- More communication & interaction from others
- Being involved in the whole process from the very beginning, including setting it up
- Being part of the Local Care Network
- Having knowledge on how to signpost and who to
- A uniform or smart dress code (as the way someone dresses make a difference in how people perceive you)
- For us to have a facility whereby we can feedback to social workers, district nurses or our organisation regarding the service users progress on a more regular basis
- For social workers and district nurses to ask us directly about the service user's progress, as they always ask our managers for this and we are the people who see the service user on a daily basis
- A formal qualification, something that relates specifically to care workers as like nursing staff have, not just an NVQ
- Some sort of incentive award given by our employer, such as care worker of the month, whereby we receive a gift voucher or a box of chocolates (this would help motivate care workers)
- For district nurses to treat us with respect, because they often talk down to us and complain about us
- For social workers to review the service users' needs more regularly
- For social workers and district nurses to stop blaming us for things we are not responsible for
- For our managers to stop calling us on our mobiles when we are tending to service users' needs (this is usually to ask if we can cover for other care workers who have called in sick)
- To have less gaps in our rotas, for example, we might have a 2 hour gap at times during the day and we then have to kill time before the next service user visit, sometimes having to walk around the shops in order to kill time
- For our organisation to reimburse us for the travel costs for getting from one service user to another

- For our organisation to reimburse us for the phone calls we make for service users as we have to use our own personal mobile phones for business use and we are not reimbursed for the calls
- Regular consultation & dialogue
- Direct communication with Social Workers
- Being involved in service users' reviews
- Better pay
- The Ethical Care Charter
- Minimum hours
- Hours that don't fluctuate
- Important to look smart/dress well. Makes an impression and makes you feel good.
- To be paid for travel time and to get decent length of time to travel.
- To not get big long breaks between calls as care workers end up having to huddle in Primark / sit somewhere sheltered and free in the winter and doesn't feel very good. Often out 'at work' for 14 hours a day but only get paid for 7 as this is the only contact time, the rest is spent waiting.
- Having more training and getting regular positive feedback
- Feedback comment section on signing sheets
- Not having to pay for postage for time sheets
- Office being given feedback from service users about good stuff
- Carer of the month or gold star award or something
- Regular get togethers for confidence building/team building
- It's great that the Ethical Care Charter has started as it's so important
- We should be involved in hospital discharges or at least have more info
- When family links aren't there, it's vital that we are listened to
- Co-ordinators need to geographically know the patch they're responsible for so that travel times are realistic. They need to know post codes better
- Cleaning & domestic tasks need to be realistic in terms of what can actually be done in the allotted time

We think that “home care” is not always viewed positively, what term best describes what we are trying to achieve?

- Home Support
- Home care worker
- Support and Care worker
- District carers
- Health support technician
- Support worker
- Social care technician
- Home care professional
- Mobile care worker
- Homecare assistant
- Home support worker
- Care worker
- Happy with Home Care as the service provided, rather than Care At Home
- Assistant was thought to sound too subservient – care workers are solely responsible independent and in charge in a person’s home
- Social care technicians
- Home care workers
- Home health workers
- Domiciliary professionals
- Home care professionals

Other / General Issues

We had a discussion on outcomes instead of just doing tasks for clients – Homecare workers believe they already support clients to achieve their personal outcomes on social interaction e.g. ensuring volunteers take a client to church and are happy with that role.

Homecare workers are also happy to carry out domestic tasks. They are aware that there are a lot of Health and Safety issues in the home. They won't do blitz cleaning as it's too disgusting but happy to do dusting, hoovering, washing up and laundry.

The group is pleased with Southwark Ethical Care Charter and are happy to have contracted hours, payment for travel time and the London Living Wage. But not all in group are covered by Southwark's Ethical Care Charter. However, they believed Homecare co-ordinators need to have more understanding of patches because although postcodes may be next to each other, it doesn't mean that home addresses are very near so travel time is still an issue e.g. SE22 and SE24 not next to each other. Some Homecare workers don't receive travel time. Some agencies only guarantee 20 hours.

We can look at matching clients with care workers but can't go overboard e.g. English clients only have English care workers or Nigerian clients with only Nigerian care workers - wouldn't accept that. Agency can only go so far.

