



Spotlight on home care

About Healthwatch Newcastle

Healthwatch Newcastle is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations (VCS); comments cards at events, regular drop-in sessions and listening events at a range of venues across the city; social media; callers to our 'Just ask' helpline; and online through the feedback centre on our website. As part of the remit to gather views we also have the power to 'enter and view' services and conduct announced and unannounced visits.

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1. Executive summary

Home care services are a highly valued service which is of great benefit to nearly 900,000 people in the UK. It is a service which is in high demand as the population ages, but is under significant financial strain in the state-funded sector.

There have been a number of national reports in recent years, as well as media stories, raising concerns and the challenges within the home care sector. Healthwatch Newcastle has undertaken research in light of these reports, to understand better the views of service users in Newcastle upon Tyne.

We carried out a large scale survey of service users, carers and relatives, and home care workers to gather their feedback on various aspects of home care services. Receiving 363 responses between October 2015 and January 2016 enabled us to gather statistically significant data from this seldom heard group of service users, carers and relatives.

Our survey found that service users were very satisfied with the overall quality of care provided and value the service very highly. However, there were a number of areas where respondents called for improvements:

- Continuity of care worker
- Communication between provider and service user
- Medicine management
- Care worker training
- Care worker punctuality and time allocation
- How care workers are managed and supported
- Complaints handling

Continuity of care worker and the communication between provider and service user were the two most important areas where survey respondents wanted to see improvements. Respondents spoke loudly about the negative consequences of having many different care workers providing care in their home, and about lapses in the correct provision of medicines.

Ten recommendations have been made for service improvement, mostly related to implementing performance indicators to monitor improvement in the areas above. We hope these recommendations can be adopted as part of the new provider contracts to be commissioned in 2016.

2. Introduction

2.1 What is home care?

Home care (also known as domiciliary care) is the provision of a range of personal care and support services to individuals in their own homes. Services can range from a 15 minute check to make sure someone has taken prescribed medication, through to 24 hours, live-in care. It does not include health care, although changing dressings can sometimes be included. Home care commonly includes the following activities:

- Help to get in and out of bed
- Help with personal hygiene
- Help with preparing food
- Help with medication
- Help with housework

Home care is a valued and valuable service to help people remain independent in their own home. From a health economics perspective it is also an important service to the state as it avoids or delays the need for costlier services, such as hospital inpatient departments and residential or nursing home care services.

2.2 The national home care picture



In 2013–14, 883,000 people in the UK were receiving home care services. It is estimated that 55% have their care arranged and fully or partly purchased by their local authorities on their behalf, 26% of people pay for their care, and 19% pay for their care via direct payments¹.

Local authorities are estimated to have spent £4.05bn on home care services in 2015 – a sizeable proportion of their total social care budget – and a further £1.2bn comes from private expenditure².

Nearly all of the home care organised by local authorities (92%) is commissioned to independent home care providers, of which there are 9,826 in the UK. As a result, the majority of home care workers are not directly employed by local authorities.

The quality of home care services nationally

In 2013, the Care Quality Commission (CQC) published a report³ summarising the quality of home care services nationally. It highlighted that service users tended to be very happy with their regular care workers and that they were often treated with compassion and in a way that respected their dignity. This good care was often underpinned by good management and support for care workers.

¹ A direct payment is where the service user is given a financial allocation for their home care service by the local authority, giving them the choice of how to best spend it for their individual needs

² An Overview of the Domiciliary Care Market (2015), United Kingdom Home Care Association Ltd - <http://tinyurl.com/gpmrlwe>

³ Not just a number: home care inspection programme - national overview (2013), CQC - <http://tinyurl.com/j4e2ro3>

The report also highlighted that continuity of care worker is regularly a problem and service users were often not informed about late visits. Care workers highlighted that they did not get enough support to carry out their work (for example, good training and supervision), and were often rushed because they were not provided with adequate travel time between visits. The report also said that care workers often lacked knowledge and skills, particularly around dementia.

Common home care issues nationally

The Local Government Information Unit (LGiU) published a report on the home care workforce⁴. This report highlighted a number of national weaknesses in:

- Terms and conditions for staff
- Care co-ordination
- Training
- Recruitment and retention

Home care services have recently received lots of national media coverage highlighting the short length of visits, care workers not being paid for travel time and low home care payment rates paid by some local authorities.

The demand for home care services

At present there is a huge demand for home care services as our population ages. Demand for home care services is expected to grow further in coming decades with the number of people over the age of 85 increasing faster than any other segment in society, and being the highest user group of this service. Despite this, less money has been spent on home care services by the state each year since 2008–09 and this trend is likely to continue⁵.



Between 2009 and 2014 there was an 18% decrease in the number of people receiving home care funded by the state. Shrinking local authority budgets have led to local authorities raising their eligibility criteria and only funding care for people with the most complex needs⁶. Therefore, people with less complex needs may now find themselves ineligible to receive services. This will either shift the financial burden to service users or they simply may not be able to afford to take up this service, with obvious implications for their quality of life.

⁴ Key to Care: Report of the Burstow Commission on the future of the home care workforce (2014), LGiU - <http://tinyurl.com/kts3geo>

⁵ Changes in the patterns of social care provision in England: 2005/6 to 2012/13 (2013), by Jose-Luis Fernandez, Tom Snell and Gerald Wistow PSSRU Discussion Paper number 2867, University of Kent - <http://tinyurl.com/q7835ol>

⁶ Changes in the patterns of social care provision in England: 2005/6 to 2012/13 (2013), by Jose-Luis Fernandez, Tom Snell and Gerald Wistow PSSRU Discussion Paper number 2867, University of Kent - <http://tinyurl.com/q7835ol>

If people are unable to access the home care services that they need, they may develop more complex needs earlier and be admitted to hospital or residential care sooner than expected. This will of course be more costly to the public purse.

The funding of home care services



In 2015 the UK Home Care Association Ltd (UKHCA) published a report⁷ with evidence that home care is generally underfunded.

It highlights that home care providers need to be paid a minimum of £15.74 per hour to enable them to run sustainable services that can meet national minimum wage requirements and payments for care worker travel time.

In fact, only 28 local authorities (out of the 203 local authorities where UKHCA could establish an average price) were paying above £15.74 per hour for home care (See the separate document ‘Spotlight on home care - appendix 1’ for more details).

2.3 The local home care picture

The contract for home care services (excluding the initial six-week post-hospital reablement service run by Newcastle City Council) is commissioned and managed by Newcastle City Council and it is these services that were the focus of this research. The contract for home care services was last put out to tender in spring 2012 when the council sought to commission six providers.

Newcastle City Council chose to split the city geographically into three zones (north, east and west) and commission two providers in each area. The contract was awarded to six providers as follows:

1. Age UK⁸ (north zone)
2. Allied Healthcare (west zone)
3. Care and Share Associates (CASA) (west zone)
4. Careline (north zone)
5. Carewatch (east zone⁹)
6. St Anthony of Padua (east zone)

The current contract ends on 30 September 2016 and the council will put the service out to tender during spring 2016.

⁷ The Homecare Deficit: A report on the funding of older people’s homecare across the United Kingdom (2015), UKHCA - <http://tinyurl.com/pguvgze>

⁸ Age UK withdrew from the contract in March 2015

⁹ Carewatch has also covered the north zone since Age UK withdrew from the contract

The current providers are called ‘framework’ providers and are expected to provide a daytime service between the hours of 7am to 11pm, seven days a week, for people meeting the following criteria:

