



Home Care in Blackburn with Darwen

February 2016



Acknowledgements

Healthwatch Blackburn with Darwen would like to thank those who responded to the survey and shared their experience of Health and Social Care services.

We would like to acknowledge the help of the Adult Social Care department of Blackburn with Darwen Council and for their co-operation in sending the questionnaires to local residents receiving social care services.

The methodology and survey was modelled from a previous piece of work within the Healthwatch network. We would like to thank Healthwatch Bradford and District for their support and sharing of best practice.

Please note that this report is not a representative portrayal of the experiences of all residents, only an account of what was contributed during the project.

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Introduction:

What is Home Care?

Home care (or “domiciliary care”) is care that is provided to enable people to live independently in their own home. Home Care normally involves support with personal care, such as washing, dressing and toileting.

It is arranged by Social Services following an assessment of need. It can also be arranged privately by the individual them self, or someone acting on their behalf.

Why we carried out this project

Home Care services are vital for some residents with disabilities or older people to live at home and remain more independent.

The Blackburn with Darwen Adult Social Care Market Position Statement estimates that the numbers of people in the borough who are 65 and over will increase by 14.2% between now and 2021. The number of people aged 85 or above is projected to increase to 2,663 by 2021. The increase in this age group will create a much larger demand for health and social care.

Nationally, a number of studies and organisations have raised issues about the quality of home care services. A study by the Care Quality Commission (CQC) highlighted concerns around lack of consistency, training and missed visits (Review of home care services report).

Locally Healthwatch BwD received feedback from a number of individuals and organisations about home care provision within the Borough. It was felt a more detailed project would be needed to give residents receiving home care an opportunity to share their opinion.

How we gathered feedback

A questionnaire was developed using one previously used by Healthwatch Bradford and District which had proved to be successful.

With the support from Blackburn with Darwen Council the questionnaire was posted directly to a random sample of 500 local residents receiving domiciliary care services. All the documents were Healthwatch branded, but due to Data Protection laws BwD Council were unable to share residents contact details, so they agreed to send the questionnaire on our behalf.

All those who received the questionnaire (Appendix 1) were provided with a brief introduction to the project and what would happen to their information (Appendix 2), a Healthwatch BwD leaflet and a letter offering further support to complete the questionnaire if needed (appendix 3).

The project was also advertised on social media with the advert appearing on over 72,132 local resident's Facebook accounts. The advert ran for 36 days and received 2004 visits to the project web address. This was in order to increase the reach to those who may not have received the questionnaire and inform others of Healthwatch BwD.

The final method to disseminate the questionnaire was through local Charity and Voluntary organisations via email. Local third sector organisations were emailed a copy of all the project materials and encouraged to disseminate and advertise it to their membership.

A mixture of qualitative and quantitative methods were used to gather feedback. Some quantitative questions required respondents to complete a Likert Scale to rate their care, whilst some of the qualitative questions required participants to comment on how their service could be improved. The full questionnaire can be found in appendix 1.

Healthwatch BwD
25 September · 🌐

Have your say confidentially to help us see where things are going well & where to improve