HOMECARE WORKERS SURVEY

Questions	Your comments	YES	NO	Depends / yes & no / neither
Do you have regular clients that you provide home care to?	<ul style="list-style-type: none"> • For more than 2 years • I only have 1 permanent client • Most of my clients are regulars 	20		
Do you prefer having regular clients? Please tell us why.	<ul style="list-style-type: none"> • Because you get to know them & they get to know you, and they trust you • So I can support & deliver home care to those who need it • I am ready for my regulars and for replacements, no big difference to me • I prefer having regular clients who live in my area, but for me, it's better to have different clients and give them a super service • For continuity and the general wellbeing of the client • It makes my work easier because I can make my own hours meet client's needs • Continuity of care & a regular income • You get to know the clients well • It's better knowing you have stable clients that you're going to every day • You know what you are doing and it provides continuity to service users • I like learning more about my regular clients but when they go into hospital, you are left without a job and no money • I prefer regular clients to support them better • Regular clients makes it easier to get to know them, their needs and there's also more interaction – I like to build good relationships with my clients • No preference • It gives you the ability to cater to their needs 	16	2	2
Do you often have to provide replacement home care to cover for other's annual leave / sick leave?	<ul style="list-style-type: none"> • Yes, a lot • Yes, always • Sometimes placed unknowingly on the rota • Sometimes 	18	2	
Do you receive a sufficiently detailed handover when you provide replacement cover? If	<ul style="list-style-type: none"> • Only sometimes you get a handover but handovers make a great difference to the carer and the customer • Usually my office calls to inform me of any issues 	11	8	1

not, please tell us what's missing in the comments box	<ul style="list-style-type: none"> • Usually my supervisor calls me and explains what I have to do • You need to read the client's records • Medical status details missing • Key issues such as deafness, medication & key safe numbers • Very often we don't receive all relevant information regarding clients 			
Do you have enough information about new clients and what needs to be done for them?	<ul style="list-style-type: none"> • By reading the care plans & history • If here isn't enough information, I call the regular carer or I read the care plan • It's up to you to read the client's notes / records • Not enough information is usually given • What's missing is background, history, health conditions, relevant contacts; hospital discharge information isn't always available promptly 	15	5	
Do you have any information given to you about client preferences i.e. how they would like things done, rather than just what needs doing?	<ul style="list-style-type: none"> • It pays to talk to the clients about this • I sometimes have to phone up the office about this • No information given on this • The client gives instructions 	11	9	
Are your work related phone calls paid for by the care agency?	<ul style="list-style-type: none"> • They should be • I have to use my own mobile 	3	16	1
Are you supplied with adequate protective equipment such as gloves?	<ul style="list-style-type: none"> • Gloves & aprons • Yes but the quality is poor • Gloves aren't adequate • Gloves aren't strong enough 	18	2	
Is your travel time paid for by the agency?	<ul style="list-style-type: none"> • No, because I'm on a zero hours contract • Paying this will be very good • It is now • Partially 	6	13	1
Do you feel that you feel that you have to rush to complete the specified tasks in the allocated time? If yes, please state why in the comments column	<ul style="list-style-type: none"> • Sometimes you really have to take your time with some clients, like those with dementia and then that makes you late with the next • Rushed because I don't want a backlog of things left undone • Our client's needs come first and are paramount • Sometimes, especially on Sunday, there's not enough time for travelling between clients 	11	8	1

	<ul style="list-style-type: none"> • It depends on the time allocation for your next visit • Time is just too short to travel to another client because of the double time sheet • We often end up overstaying in order to leave clients safe & comfortable • Yes sometimes because time is very limited • Sometimes the allocated time isn't enough so you run out of time; if more time was allocated, there's be no need to rush 			
Did you receive induction training when you started the job?	<ul style="list-style-type: none"> • Yes but at another agency which was excellent 	20		
Did you feel that your induction training was sufficient for your job?	<ul style="list-style-type: none"> • We should be given more and regularly 	17	3	
How long did your induction training last and what subjects did it cover? Please put your answer in the comments column	<ul style="list-style-type: none"> • 3 – 4 days on the job training, which covered all aspects of care, clients, domestics, emergencies etc. • 1 week • 3 days • 1 week, which covered manual handling, food & hygiene, medication • 4 hours in total, which covered health & safety, first aid, food & nutrition, safeguarding • Health & safety, infection control, food hygiene, first aid, POVA, dementia • 1 week which covered meds, handling, hoisting, stroke, dementia recognition & behaviours • 5 days • 1 week • 2 weeks • 1 week • 3 hours – moving & handling, infection control, mental health, understanding the care plan • 2 weeks • 3 days 			
What subjects have you had further ongoing training in? Please list in comments column	<ul style="list-style-type: none"> • Risk assessments, person centred care, health & safety, first aid • None • Dementia, handling medicines, manual handling, infection control, 			