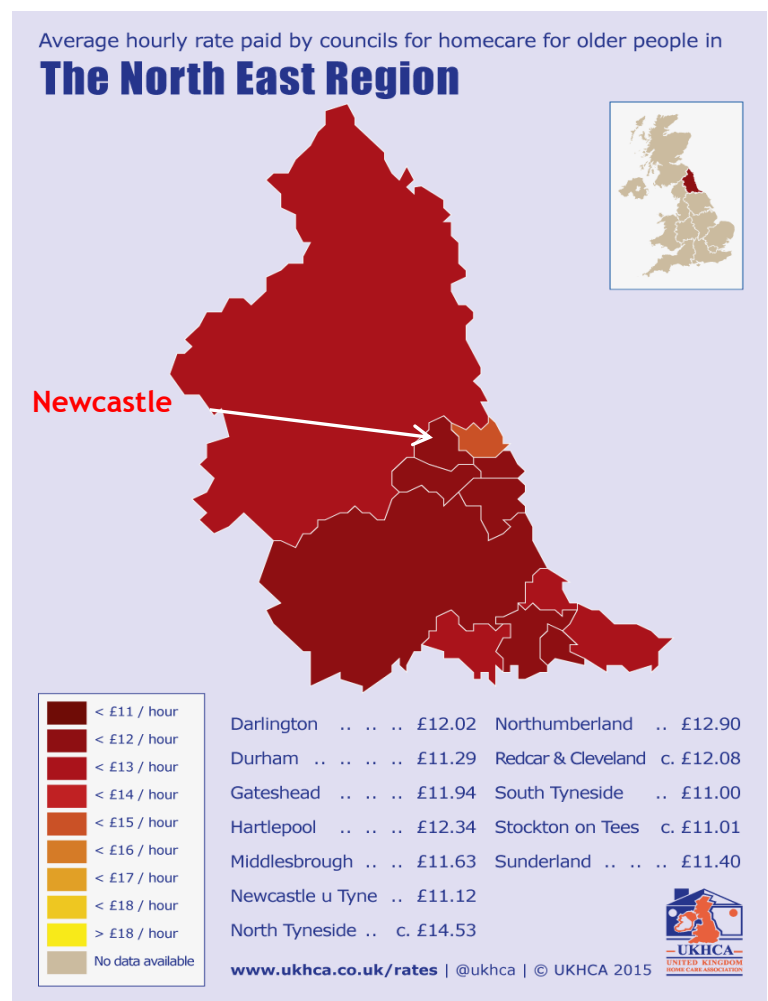
- Older people aged 65 years and over
- People with learning disabilities aged 18 years and over
- People with mental health needs aged 18 years and over
- People with physical disabilities, including sensory impairment, aged 18 years and over
- General domiciliary care services for individuals aged 18 years and over with specific needs, for example (but not restricted to), dementia, end-of-life, palliative care and sudden onset brain injury.¹⁰

During 2010–11, Newcastle City Council commissioned approximately 13,400 hours of home care per week, which was provided to over 1,600 individuals. More recent data from the council suggests that about 4,000 to 5,000 hours need to be covered in each zone (a total of 12,000 to 15,000 hours of home care per week), which means that each provider covers about 2,000 to 2,500 hours per week (with Carewatch covering slightly more since the withdrawal of Age UK). These hours are supplied to approximately 1,900 service users.

The current hourly rate paid to commissioned providers in Newcastle is £11.24 per hour of care provided. This is lower than the average hourly rates calculated for the UK (£13.66), England (£13.77), the North East region (£11.64), and far behind the UKHCA’s recommended minimum price for home care (£15.74).¹¹

The map shows the average hourly rate paid by each local authority in the North East. Please note that since this map was published Newcastle City Council has increased its rate from £11.12 to £11.24.

The impact of austerity on Newcastle has been particularly severe. Since 2012, Newcastle City Council has had to make £191m in savings due to reductions in government funding.



¹⁰ General domiciliary care services (day time) (2012), Newcastle City Council service specification

¹¹ The Homecare Deficit: A report on the funding of older people’s homecare across the United Kingdom (2015), UKHCA - <http://tinyurl.com/pguvgze>

It is anticipated that a further savings of £100m will be needed over 2016–19, £30m of which is needed in 2016–17¹². We anticipate that this financial context will have a serious impact on the ability of the council to adequately fund home care services.

Currently, Newcastle City Council spends £6,657,090 (net of income) on the home care service contract (2015-16). This is very likely to reduce in 2016-17 with a budget of £5,483,090 (net of income) being proposed. The council aims to make these savings by taking a more rigorous approach to assessing service users' needs.¹²

It is anticipated that the proposed budget reduction will lead to fewer people being eligible for home care services. For those who do continue to receive home care, they may see a reduction in the contact time they have with their care workers.

2.4 Why spotlight home care?

1. As an organisation we know that health services in our city are generally good because there are many organisations (for example, CQC, Monitor, NHS England) that provide information about the quality of health services. However, there are far fewer organisations that inspect, monitor and publicly provide quality information on social care services.
2. We receive lots of feedback from patients, carers and relatives, and the public about health services but hear little about social care services. Because of this, we did not feel we could confidently answer the question 'How good are social care services in Newcastle?' Although aware of the national issues around social care – and home care in particular – we were concerned that we didn't know about the quality of local services. As a result, we made social care a focus for 2015–16.
3. Service delivery is hidden (because it is delivered in people's homes).
4. The service is often delivered to people who are seldom heard.
5. The service is often provided to people who could be considered vulnerable.
6. The service is often under-funded.
7. The service in Newcastle goes out to tender in spring 2016 and so this is an opportune time for users' views to be heard, prior to the service design for the new contract period.
8. At our annual conference in March 2015, we asked stakeholders to vote on areas of work for 2015–16. Home care was chosen as a priority, alongside older peoples' care and dementia, and care for people with learning disabilities.

¹² Reducing the care and support budget: adults living in their own homes (2016), Newcastle City Council 2016-17 budget proposal - <http://tinyurl.com/jpv4oac>

We wanted to undertake research that enabled us to:

- Hear the views of service users, carers and relatives, commissioners, home care providers, the voluntary and community sector and care workers
- Build a detailed evidence base regarding home care in Newcastle
- Use the evidence to help the commissioners and home care providers to improve home care services for users and their carers/relatives

3. Our approach

Healthwatch Newcastle's remit covers publicly-funded health and social care. As a result this research focussed exclusively on publicly-funded home care services provided in the Newcastle upon Tyne area. The scope of this research included:

- Five providers commissioned by Newcastle City Council to provide home care services to adults (Allied Healthcare, Careline, Carewatch, CASA and St Anthony of Padua)
- Service users receiving publicly-funded home care from these providers
- Service users receiving Direct Payments for home care services from Newcastle City Council
- Carers and relatives of the above home care service users

This research did not look at home care provided to children or specialist home care services.

After defining the scope, research was split into three stages:

1. Literature review
2. Listening stage
3. Consultation stage

3.1 Literature review

To get a clearer idea of key issues or trends in the home care sector we conducted a literature review¹³. This review highlighted some national and local issues:

National themes

- Due to budgetary cuts, local authorities find it hard to pay adequate home care rates to home care providers
- Due to inadequate home care rates, home care providers find it hard to:
 - Pay their staff an appropriate wage
 - Pay their staff for travel time
 - Cover staff training costs
- Home care visits can sometimes be too short
- There are difficulties recruiting and retaining care workers
- Zero hours contracts are regularly used (60% of care workers)

¹³ This included: Newcastle City Council's home care service specification, national media, local media, CQC inspection reports for the five providers, feedback websites (Patient Opinion, Care Opinion, NHS Choices, Find Me Good Care, Good Care Guide and Home Care UK), Local Challenges in Meeting Demand for Domiciliary Home Care in Newcastle (date unknown), The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings (2013), An Overview of the Domiciliary Care Market (2015), The Homecare Deficit: A report on the funding of older people's homecare across the United Kingdom (2015)

Local themes

- Newcastle City Council's home care rate is below the national average
- One commissioned Newcastle provider:
 - Did not give care workers enough time to travel between visits, leading to late or missed calls
 - Did not pay staff for their induction training
 - Did not have enough staff
 - Employed a lot of staff on zero hour contracts (source: CQC reports)
- One commissioned Newcastle provider was providing appropriate staff support and supervision (source: CQC reports)
- Three commissioned Newcastle providers were not managing service user medication effectively (source: CQC reports)

3.2 Listening stage

We used the findings of our literature review to inform the listening stage of our research. For this we:

- Interviewed the commissioner at Newcastle City Council
- Offered interviews to the five home care providers: three providers – Allied Healthcare, Careline and CASA – took up this opportunity
- Organised a focus group with social workers
- Held one-to-one interviews and/or group sessions with service users
- Organised an event for local voluntary and community sector (VCS) organisations who work with people who receive home care services and their carers

Through this work we spoke to 19 service users, 14 social workers and four VCS organisations. The questions we asked during the listening stage can be found in a separate document 'Spotlight on home care - appendix 1'.

We used the listening exercise to find out if the issues listed above were reflected in Newcastle. During this stage we heard many views suggesting that the local picture is similar to the national position.