Help us improve Home Care services in Blackburn with Darwen

Help us improve Home Care

WWW.SURVEYMONKEY.COM

Learn More

72,132 people reached

Boost Post

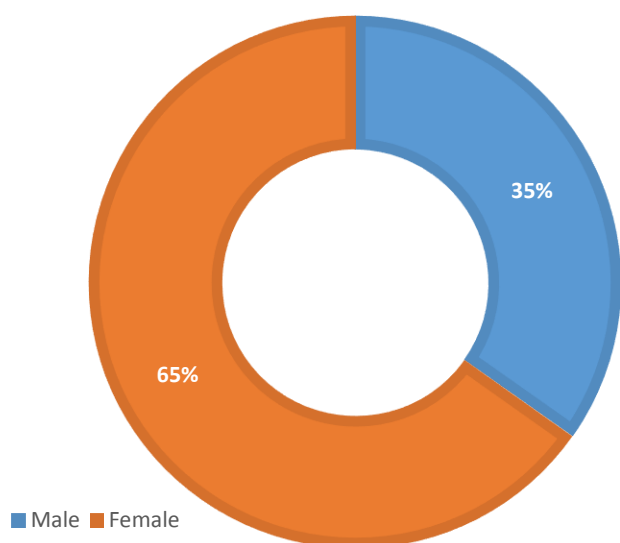
Facebook advertisement

Results

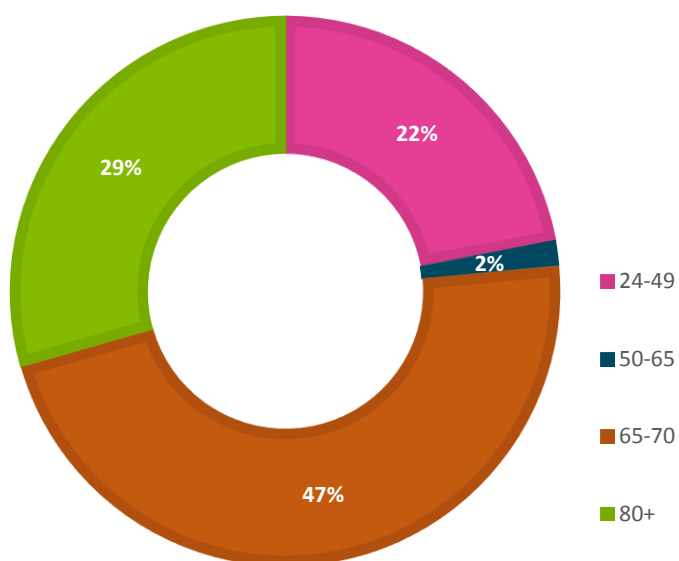
In total 73 residents completed the questionnaire. Below is a summary of respondents' demographics:

Demographics

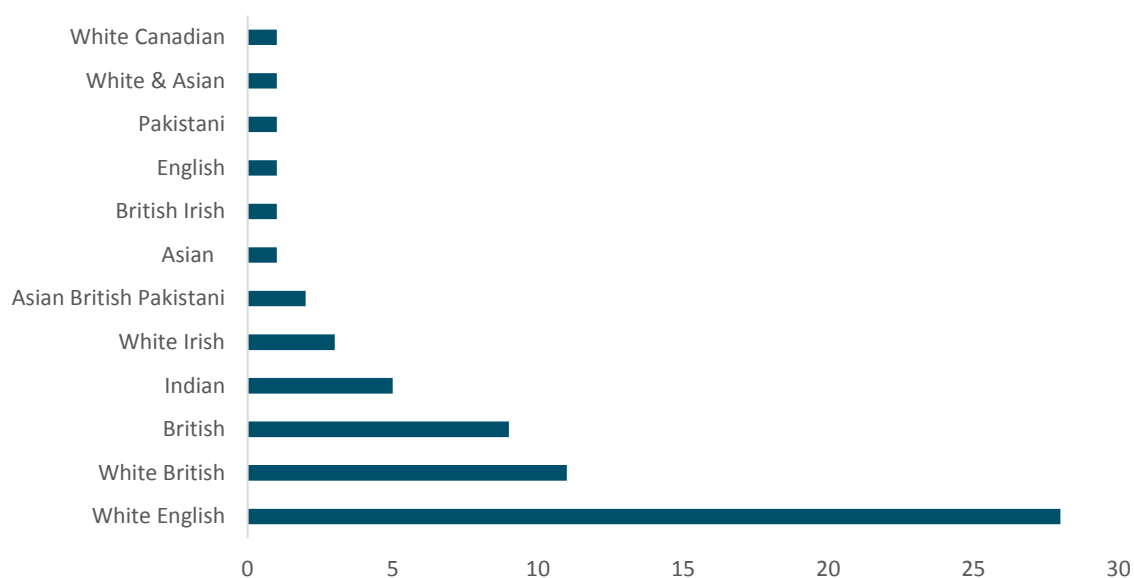
Gender



Age

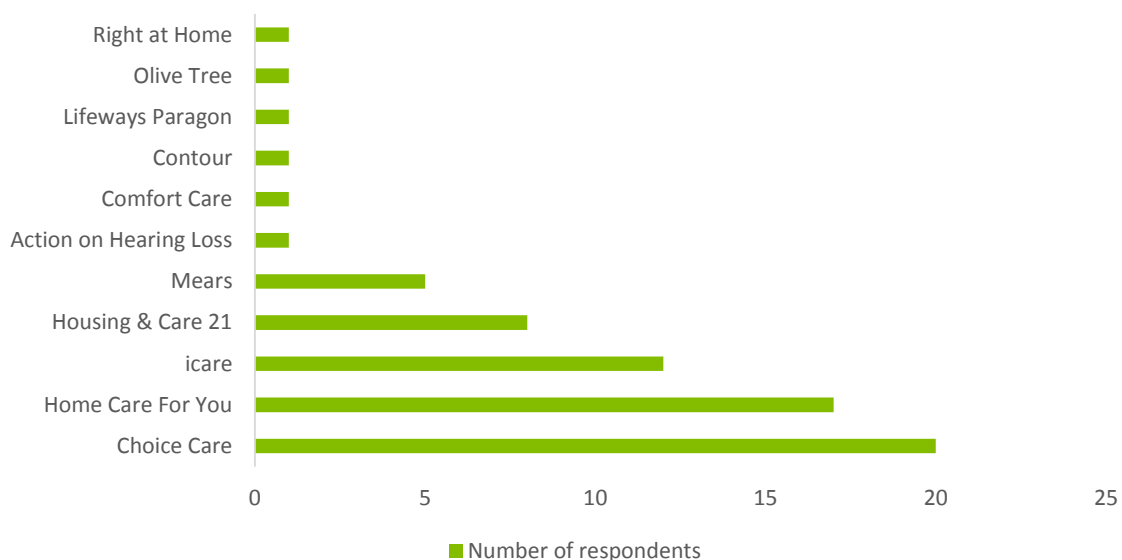


Ethnicity



Respondents accessed services from a total of 11 Care Home Agencies, with the most popular being Choice Care with 20 respondents (27%) receiving care from them.

Home Care Agencies



The results are not specific to any single care agency but a summary of the overall feedback received. Service specific summaries will be provided to the Home Care Agencies and the BwD Council Adult Social Care team directly. Please note that some respondents did not answer all the questions. Each question states how many responses were received.

Always
Mostly
Sometimes
Never

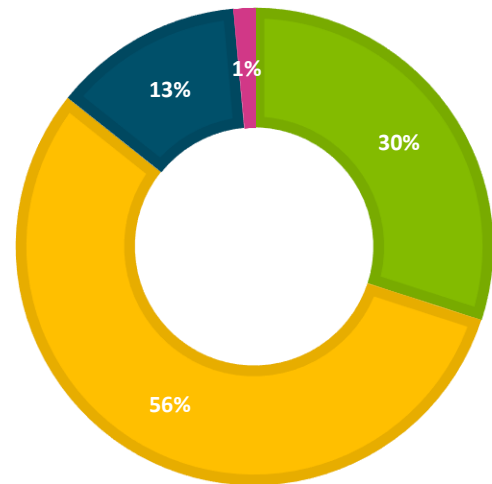


Do care workers come at a time that suits the client?

70 responses

12 (30%) of respondents felt their care assistant **always** came at a time which suits them, with 31 (56%) telling us they **mostly** did.

9 (13%) said they **sometimes** come at a time that suits, and 1 (1%) felt they **never** did.