	<ul style="list-style-type: none"> safeguarding, managing challenging behaviour • Administering medication, dementia awareness, manual handling, risk assessment • NVQ level 3 • Meds & moving & handling • Health & safety, manual handling, fire drills, POVA • Medication • Safeguarding, health & safety, violence & aggression • NVQ 3 • Moving & handling • Medication 			
Have you had training in working with people who have dementia?	<ul style="list-style-type: none"> • Yes but needs to be ongoing & regular 	15	5	
Have you had training in working with people who have had strokes?		11	9	
Have you had training in person centred care?		17	3	
How do you receive training eg from someone in the care agency, an external trainer, e training on the internet, policy & procedure manual. Please give details in the comments box	<ul style="list-style-type: none"> • Agency manager • External trainer, Response Training • Both internal & external • Internally by the agency • External & internal • Internal • Both • External trainer • In house trainer – it wasn't very good • From the agency and from the internet • Someone from the care agency and from the policy & procedure manual • Watching a documentary • Internally from someone in the agency • Internal from agency 			

	<ul style="list-style-type: none"> • Internal • Care agency 			
What further training would you like to get? Please list the subjects in the comments column	<ul style="list-style-type: none"> • Specialised training such as peg feeding and catheters, also stress management and work & life balance • Basic health & social care updates • NVQ levels 3 & 4 • Dementia awareness & moving & handling • First aid, manual handling • Stroke awareness • Dementia & career pathways • Cardiac training, data protection & fire safety • Managing dementia • Health & social care level 3 • NVQ 4 • Palliative care • Always good to get more refreshers 			
Do you receive regular supervision? How often do you receive supervision? Please say in the comments column	<ul style="list-style-type: none"> • Every few months • Every 6 – 8 weeks • Twice a year • Every 2 months • When they remember • Every month • Every 6 months • Monthly • 3-6 months • Double up sometimes • Once a month 	18	1	1
Do you think you receive supervision often enough?	<ul style="list-style-type: none"> • This motivates us to get more involved 	18	1	1
Do you think you get enough support from your manager outside of supervision	<ul style="list-style-type: none"> • Sometimes 	14	4	2

<p>Do you have regular meetings with other home care workers? If so, how often?</p>	<ul style="list-style-type: none"> • Twice a year • Twice a year • Not regular but about every quarter • Once a year • Every 3 months • Every 6 – 9 months • 3 times a year • 4 times a year 	11	9	
<p>Do you work enough hours? Please say in the comments column whether you'd like to work more or less hours and why</p>	<ul style="list-style-type: none"> • I'd like to work at least 30 hours a week because if you don't, it's working for nothing once the bills are paid • No I don't have enough customers • I'd prefer to have more hours due to child care fees • Hours seem to be given out on favouritism • I sometimes beg for more hours without getting any and sometimes it's work overload 	11	9	
<p>What are the most important things to you in your job?</p>	<ul style="list-style-type: none"> • To look after clients to the best of my ability • Attitude • Trying to do everything for my clients to make them happy • To ensure I provide quality care to the service user • Assisting with proper hygiene • Communication & punctuality • Taking good care of my clients • Seeing that my clients are happy • The clients • That the service users are properly cared for by carers who are reliable & take their time • My clients • Training & updated information available when needed • Being respected as a professional • Getting to the client on time and doing the right thing by interacting more with the client and getting to know them more • Building up a good relationship with my client so that they can live at home comfortably 			

	<ul style="list-style-type: none"> • Client safety & satisfaction • Making a difference 			
What are the most difficult things in your job?	<ul style="list-style-type: none"> • Communication • Meeting new clients and wondering what they'll be like • Communication • Travel time • The managers always believe the client's lies without investigating and also service user's family members shouting down on me • Managing care & hygiene of a very fat client • Transportation system • Lack of communication with the client's family • Working with people who have lower standards of working • Working with managers who know less than you • Time management – sometimes there are too many calls for the allocated times • Travelling between jobs • Time limitations & travel time • Miscommunication, travelling, low rate of pay & miscommunication • Being relegated as seen merely as a house help • Clients' relatives • Sometimes unpredictable clients • Working with new people who don't have enough knowledge about the job • When one of my clients dies 			
What would make your job easier to carry out?	<ul style="list-style-type: none"> • More time with clients • Communication • Better communication • Having to spend less time travelling & more time with clients • Proper assessments on service users • Proper stair lift for fat clients rather than doing the stairs with the aid of a stick • More training & being kept up to date with things • Enough salary because it's not an easy job • A change in office staff!? 			