Some further issues were also highlighted:

- Care workers were generally very good at their job and at building relationships with service users – this was raised by commissioners, home care providers, social workers, service users and local VCS organisations
- Care workers were not always well trained – this was raised by social workers, service users, carers and relatives and local VCS organisation
- Care workers occasionally lacked cultural awareness or the right language or communication skills – this was raised by social workers, informal carers and local VCS organisations

- Service users did not always see the same care worker – this was raised by social workers and service users
- Communication between home care providers, service users and other third parties needed to be improved – this was raised by social workers, service users and VCS organisations
- Management and administration within home care providers needed to be improved – this was raised by service users

3.3 Consultation stage

For this stage we decided to carry out three surveys (one for service users, one for carers and relatives, and one for care workers), to gather statistically significant data. The surveys were designed using the information gathered during the literature review and listening stages. Copies of the surveys can be found in a separate document ‘Spotlight on home care surveys – appendix 2’.

The surveys were shared prior to launch with the following organisations/groups for comment:

- Service user survey – Elders Council of Newcastle (health and social care working group) and Newcastle City Council
- Carers and relatives survey – Newcastle Carers and Newcastle City Council
- Care worker survey – Newcastle City Council

Any comments we received were taken into account and the three surveys launched on 30 October 2015 on our website and via social media.

To maximise the number of responses received we:

- Engaged with Newcastle City Council to organise a direct mailing to service users and carers, and to encourage the five providers to engage with the care worker survey (see below)
- Worked with Unison and Unite to promote our care worker survey
- Ensured the surveys were promoted in numerous VCS newsletters and e-bulletins

Direct mailing to service users and informal carers via Newcastle City Council



Newcastle City Council was planning to send out its own adult social care statutory survey at around the same time as our research. To avoid numerous service users and carers receiving two surveys from different organisations, the sample was shared between Healthwatch Newcastle and Newcastle City Council so both surveys could still run.

The total number of home care service users, and their carers and relatives, at the time the sample was drawn for the mailing was 1,953 service users and 1,181 carers and relatives. To split the sample, Newcastle City Council randomly selected service users for its statutory survey (a total of 577 service users and 272 carers). This left 1,376 service users

and 909 carers and relatives that we could survey. The surveys were prepared for mailing and passed onto Newcastle City Council to address and send out. This ensured that we did not get access to the names and contact details of service users and their carers and relatives.

Data entry and quality assurance test

Any paper surveys received were entered into SurveyMonkey (a web based survey tool) by a staff member and four Healthwatch Champions (volunteers). To check the accuracy of data entry, a 10% sample for each survey type was drawn and checked by another staff member and found to be of high standard.

Survey response

We received a good response to the survey, with a total of 363 respondents. This included 199 service users, 124 carers and relatives, and 40 care workers. The table below shows how these responses were broken down by provider:

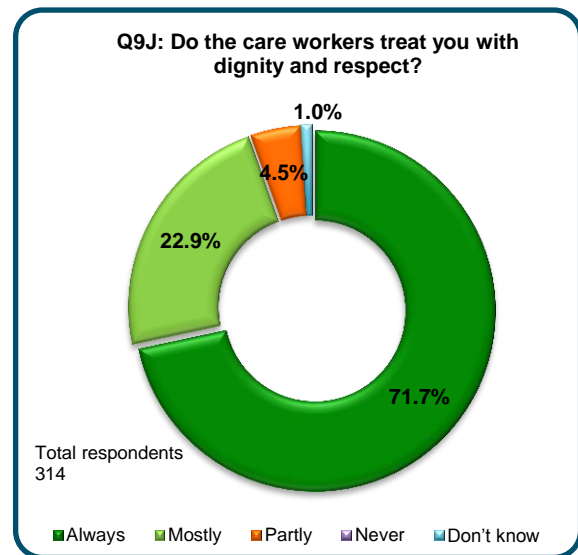
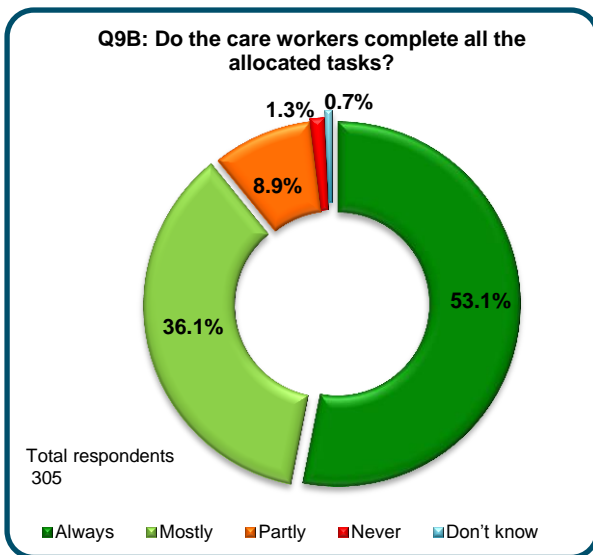
Provider	Service user survey	Carer and relative survey	Care worker survey	Total
Allied Healthcare	36	16	0	52
Careline	49	39	4	92
Carewatch	30	19	0	49
CASA (Care and Share Associates)	24	20	3	47
St Anthony of Padua	24	14	0	38
Other	35	15	33	83
Provider field empty in survey	1	1	0	2
Total	199	124	40	363
Total surveys sent out	1376	909	na	na
Response rate	14.5%	13.6%	na	na

We were pleased to have gained a large enough sample size, from a seldom heard group of service users, carers and relatives, to enable statistical testing for significance with the results and subsets.



In the case of the care worker survey, 82.5% of the respondents were not employees of the five framework providers, thereby limiting the comparative analysis we have been able to undertake.

The percentage of service users, carers and relatives, who said that all allocated tasks were completed, and that they were treated with dignity and respect, was also very high. As shown below, 89% said ‘always’ or ‘mostly’ when asked if their care workers completed all their allocated tasks; this number increased to over 94% when asked if their home care workers treated them with dignity and respect.



Care worker comments complemented those of service users, carers and relatives, with 91.6% of workers saying they were ‘very satisfied’ or ‘satisfied’ with the quality of care the service offered. This rose to 94.4% when asked if the service is person-centred and flexible to service user needs.

Here is a small sample of comments from the survey which were representative of the overall tone:

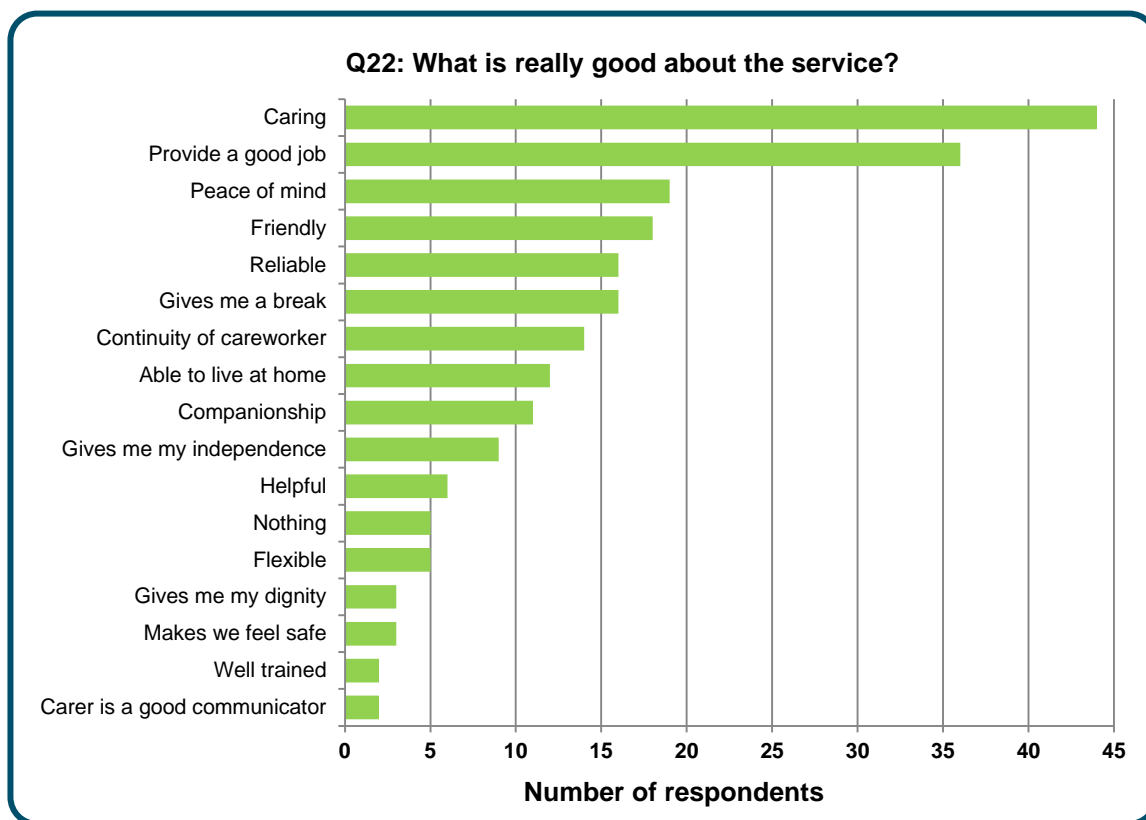
“Very friendly, very efficient and well trained. She is a credit to the company.”