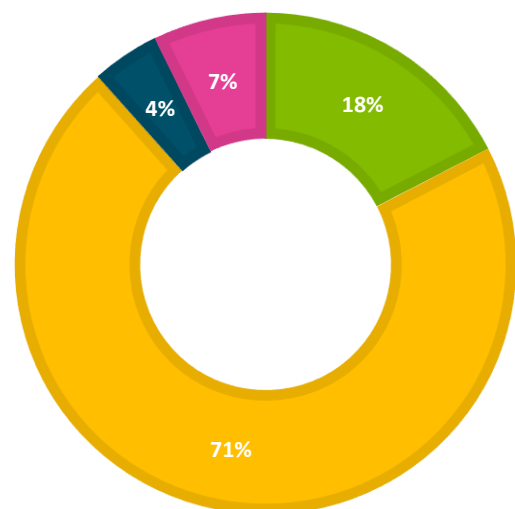


Do care workers arrive on time?

69 responses

12 (18%) of respondents felt their care workers **always** arrived on time, with 49 (71%) telling us they **mostly** did.

3 (4%) said their care workers **sometimes** arrived on time, with 5 (7%) saying they **never** did.



Always
Mostly
Sometimes
Never



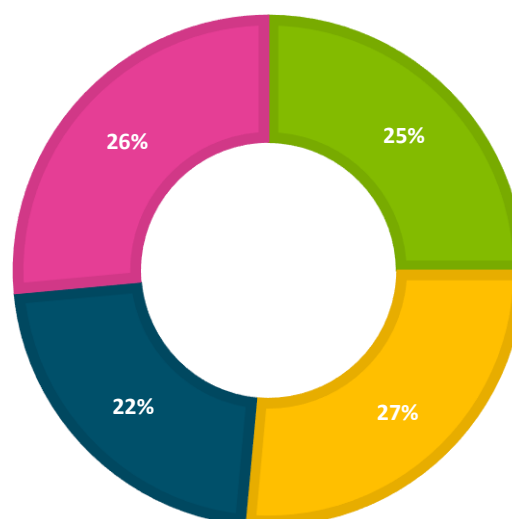
Are residents notified when there are changes in care?

68 responses

17 (25%) of respondents felt they were **always** kept informed regarding changes to their care, with 18 (26%) telling us they **mostly** were.

15 (22%) said they were **sometimes** informed, with 18 (27%) saying the **never** were.

“We should be informed of changes before they take place.”

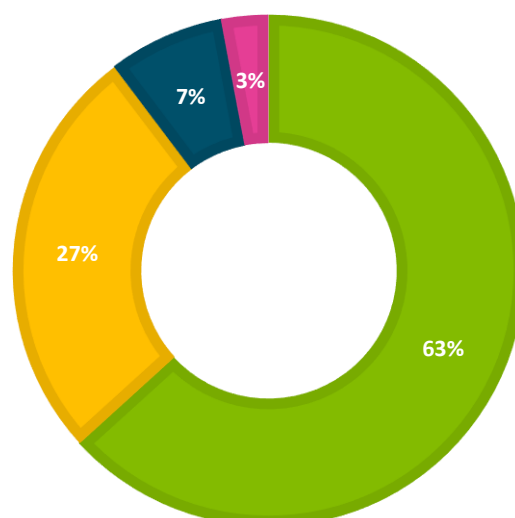


Is the Care Plan followed?

68 responses

43 (51%) respondents felt carers **always** did what is set out in their care plan, with 18 (22%) telling us they **mostly** did.

5 (7%) said carers **sometimes** did what was set out in the care plane, with 2 (3%) saying they **never** did.



Always
Mostly
Sometimes
Never

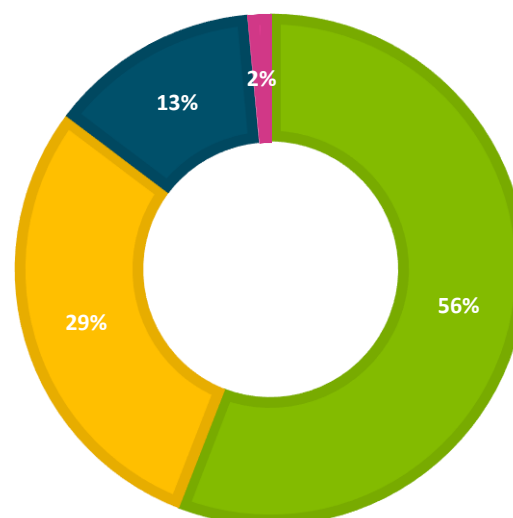


Is there time to complete the tasks set out in the care plan?