	<ul style="list-style-type: none">• If my clients were located closer to one another• Managers having a better knowledge of post codes; some sound as if they might be close together but aren't• The way rotas are done• Paid travel time• Good pay, good equipment & information• Being given more information about the client• A set amount of hours to work• Not having to travel long distances• Availability of training via the Council and the company• Better pay & more recognition			
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Comparing what Homecare workers said and what users of Homecare said

Responses from the questionnaire and focus group discussions are outlined below alongside findings from the Homecare Quality Check project.

Qs1 – 2 Regular care

1. Do you have regular clients that you provide homecare to?

2. Do you prefer having regular clients? Please tell us why.

18 Homecare workers said that they had regular clients, with only 2 having no preference for this and another 2 saying it depends. The reasons for having a preference are given below

- *Because you get to know them & they get to know you, and they trust you*
- *So I can support & deliver home care to those who need it*
- *I am ready for my regulars and for replacements, no big difference to me*
- *I prefer having regular clients who live in my area, but for me, it's better to have different clients and give them a super service*
- *For continuity and the general wellbeing of the client*
- *It makes my work easier because I can make my own hours meet client's needs*
- *Continuity of care & a regular income*
- *You get to know the clients well*
- *It's better knowing you have stable clients that you're going to every day*
- *You know what you are doing and it provides continuity to service users*
- *I like learning more about my regular clients but when they go into hospital, you are left without a job and no money*
- *I prefer regular clients to support them better*
- *Regular clients makes it easier to get to know them, their needs and there's also more interaction – I like to build good relationships with my clients*
- *It gives you the ability to cater to their needs*

A comment made during the closing discussion of the forum that wasn't included in the survey was about a **disincentive** of having regular clients who are admitted to hospital – when this happens, the Homecare worker loses those hours for the duration of the hospital admission.

Qs 3 – 4 Replacement cover & handovers

3. Do you often have to provide replacement cover for another carer's annual leave / sick leave?

Although only 2 Homecare workers said that they did not provide any replacement cover, it is noteworthy that 1 person said that they were sometimes placed unknowingly on the rota.

4. Do you receive a sufficiently detailed handover when you provide replacement cover? If not, please tell us what's missing

In terms of receiving a sufficiently detailed handover when providing replacement cover, 8 said that they did not, 1 said it depends, with the remaining 11 stating that they did receive a sufficiently detailed handover.

Their comments about handovers are listed below

- *Only sometimes you get a handover but handovers make a great difference to the carer and the customer*
- *Usually my office calls to inform me of any issues*
- *Usually my supervisor calls me and explains what I have to do*
- *You need to read the client's records*
- *Medical status details missing*
- *Key issues such as deafness, medication & key safe numbers*
- *Very often we don't receive all relevant information regarding clients below*

This is an interesting response in that it is totally contrary to what service users said in the Homecare Quality Checks - having regular Homecare workers was by far the most important thing cited. Whilst many service users do have regular Homecare workers most of the time, it is the problems they experience with replacements and the associated lack of handovers that is the issue.

Problems cited by service users include no prior notification, too many different replacement Homecare workers, lack of consistency between different replacement Homecare workers, having to explain what needs doing and how, as well as having to show Homecare workers where things are kept, sometimes on several different occasions. One service user said she felt so physically exhausted having to show a replacement where things were kept in the kitchen and how to do things that she felt there was no point in having a replacement when essentially she was practically doing it herself.

Whilst one of the comments from the survey states that you need to read the client's records, we found no evidence in any of the files accessed of anything other than generalised schedules of tasks; these do not include any of the personalised details that would be relevant.

In the group discussions, it was noted that the best way to do a handover is face to face with the regular Homecare worker, who could then show the replacement how the service user would like things done, not just what needs to be done.