“The regular small group of care workers provide a fantastic service. They are caring and professional with a chat as well. Don't make me feel I've lost my dignity.”

“I feel I can go out during the carer visit. I am in the knowledge that my husband will be well looked after, and this is very reassuring.”

4.2 Best attributes of the service

Service users, carers and relatives were asked the open question “what is really good about the service you receive?” The graph below shows comparative popularity by grouping people’s responses thematically.



Here is a small sample of some of the comments:

“The care workers really do care... they take the time to check everything is alright.”

“They really understand and they are really good at confidence building.”

“Helps live life better - release pressure.”

“Carers are mainly wonderful professional people.”

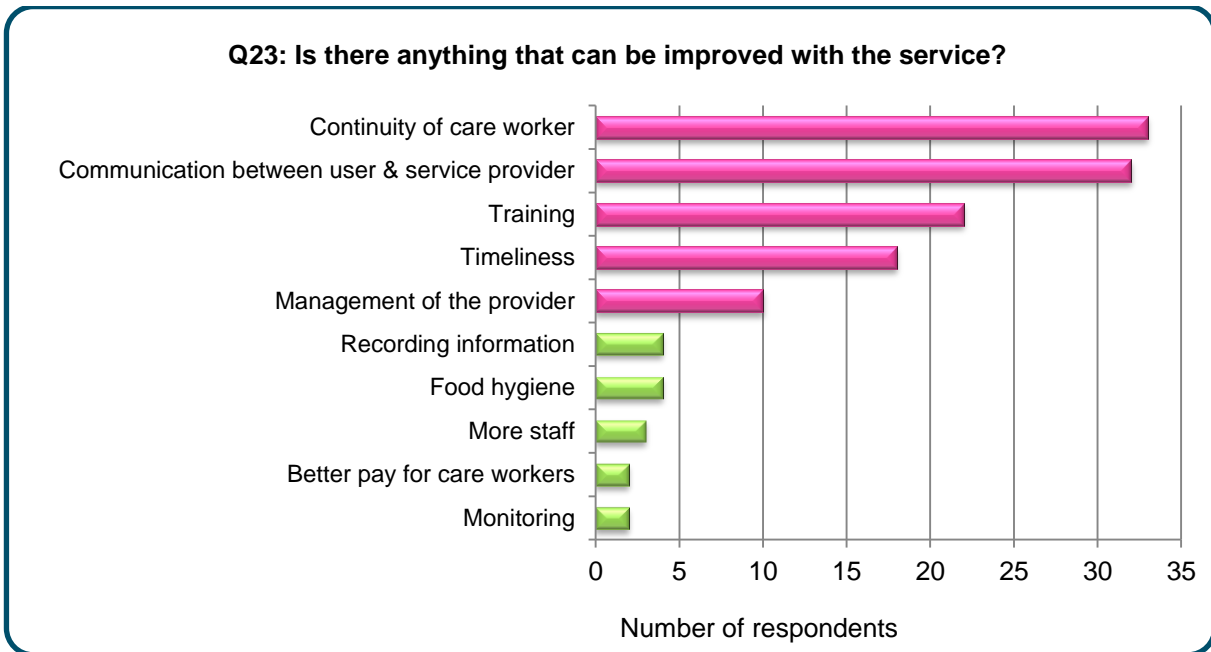
“Knowing someone is checking I am safe, particularly in the evening and doors locked.”

“Very friendly and they care.”



4.3 Areas for improvement

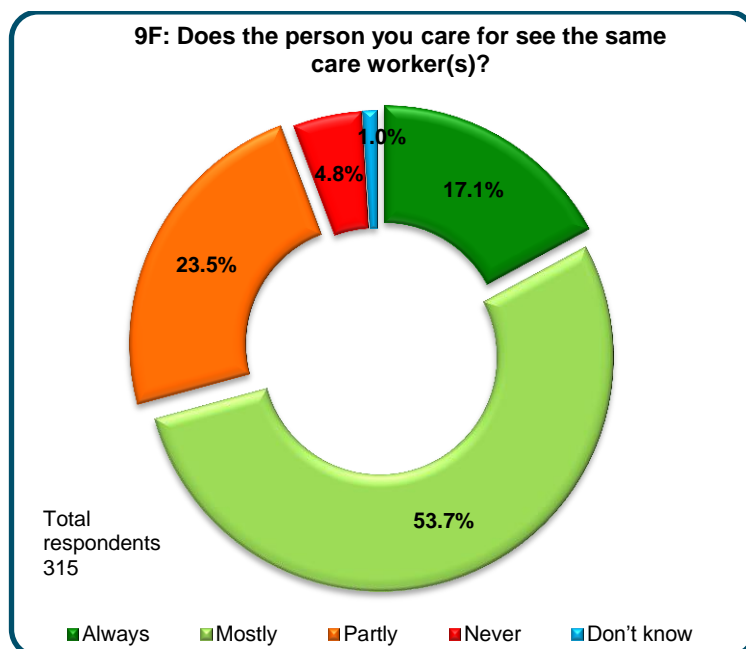
We asked users, carers and relatives an open question about suggested improvements in the service. The figure below illustrates the most important themes respondents raised:



We have looked in depth into the top five areas for improvement in order of importance:

1. Continuity of care worker

Respondents were very clear that continuity of care worker was their most important concern, as well as the most important issue they wanted to see improved. Whilst the figure below shows that just under 71% of service users, carers and relatives said they ‘always’ or ‘mostly’ see the same care worker, this was one of the lowest scoring questions in the survey. It highlights that over 28% of service users who responded to the survey ‘partly’ or ‘never’ had a regular carer.



Respondents were very vocal in open questions about the benefits of having continuity of care worker, and the many problems associated with having different care workers. People appreciated the trust, understanding of physical and emotional needs, and the companionship a routine care worker brought to their lives.

Respondents raised problems associated with having many different care workers coming to their home, including:

- Care workers lacking knowledge about their physical and emotional needs, including medicine regime
- Care workers only doing the essential tasks without tailoring them to the individual
- Anxiety to service users when having many new faces in their home
- Hindering the development of a relationship in order to build trust and rapport

It is important to state that those living with dementia found it more difficult to cope with a change of care worker, with several examples given of service users who did not want to get out of bed with strangers present.

Below is a sample of some representative comments made about continuity of care worker:

“Mam often refuses to get out of bed if she doesn't know the person being sent. I therefore have to get a taxi in order to go to get her up and dressed. We have made repeated requests for continuity of care worker but have failed in this respect.”

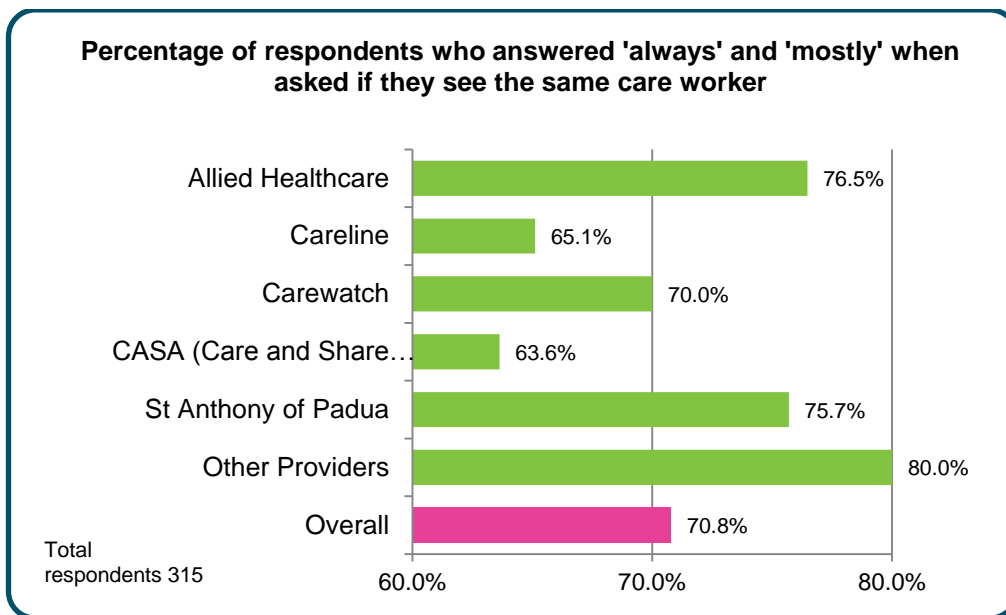
“Wish the same care worker came all the time.”