68 responses

38 (56%) of respondents felt carers **always** had enough time to complete all the tasks in the care plan, with 20 (29%) telling us they **mostly** did.

9 (13%) said carers **sometimes** have enough time to complete all tasks within the care plan, with 1 (2%) saying they **never** did.



“When visits are only 15/20 minutes there is not enough time to cook a proper meal. This leads to limited options.”

“I’d like more time on bath days so it doesn’t seem so rushed.”

“Short visits are not good. I need at least half an hour.”

“They should spend a little more time with patients - don’t rush as much. Don’t be quite so eager to leave.”

“Staff should arrive on time. On one occasion staff arrived at 7.30am instead of at 9.00 pm. This meant my mother received too much medication in one go.”

“Care staff should not make parking an excuse for all sorts of things. If two carers are attending they should arrive at the same time.”

“During half hour visits being 10 mins late does not give enough time for care. They should not be allowed to go 10 mins early either.”

Always
Mostly
Sometimes
Never

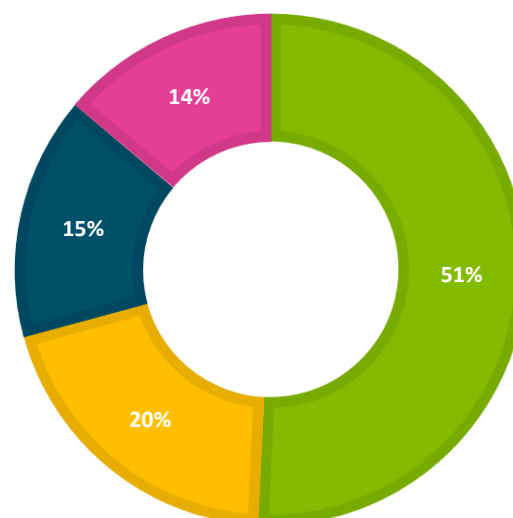


Are residents involved in the planning of care?

65 responses

33 (51%) of respondents felt their Care Agency **always** involved them in the planning of their care, with 13 (20%) telling us they **mostly** did.

10 (15%) said they were **sometimes** involved in the planning of their care, with 9 (14%) saying they were **never** involved.



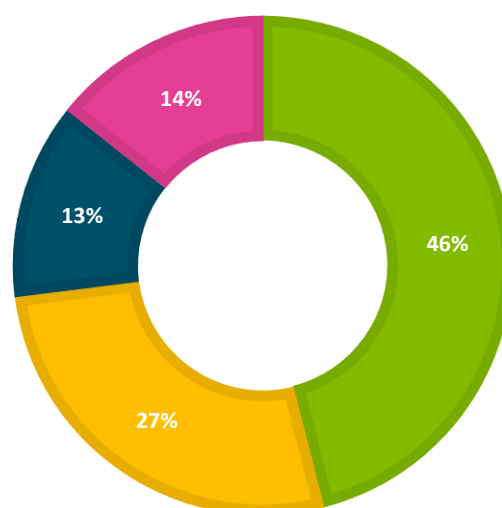
“There should be more family involvement.”

Is there flexibility when making changes to the care plan?

63 responses

29 (46%) of respondents felt their Care Agency was **always** flexible when they wanted to make changes to the care plan, with 17 (27%) telling us they **mostly** were.

8 (13%) said their Care Agency was **sometimes** flexible, with 9 (14%) saying they were **never** flexible.



“Concessions would be appreciated. For example, if my son took me out the carer should be able to come at a different time”

“Would prefer an earlier morning visit but understand others also have needs.”

Does the Care Agency meet the needs of residents and help them to live independently at home?