Given that issues with replacement Homecare workers was by far the most common problem experienced by service users and certainly the issue that caused most distress, it is recommended that sufficiently detailed handovers must take place.

Qs 5-6 New clients and client information

5. Do you have enough information about new clients and what needs to be done for them?

Only 5 out of 20 Homecare workers stated that they did not receive enough information about new clients. Comments are listed below

- *By reading the care plans & history*
- *If there isn't enough information, I call the regular carer or I read the care plan*
- *It's up to you to read the client's notes / records*
- *Not enough information is usually given*
- *What's missing is background, history, health conditions, relevant contacts; hospital discharge information isn't always available promptly*

Whilst most files did contain a schedule of tasks, hardly any contained a care plan or client details; the schedule of tasks is very generalised and not at all person centred. The similarity between different schedules was startling.

6. Do you have any information given to you about client preferences ie how they would like things done, rather than just what needs doing?

11 Homecare workers stated that they do have information given to them about client preferences and 9 said that they do not. Comments are listed below

- *It pays to talk to the clients about this*
- *I sometimes have to phone up the office about this*
- *No information given on this*
- *The client gives instructions*

Very infrequently was any information seen in any files about this; from this we can infer that Homecare workers have to get this information from clients and/or their family members.

Given that information about clients and how they would like things done is not handed over to replacement carers, it would be good practice to have this personalised information contained

in the front of all client files e.g. “Who I am & how I like things” – this very effective tool is being developed by Southwark’s focus group for Homecare service users and/or family carers.

Qs 7 - 8 Phone calls & protective equipment

7. Are your work related phone calls paid for by the care agency?

Only 3 Homecare workers said that their agency paid for their work related phone calls

8. Are you supplied with adequate protective equipment such as gloves?

Although 18 Homecare workers said that this was supplied by their agency, 3 of those commented on the quality being poor.

Qs 9 - 10 Travel time & rushing

9. Is your travel time paid for by the agency?

Only 6 Homecare workers said their travel time was paid for by their agency. The only comments we received about travel time are listed below

- *No, because I'm on a zero hours contract*
- *Paying this will be very good*
- *It is now*
- *Partially*

It must be noted here that in the group discussions, it was pointed out that Homecare Co-ordinators need to get a better understanding of the physical proximity of post codes and of public transport routes (or lack of) e.g. getting to SE21 from SE22 is not as easy as it sounds on paper! It was also pointed out that it is poor organisation and very unfair when workers have to hang around for 2 hours in between jobs.

10. Do you feel that you feel that you have to rush to complete the specified tasks in the allocated time? If yes, please state why in the comments column

11 Homecare workers said that they had to rush to complete tasks in the allotted time. 8 did not feel rushed and 1 didn't indicate either way. Comments are listed below.

- *Sometimes you really have to take your time with some clients, like those with dementia and then that makes you late with the next*
- *Rushed because I don't want a backlog of things left undone*
- *Our client's needs come first and are paramount*

- *Sometimes, especially on Sunday, there's not enough time for travelling between clients*
- *It depends on the time allocation for your next visit*
- *Time is just too short to travel to another client because of the double time sheet*
- *We often end up overstaying in order to leave clients safe & comfortable*
- *Yes sometimes because time is very limited*
- *Sometimes the allocated time isn't enough so you run out of time; if more time was allocated, there's be no need to rush*

Qs 11 – 19 Induction & training

11. Did you receive induction training when you started the job?

All 20 Homecare workers said they had received induction training. The only comment we received about this is below

- *Yes but at another agency which was excellent*

12. Did you feel that your induction training was sufficient for your job?

Only 3 Homecare workers felt that their induction was insufficient . The only comment we received was

- *We should be given more and regularly*

13. How long did your induction training last and what subjects did it cover? Please put your answer in the comments column

We got 14 responses to this question, with inductions lasting from 3 hours to 2 weeks. The responses are given below

- *3 – 4 days on the job training, which covered all aspects of care, clients, domestics, emergencies etc.*
- *1 week*
- *3 days*
- *1 week, which covered manual handling, food & hygiene, medication*
- *4 hours in total, which covered health & safety, first aid, food & nutrition, safeguarding*
- *Health & safety, infection control, food hygiene, first aid, POVA, dementia*

- *1 week which covered meds, handling, hoisting, stroke, dementia recognition & behaviours*
- *5 days*
- *1 week*
- *2 weeks*
- *1 week*
- *3 hours – moving & handling, infection control, mental health, understanding the care plan*
- *2 weeks*
- *3 days*

It would be good practice to have minimum standards for induction training, consistency and quality in the subjects covered.