“Concern that mum has had many different carers. She needs to build a relationship with them.”

“It is very distressing to my sister when she keeps getting all these different people in her home as she has to tell them what to do and they say she is not on anybody's list yet.”

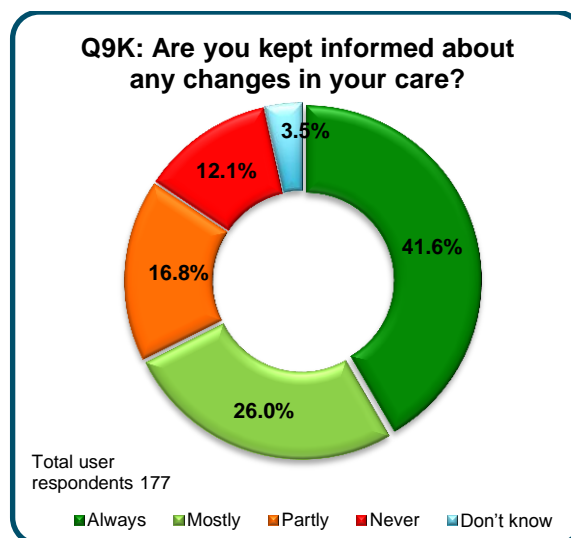
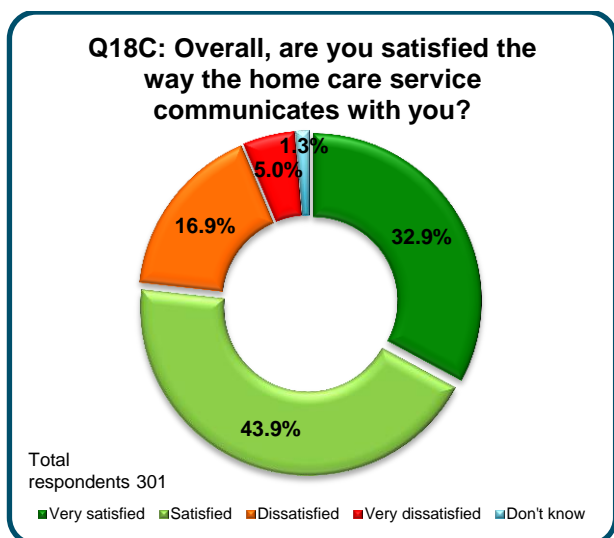
“There are different care workers at times who do not know dad and don't know what to do. At 95 years old need carers he knows and can trust and feel safe with. Have needed to withdraw one carer who dad felt anxious about and he was constantly rushed.”

The satisfaction results varied significantly between home care providers, with a range of 63.6% to 80% of respondents saying that they had a regular care worker 'always' or 'mostly'. This is illustrated in the figure below:



2. Communication between user and service provider

Service users, carers and relatives reported some of the lowest satisfaction scores around how the care provider communicated with them. As you can see in the figure below, just under 77% reported being 'very satisfied' or 'satisfied' with how the provider communicated with them. This dropped to 67% who responded 'always' or 'mostly' when asked if they were kept informed about changes in their care.



The three main themes related to communication that service users wanted, were to:

1. Be informed when care workers are to be late
2. Know when an alternative care worker is coming
3. Receive adequate responses when making requests to the provider's office

These testimonies illustrate the issues:

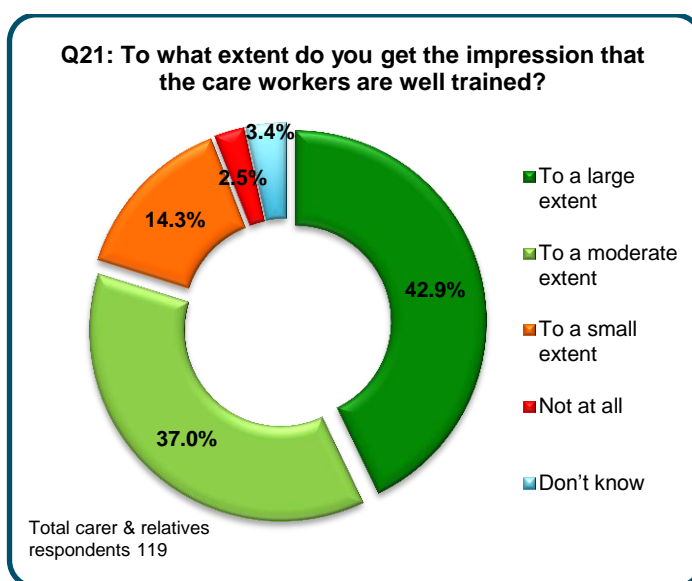
“In the last month we have had eight occasions when a care worker has not attended and only two calls to advise us this was happening.”

“Shocking communication from the office - they never ring back.”

“When messages are given to the office staff they are not passed on. Fob off with excuses.”

3. Training

Almost four in five carers and relatives said they had the impression that the care workers were well trained ‘to a large extent’ or ‘a moderate extent’.

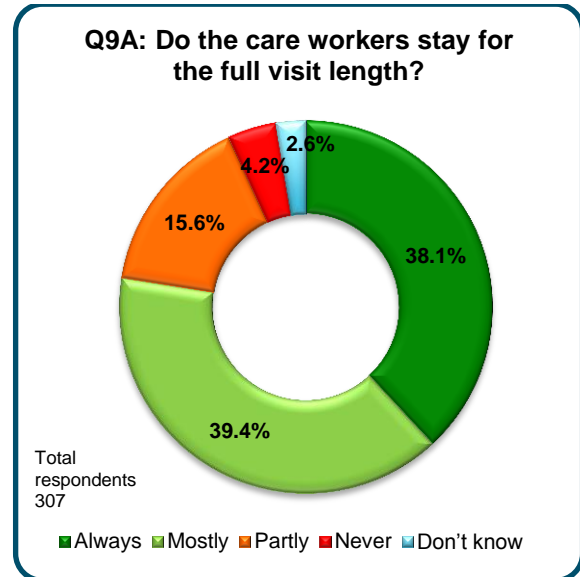
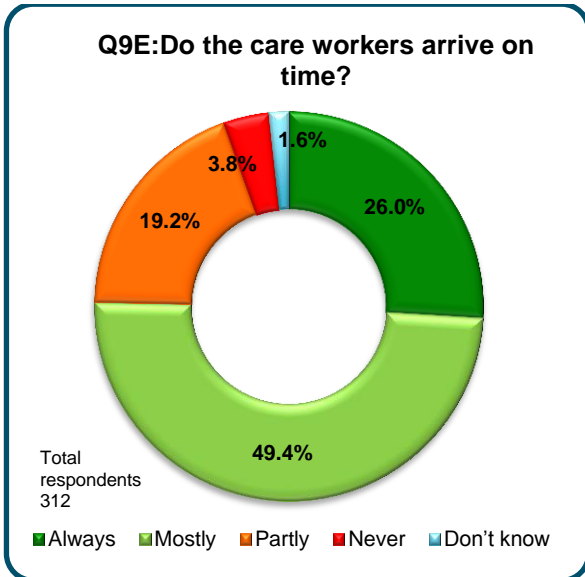


Only general comments were received about the need to improve training. No specific training needs were mentioned other than focus on new staff.

Over 80% of care workers who responded had received training. The two most common training courses were in moving and handling and safeguarding adults. The least common training courses were in cultural awareness and disability awareness. Eighty six per cent of care workers report that they have been out with a ‘buddy’ before conducting care visits alone.

4. Timeliness

Service users, carers and relatives scored punctuality and timeliness moderately. The figures below show that care workers ‘always’ or ‘mostly’ arrived on time 75% of the time, and 77% said that the care worker ‘always’ or ‘mostly’ stayed for the full length of their visit. Only 26% of respondents said their care worker ‘always’ arrived on time. Only 38% said workers ‘always’ stayed for the full length of the planned visit.