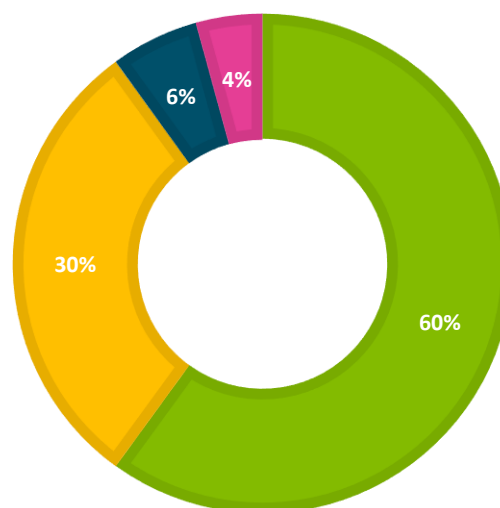
70 responses

Always
Mostly
Sometimes
Never



42 (60%) of respondents felt their Care Agency **always** met their needs and helped them to live independently, with 21 (30%) telling us they **mostly** did.

4 (6%) said their Care Agency **sometimes** met their needs and helped them live independently, with 3 (4%) saying they **never** did.

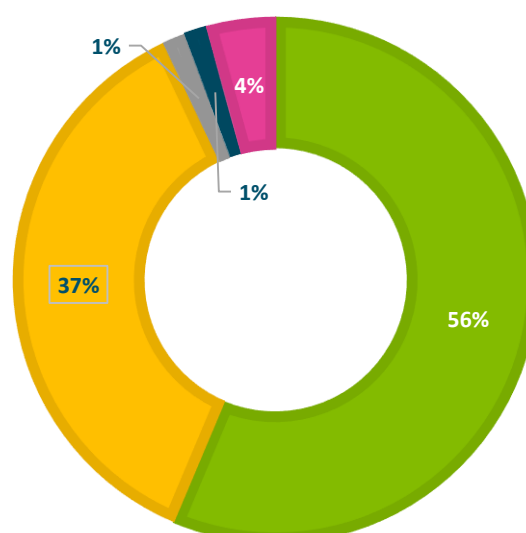


Overall satisfaction with the care provided

70 responses

40 (56%) of respondents were **very satisfied** by their Care Agency, with 26 (37%) **satisfied**.

1 (6%) respondent said they were **dissatisfied** with their Care Agency, with 3(4%) **very dissatisfied**.



Very Satisfied Satisfied 50/50 Dissatisfied Very Dissatisfied

Key themes

Staff

Consistency with staff members was a common theme raised. Those receiving care and their families wanted to keep the same staff and know who would be turning up. There was also an inconsistency with the efficiency of some care workers.

“More trained carers to cover peak periods.”

“Some staff are only trainees and not efficient.”

“I receive inconsistent staff. I’d feel more comfortable with familiar people.”

“If the regular carer is off they don’t give thought to provide the right kind of carer for a client. Clients should have a copy of the rota so they know who is coming to the door.”

“It’d be a bonus to know who’s turning up for future visits”

“Carers should not be allowed to make/receive phone calls every day.”

Communication

Another theme was the communication between the Care Agency and respondents. On some occasions respondents were frustrated with the lack of communication with the main office.

“The office needs to improve communication with me. Phone calls and meetings need to be more frequent.”

“If a service user requests to speak to the Manager this should not be denied. They should not put business needs before the need of the user. I did not receive a satisfactory outcome from the provider so I’m expecting to change provider”

“Care received is very good, but on occasion the office staff let us down.”

“Families should have weekly updates on care”

Training

Some respondents highlighted the needs for training of staff to provide the best possible care. Training in supporting residents with Learning Disabilities and communication were highlighted.

“Staff should have training in Learning Disabilities to help the person be listened to. Training would also help them promote independence and let me help with the cooking.”

“The Moving & Handling Risk Assessment uses language which upsets her [mother]. The Care Agency should be more sensitive in the way this is presented.”