14. What subjects have you had further ongoing training in? Please list in the comments column

We had 12 responses to this, ranging from none to those listed below

- *Risk assessments, person centred care, health & safety, first aid*
- *None*
- *Dementia, handling medicines, manual handling, infection control, safeguarding, managing challenging behaviour*
- *Administering medication, dementia awareness, manual handling, risk assessment*
- *NVQ level 3*
- *Meds & moving & handling*
- *Health & safety, manual handling, fire drills, POVA*
- *Medication*
- *Safeguarding, health & safety, violence & aggression*
- *NVQ 3*
- *Moving & handling*
- *Medication*

In the discussions, cultural needs were cited as a training issue especially in terms of culinary needs e.g. how to make sandwiches. This issue had cropped up several times in the Homecare Quality Check visits e.g. service users saying that their Homecare workers did not know how to make a sandwich.

In terms of skills needed, there was also discussion around interpersonal communication skills, patience and listening skills. Given that the attitude of Homecare workers was another important thing pointed out by service users, this has to be an area for development and should be addressed in recruitment, induction, ongoing training, supervision and client satisfaction consultation.

15. Have you had training in working with people who have dementia?

15 Homecare workers said that they had received training in this. The only comment we got is listed below

- *Yes but needs to be ongoing & regular*

Given that the prevalence of dementia increases with age, it would be good practice if this training was mandatory for those working with the elderly.

16. Have you had training in working with people who have had strokes?

11 Homecare workers said they had received training in this. No comments were given about this

Given that strokes are common in the elderly and also very much associated with vascular dementia, it would be good practice if this training was mandatory

17. Have you had training in person centred care?

17 Homecare workers said they had received training in this. This was a very surprising response given service users' comments about not receiving person centred care, replacement Homecare workers not having person centred information about them and the lack of person centred information in files.

18. How do you receive training e.g. from someone in the care agency, an external trainer, e training on the internet, policy & procedure manual. Please give details in the comments box

16 Homecare workers responded to this question

- *Agency manager*
- *External trainer, Response Training*
- *Both internal & external*
- *Internally by the agency*
- *External & internal*

- *Internal*
- *Both*
- *External trainer*
- *In house trainer – it wasn't very good*
- *From the agency and from the internet*
- *Someone from the care agency and from the policy & procedure manual*
- *Watching a documentary*
- *Internally from someone in the agency*
- *Internal from agency*
- *Internal*
- *Care agency*

Where training is not provided by an approved training provider, but provided internally, internal trainers should at least have attended a “train the trainers” training course. Training is a specialist skill and should not be provided by those who do not know how to do it. Training should not be a tick exercise and the quality of training should be monitored. Shadowing an experienced worker was also cited as a good method of training in the group discussions.

19. What further training would you like to get? Please list the subjects in the comments column

13 Homecare workers responded to this question

- *Specialised training such as peg feeding and catheters, also stress management and work & life balance*
- *Basic health & social care updates*
- *NVQ levels 3 & 4*
- *Dementia awareness & moving & handling*
- *First aid, manual handling*
- *Stroke awareness*
- *Dementia & career pathways*
- *Cardiac training, data protection & fire safety*
- *Managing dementia*
- *Health & social care level 3*

- *NVQ 4*
- *Palliative care*
- *Always good to get more refreshers*

Qs 20 – 23 Supervision & support

20. Do you receive regular supervision? How often do you receive supervision? Please say in the comments column

18 Homecare workers said that they did receive regular supervision, 1 said that they did not and another 1 didn't indicate either way.

From the 11 responses we got, it can be seen that regular can vary from monthly to every 6 months.

- *Every few months*
- *Every 6 – 8 weeks*
- *Twice a year*
- *Every 2 months*
- *When they remember*
- *Every month*
- *Every 6 months*
- *Monthly*
- *3-6 months*
- *Double up sometimes*
- *Once a month*

21. Do you think you receive supervision often enough?

18 Homecare workers said that they did receive regular supervision often enough, 1 said that they did not and another 1 didn't indicate either way. Presumably then, with so many respondents saying that their supervision was regular enough, infrequent supervisions are seen as adequate by some Homecare workers.