Strong feelings were expressed in the response to the open questions related to punctuality and short visits. The comments illustrated how lateness and short visits were connected, with many comments about overstretched care workers, with too little time to travel between visits. It highlighted the impact on the care that these short or late visits caused, and the anxiety and stress this caused service users.

Home care workers also reported low scores for punctuality and task completion, with less than half (45%) saying they 'always' arrived on time, 65% saying they 'always' stayed for the full visit, and 62.5% saying they 'always' completed the tasks. Twenty four per cent of care workers also said that their rotas were changed with little notice 'always' or 'mostly', with over 10% saying their rotas were 'never' achievable.

Here is a sample of open comments received in the surveys, and through testimonies from users, carers and relatives who requested a call back from us:

“Supposed to be 30 mins and been 10, 12, 13 minutes – regularly under.”

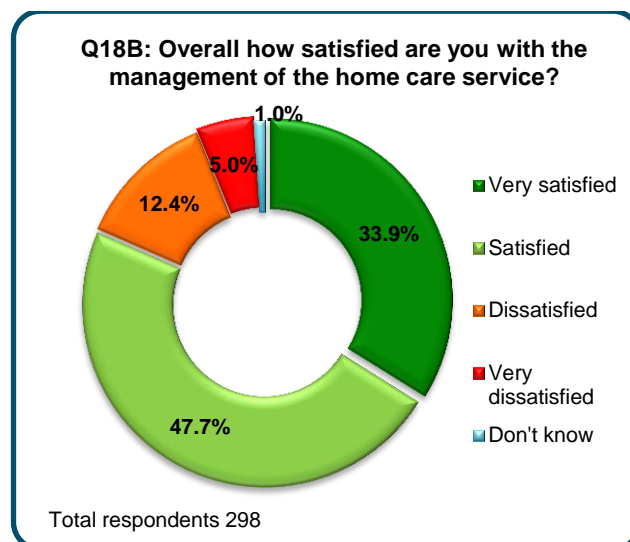
“Care workers can be 1 to 2 hours late. It upsets my mum.”

“Getting anxious if they don't turn up on time as they haven't arrived at all in the past.”

“The care workers arrive 30 mins early or late. This is in no way their fault as their schedules show that they have been given the wrong time.”

5. Management of the service

The figure below shows that over 81% of respondents said they were 'very satisfied' or 'satisfied' with the overall management of their provider. However, there was a wide range of satisfaction scores between home care providers from 65% to 91% (see the 'Survey results by provider' figure on page 22 for more details).



A number of people expressed a low opinion of the management and support staff. This related to areas of:

- Responsiveness to requests and queries
- Organisation
- Pressuring care workers and not looking after their staff
- Poor communication with service users regarding changes to their care

These testimonies highlight some of the views expressed:

“I lost confidence in the provider’s office staff when I found out that no-one had checked their messages.”

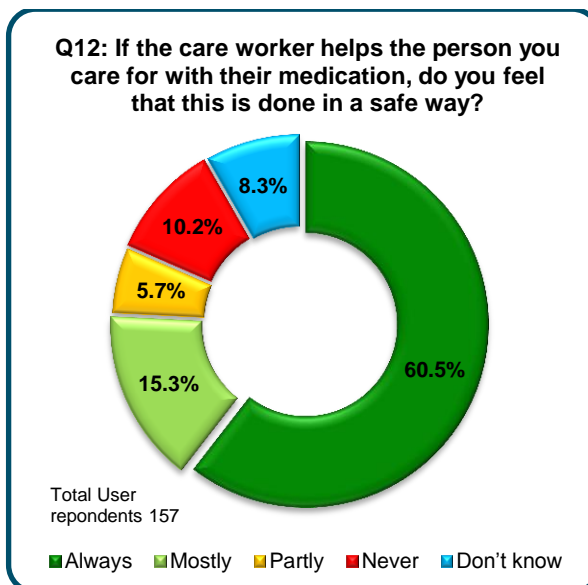
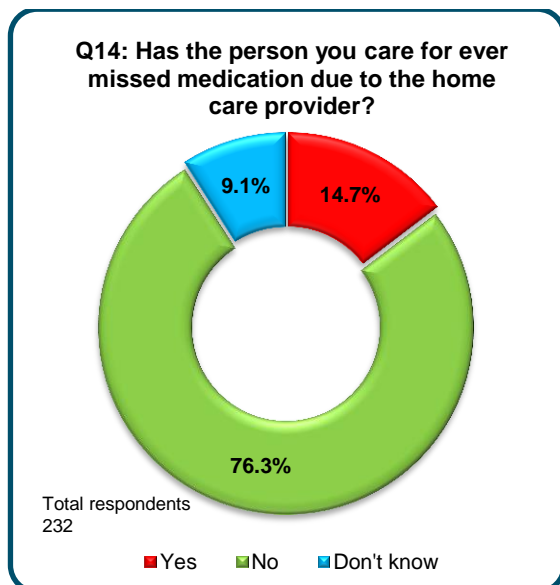
“The office staff seems to be disorganised with little consideration for the care workers who call on me. Normal work days are very long for the care worker and those who walk are exhausted by the end of their shift.”

“Quality of care workers is usually very good. The organisation in the office is bordering on dangerous at times. We are supposed (agreed at safeguarding) to have a core team of six designated carers but since January 2014, core team reduced. No core team carers available to do mothers calls – dire, dangerous, disgraceful!”

4.4 Other areas of concern: medicine management and complaints handling

Medicine management

Respondents raised concerns about the management of medicines. The figure below highlights a high proportion of respondents who were experiencing difficulties with medicine management. One in seven respondents stated that medication had been missed due to the home care provider, and one in six service users said that they ‘never’ or ‘partly’ felt that the care worker helped them with their medicine in a safe way.



Ninety two per cent of care workers who responded had received medicine management training - one of the highest levels of training areas. Care workers did not raise medicine management as an issue in their open questions about areas for improvement.

The comments on medicine management showed that errors were occurring, causing worry and concern. The sample of comments below illustrates the range of issues that were occurring.

“Wrong medication has been given. Medication is given at wrong time. Medication missed.”

“We had a problem when care worker gave medication at wrong time – had to go to safeguarding.”

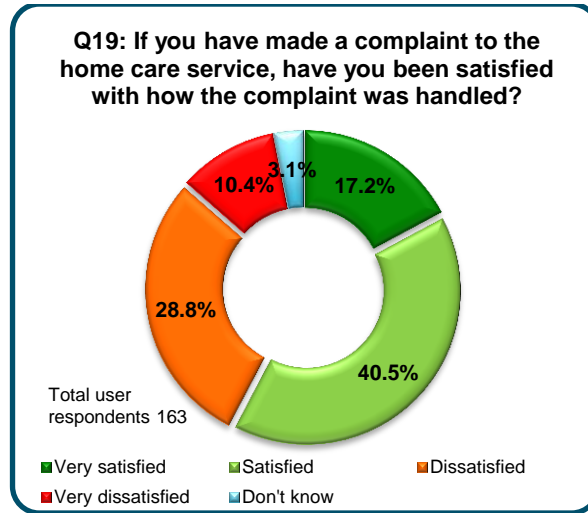
“Medication is in a Medipack and given all at once with no regard to instructions. A GP visit is sometimes requested by the care workers but prescriptions are not followed up. I would be concerned about going away for more than a few days at a time.”

“If they miss my meds no reason or apology is given, so gives the impression of not being bothered.”

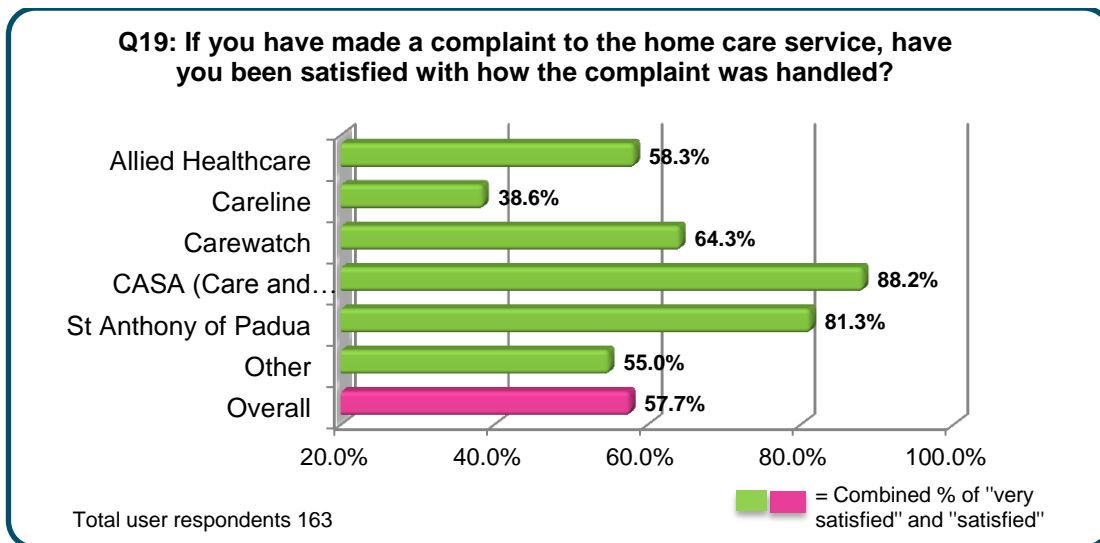
“Worryingly care workers have even given night medication in the morning or vice versa or morning medication twice or night medication twice.”