Conclusion

- 86% of respondents felt care staff came at a time that suits them either all of the time or most of the time.
- 89% of respondents felt care staff arrived on time either all of the time or most of the time.
- 51% of respondents were notified of changes either all of the time or most of the time.
- 85% of respondents felt care staff had enough time to complete their jobs either all of the time or most of the time.
- 71% of respondents were involved in the planning of their care either all of the time or most of the time.
- 73% of respondents felt they had the flexibility to change their support either all of the time or most of the time.
- 90% of respondents felt care staff helped them live independently either all of the time or most of the time.
- 93% of respondents were either satisfied or very satisfied with the care they receive.
- Some respondents highlighted issues with inconsistent staff and not knowing who would arrive.
- Respondents also highlighted issues with training, especially around supporting residents with learning disabilities, dignity and respect.



Recommendations

1. We recommend that BwD Council improve the quality of care by specifying minimum training/qualifications for home care workers within contract agreements. This should include dignified personal care, hygiene, dementia care, learning disability care and safeguarding.

[NICE Guideline \[NG21\] 1.7.4](#) recommends care workers are able to recognise and respond to common conditions such as:

- Dementia, diabetes, mental health and neurological conditions, physical and learning disabilities and sensory loss.
 - Common care needs, such as nutrition, hydration and issues related to overall skin integrity.
 - Common support needs, such as dealing with bereavement and end-of-life care.
 - Deterioration in someone's health or circumstances.
2. We recommend that care agencies address issues such as unpredictable arrival times and communication about changes in visit times. Steps should be taken to eliminate missed visits entirely with contingency plans put in place to provide cover when needed.
 3. Care agencies should ensure service contracts allow home care workers enough time to provide a good quality service, including having enough time to talk to the person and their carer and have sufficient travel time between appointments. They should ensure that workers have time to do their job without being rushed or compromising the dignity or wellbeing of the person who uses the service ([NICE Guideline \[NG21\] 1.4.1](#)).
 4. Home care visits shorter than half an hour should be made only if:
 - The home care worker is known to the person.
 - The visit is part of a wider package of support, and
 - it allows enough time to complete specific, time limited tasks or to check if someone is safe and well ([NICE Guideline \[NG21\] 1.4.2](#)).

5. We recommend that there is a common Code of Conduct for all service providers and care staff. The Council and local service providers may choose to use existing examples like the UKHCA code of practice or the Skills for Care code of conduct for adult social care workers. Whatever framework is used this should be properly implemented to deliver high quality, safe and compassionate care and promote and uphold the privacy, dignity, rights, health and wellbeing of service users. Issues about communication, dignity, respect and privacy should be fully addressed.
6. Residents should receive notification of the staff member delivering care. Care Agencies should prioritise continuity of care by ensuring the person is supported by the same home care worker(s) so they can become familiar with them ([NICE Guideline \[NG21\] 1.1.4](#)).
7. Home Care providers should be expected to monitor the needs of the service users. There needs to be a system on place to respond to altering care needs with effective consultation between both parties. Care Agencies should use feedback from those people using the service and their carers to access training needs for the workforce ([NICE Guideline \[NG21\] 1.7.7](#)).
8. We recommend that the Council places experiences of the service users as the basis for the development of Home Care services in its commissioning work and budget allocation. It is vital that the Council takes account of the impact on individuals of short task orientated visits that are driven by the current financial and organisational situations.



Responses from Providers

The 11 Care Home Agencies which residents accessed were given an opportunity to respond to this report. Below are the comments Healthwatch BwD received which agencies requested to be included.

Action on Hearing Loss

Action on Hearing Loss provide a service to only one of the respondents to this survey and we would like to state that the feedback from this person was very positive. We pride ourselves in taking quality seriously and put the person at the heart of everything we do. We encourage the people we support to provide feedback so we can continuously improve the quality of services we provide. In our annual organisational survey, 98% of people we support said they are happy with the support they receive.

Right at Home

Right at Home (East Lancashire and Ribble Valley) were recently inspected by CQC and were awarded overall “Good”, with an outstanding rating for “Responsiveness”.

We strive to provide the best possible quality service, dealing with any problems speedily and our minimum visit is 30 minutes. Our staff receive rigorous training and those with no previous care experience have to undertake a City and Guilds qualification in Care Standards in addition.

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