22. Do you think you get enough support from your manager outside of supervision?

14 Homecare workers felt that they did get enough support outside of supervision, 4 said they did not and 2 didn't indicate either way.

23. Do you have regular meetings with other Homecare workers? If so how often?

11 Homecare workers said that they did have regular meetings with other homecare workers and 9 said that they did not. Comments about the frequency of those meetings are listed below:-

- *Twice a year*
- *Twice a year*
- *Not regular but about every quarter*
- *Once a year*
- *Every 3 months*
- *Every 6 – 9 months*
- *3 times a year*
- *4 times a year*

Given the isolated nature of Homecare work, it is not good practice that 9 out of 20 Homecare workers do not meet with their colleagues to share issues, problems and good practice.

Q 24 Hours worked

24. Do you work enough hours? Please say in the comments column whether you'd like to work more or less hours and why

11 Homecare workers said that they worked enough hours and 9 said that they did not. Comments about this are listed below:-

- *I'd like to work at least 30 hours a week because if you don't, it's working for nothing once the bills are paid*
- *No I don't have enough customers*
- *I'd prefer to have more hours due to child care fees*
- *Hours seem to be given out on favouritism*
- *I sometimes beg for more hours without getting any and sometimes it's work overload*

Q 25 Most important aspects of the job

25. What are the most important things to you in your job?

We got 17 responses to this question, which are listed below

- *To look after clients to the best of my ability*
- *Attitude*

- *Trying to do everything for my clients to make them happy*
- *To ensure I provide quality care to the service user*
- *Assisting with proper hygiene*
- *Communication & punctuality*
- *Taking good care of my clients*
- *Seeing that my clients are happy*
- *The clients*
- *That the service users are properly cared for by carers who are reliable & take their time*
- *My clients*
- *Training & updated information available when needed*
- *Being respected as a professional*
- *Getting to the client on time and doing the right thing by interacting more with the client and getting to know them more*
- *Building up a good relationship with my client so that they can live at home comfortably*
- *Client safety & satisfaction*
- *Making a difference*

Qs 26 -27 Difficulties

26. What are the most difficult things in your job?

We got 19 responses to this question, which are listed below

- *Communication*
- *Meeting new clients and wondering what they'll be like*
- *Communication*
- *Travel time*
- *The managers always believe the client's lies without investigating and also service user's family members shouting down on me*
- *Managing care & hygiene of a very fat client*
- *Transportation system*
- *Lack of communication with the client's family*

- *Working with people who have lower standards of working*
- *Working with managers who know less than you*
- *Time management – sometimes there are too many calls for the allocated times*
- *Travelling between jobs*
- *Time limitations & travel time*
- *Miscommunication, travelling, low rate of pay & miscommunication*
- *Being relegated as seen merely as a house help*
- *Clients' relatives*
- *Sometimes unpredictable clients*
- *Working with new people who don't have enough knowledge about the job*
- *When one of my clients dies*

27. What would make your job easier to carry out?

We got 19 responses to this question, which are listed below

- *More time with clients*
- *Communication*
- *Better communication*
- *Having to spend less time travelling & more time with clients*
- *Proper assessments on service users*
- *Proper stair lift for fat clients rather than doing the stairs with the aid of a stick*
- *More training & being kept up to date with things*
- *Enough salary because it's not an easy job*
- *A change in office staff!?*
- *If my clients were located closer to one another*
- *Managers having a better knowledge of post codes; some sound as if they might be close together but aren't*
- *The way rotas are done*
- *Paid travel time*
- *Good pay, good equipment & information*
- *Being given more information about the client*

- *A set amount of hours to work*
- *Not having to travel long distances*
- *Availability of training via the Council and the company*
- *Better pay & more recognition*

In the discussions, the issue of lack of respect for Homecare workers from other professionals such as GPs, District Nurses and Social Workers was discussed at length. The need to change those attitudes was discussed as well as a hope that being part of the Local Care Networks might bring about that change.

Whilst being looked down upon as unqualified staff, Homecare workers are often the first to notice any changes in their clients; where clients don't have family members around and cannot contact GPs etc. themselves, Homecare workers might be the only professionals to act upon such changes. A facility to regularly feedback about clients' progress to Social Workers and other professionals was also cited as good practice.

Some of our discussions at the Homecare workers' forum