Complaints handling

Service user respondents gave complaints handling the lowest satisfaction score in the survey. The figure below shows that only 57.7% said they were 'very satisfied' or 'satisfied' in how complaints were handled.



What was particularly noticeable was the wide range of satisfaction levels depending on which provider they were using. As the graph below shows, the range was from 38.6% to 88.2% across the five framework providers.



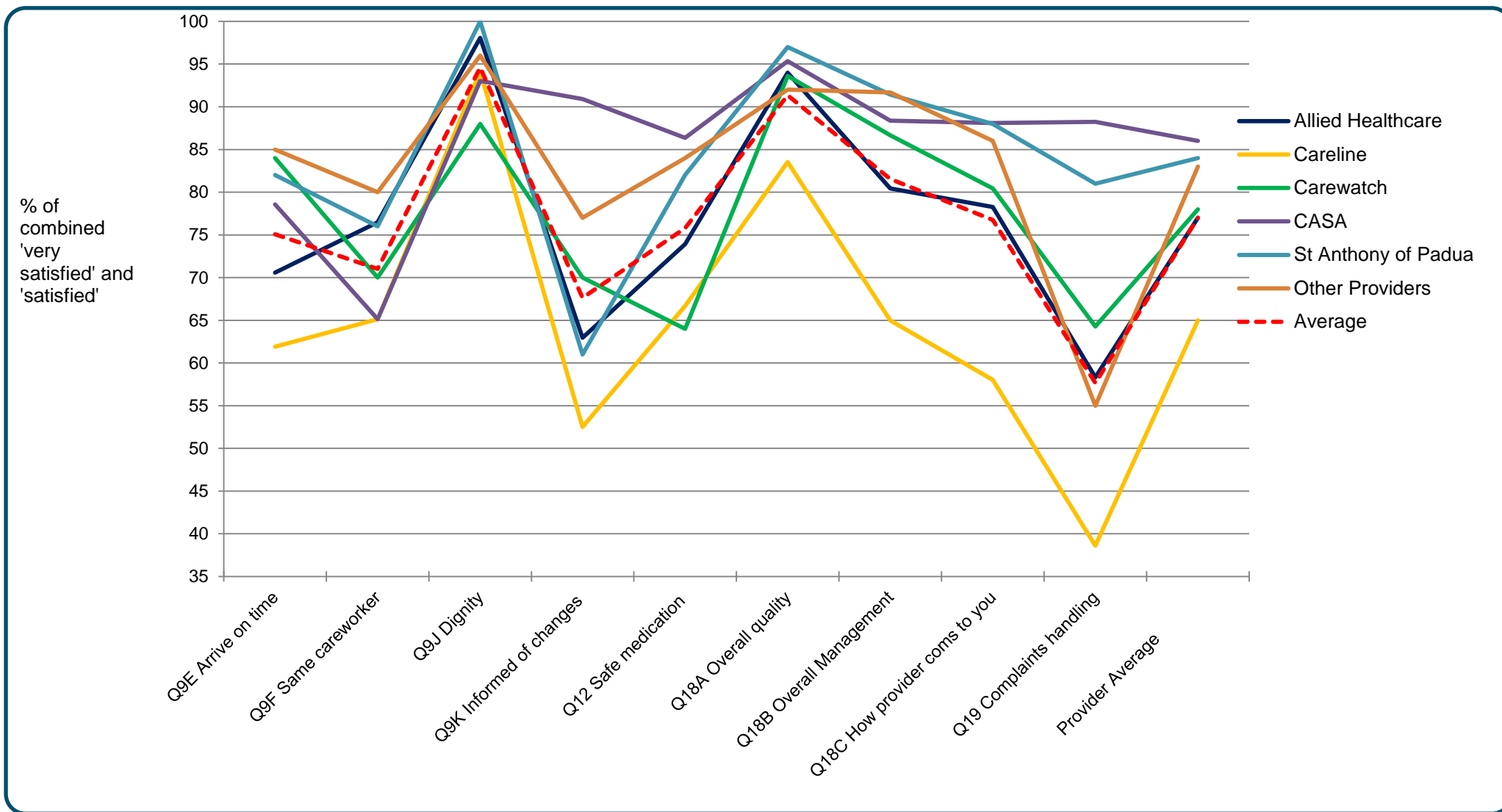
There were few comments specifically about the complaints procedure, as respondents focussed on particular problem topics. The two comments below reflect the common themes:

“When speaking to the management of the care provider, the blame was shifted back to the family. We are very upset that this is their way of tackling complaints. If we had a choice we would change providers.”

“When speaking to management of the care provider they do not apologise or own up to their mistakes, it also took some time before they learnt that they can improve their service by contacting family for concerns of any nature. They had to take advice from us that phoning family is an option.”

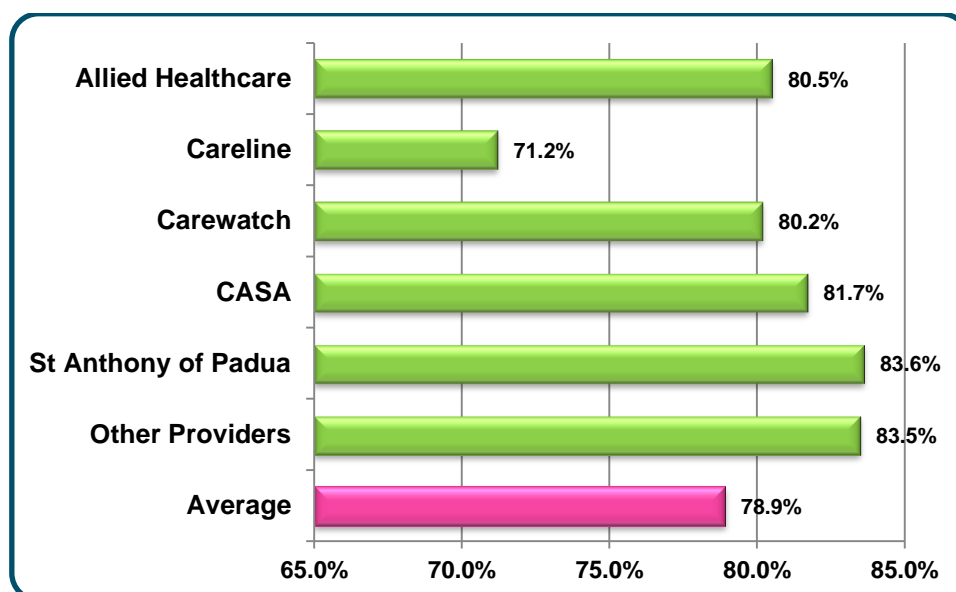
4.5 Survey results by provider

There were some significant differences between the results among the five providers in Newcastle. This figure summarises the results of nine of the most important¹⁴ structured questions from service users, carers and relatives to illustrate the significant variances between the providers.



¹⁴ These nine questions were selected based on a judgement of the most pertinent questions to the respondents, based on open question responses

The graph below shows the overall average by home care provider for all the quantitative questions in the survey¹⁵. The number represents the mean percentage when combining all the 'very satisfied' and 'satisfied' answers. Four of the five service providers averaged between 80-84%, with St Anthony of Padua having the highest satisfaction figure of 83.6%. Careline averaged the lowest figure with 71.2%, significantly¹⁶ behind the other four framework providers.



5 Key issues to consider

Service users, carers and relatives offered some clear opinions about the home care service provided in Newcastle. The key issues from the survey related to:

1. Overall quality of care
2. Continuity of care worker
3. Medicine safety
4. Communication between service user and service provider
5. Timeliness of care workers
6. Complaints handling
7. Management and administration of service providers

These seven issues are discussed in more detail below.

5.1 Very good overall quality of care

Overall service users, carers and relatives reported high levels of satisfaction with the quality of care of home care services offered in Newcastle. This was reflected in the satisfaction

¹⁵ Two questions were not included because they had a different format for satisfaction, which would distort the trend shown in this graph (questions Q18B and Q14)

¹⁶ A two-tailed significance T-test of the mean of satisfactions values was conducted comparing the values from the lowest scoring provider (Careline) and the second lowest (Carewatch), which showed there was an extremely significant difference in the mean values. This was calculated by giving a numerical value to all closed questions related to satisfaction, (with the exception of three negatively answered questions - 9H, 14 and 18B). 'Highly satisfied' was given the low value of 1, 'satisfied' 2, 'dissatisfied' 3 and 'very dissatisfied' 4. Careline had a mean value of 1.9651, standard deviation of 0.8894 and sample size of 1175; Carewatch had a mean value of 1.7196, SD of 0.8081 and sample size of 667. For equal variance gave a pooled standard deviation of 0.8609, a pooled degrees of freedom of 1840, and using a 95% confidence interval of (0.1659, 0.3251) gave a T-value of 5.8821. The two-tailed P value is less than 0.0001. By conventional criteria, this difference is considered to be extremely statistically significant. Calculation was conducted using Usablestats.com t-test calculator.

scores, as well as the comments made regarding the overall service. There was almost unanimous praise for the home care workers themselves, with comments describing how hard they worked, their professionalism and their caring, positive and respectful manner in which they conducted their work.

Service users, carers and relatives expressed how much they valued the home care service. The service enabled users to live independently in their home with dignity, and for relatives and carers, this provided important support and peace of mind. The comments below summarise these sentiments:

“Keeps me living independently at home.”

“Not made to feel that I’ve lost my dignity.”

“It gives me peace of mind that she is ok each morning and night. If not they call me.”

These findings align with the CQC report ‘Not just a number: home care inspection programme - national overview’ published in 2013, and local CQC inspections of the home care providers.

5.2 The need for continuity of care workers

One of the first recommendations made in the most recent home care guidance from NICE¹⁷ relates to the continuity of care worker:

1.1.4 Prioritise continuity of care by ensuring the person is supported by the same home care worker(s) so they can become familiar with them.



In our survey we discovered that many service users don't have a regular care worker. When service users and relative and carers were asked if they received care from the same care worker, under 71% of the 315 respondents answered 'always' or 'mostly', which was among our lowest scoring questions. This equated to a concerning 28% of respondents who said they either 'never' or 'partly' had the same care worker.

The need for continuity of a care worker was the number one issue raised for service improvement in this survey.

It was also the issue that service users, carers and relatives felt most strongly about in open questions and structured interviews. They expressed how fundamentally important it was to have a regular care worker, and that many of them were really struggling without one.

¹⁷ NICE - Home care: delivering personal care and practical support to older people living in their own homes - September 2015

Respondents expressed the extensive consequences of a lack of continuity of care worker. It inhibited a good understanding of the service user's needs, and frustrated the development of trust and rapport. Most worryingly, it hindered basic essential tasks being carried out safely or correctly, as time pressures can prevent care plans from being read. In addition to the impact on physical care, the change caused stress and anxiety in an elderly population that often needs routine and stability. For those with dementia, the emotional impact of often large numbers of different care workers coming to their home was further amplified.

From the views of the respondents to this survey, the single most important way to improve the home care service in Newcastle is to prioritise and improve the continuity of care worker, in line with the most recent NICE guidance.

5.3 Improved medicine safety

This is a vitally important task that home care workers provide to service users. It can also be a challenging task as some service users have complex medical needs and treatment regimes. It is of course a task that has to be conducted correctly, to avoid the obvious dangers that errors can cause.

Our survey showed that a large number of errors were being reported by service users, carers and relatives. One in seven respondents said they had experienced medication being missed due to the home care provider, and one in six respondents said the provision of medication was either 'partly' or 'never' safe. These findings from service users, carers and relatives align with the most recent CQC inspections where some of the home care providers were not managing medicines effectively.



Due to the importance of this issue, we ask that home care providers and Newcastle City Council look at ways to improve procedures so that the very highest standards of medicine management are assured every time, following the latest NICE guidance:

- 1.3.16 Write any medicines management requirements into the home care plan including:
- the purpose of, and information on, medicines
 - the importance of dosage and timing, and implications of non-adherence
 - the details of who to contact in the case of any concerns.

It was interesting to note that home care worker respondents did not raise medicine management as an area for improvement, and that nearly all had conducted medicine management training.

In this regard, it is important to better understand the causes of lapses in medicine management so that improvements can be made. There have been different explanations offered in this survey – lack of continuity of care worker, rushed visits, different or better training – but which is more important to address requires investigation.

5.4 Improved communication between user and service provider

This was the second most requested improvement by service users, relatives and carers. It was an issue linked to the continuity of care workers, as well as punctuality. The principle

issue here was that changes to arrival time, or changes of carer, were not communicated to the service user, relative and carer as effectively as they would wish.

If the home care provider made a call to inform about a change this would make a significant increase in service user satisfaction. Many recipients of home care services seek routine in their lives, and struggle with the uncertainty that changes bring. Home care providers should be sensitive to this when changes to a rota are required and make every effort to inform the user, to reduce the anxiety that changes bring.

5.5 Care workers are stretched and often struggle to keep to time

There was a perception among service users', relatives' and carers' responses that many care workers:

- Were given rotas putting them under pressure with little time between visits
- Were therefore commonly running late, which means they are often rushing to complete their tasks
- Stayed for shorter than the allocated time
- In some cases didn't complete the tasks

Only 26% of the 312 respondents said their care worker 'always' arrived on time and linked to this only 38% said they 'always' stayed for the full length of their visit. These were low numbers. It was also often stated that being so hurried inhibited the building of relationships and being a companion to the service user. Some service users, relatives and carers also stated that time pressures were causing corners to be cut with documentation.

To ensure quality of service and that visit times are respected we ask that Newcastle City Council considers providing clear expectations on punctuality and monitors missed visits, as proposed by the latest NICE guidance:

1.4.14 Ensure monitoring of missed and late visits is embedded in your quality assurance system and discussed at contract monitoring meetings.

Although care worker responses were mostly received from staff working with organisations outside the five framework providers, they supported the above view: two thirds were working over 35 hours per week, and one fifth said their rota was not achievable. It suggests that providers need to ensure that there are adequate staffing levels to prevent care workers from being overburdened and over-stretched, as this is detrimental to the quality of service they offer.

The latest NICE guidance is very helpful on this issue:

1.4.1 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 to 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 services.

1.4.2 Home care visits shorter than half an hour should be made only if:

- 1) the home care worker is known to the person, and
- 2) the visit is part of a wider package of support, and
- 3) allows enough time to complete specific, time limited tasks or to check if someone is safe and well.

5.6 Some home care providers should review their complaints handling

Complaints handling had the lowest satisfaction rating overall, as well as the most variance in satisfaction between providers. Three of the providers had low satisfaction levels.

A well-functioning complaints procedure is an important aspect of the service, for both the service user to address problems, and for the provider to continuously improve the service they deliver. The process needs to be as simple and clear as possible, and give a timely, clear and honest response. The latest NICE guidance specifies the following:

1.4.5 Ensure there is a complaints procedure in place. Tell people about how they can make a complaint either in writing or in person.

1.4.6 Make the complaints procedure available on your website and in other ways appropriate to people using the service and their carers. Give information about escalating complaints (to the commissioning body and Ombudsman) or ensure this information is readily available.

We believe there is an opportunity for best practice to be adopted from NICE guidance and from the high-performing providers, to support those providers that require improvement.

5.7 Concerns with home care service management

Despite very high overall satisfaction scores, and very positive feedback about the care workers, there were many negative comments relating to the management and administration of the home care providers. Many respondents praised their care worker and showed sympathy for them 'doing their best in difficult circumstances', but had a very negative view of providers' back office support. This common view of the management and administration linked a number of issues together:

- The view of the service users, carers and relatives, and the care workers themselves; that the care workers were commonly late, which often meant they did not stay the full length of their visit
- That care workers were overworked, with too little time allocated between visits
- That the management and administration did not show the same care, respect and friendliness that the care workers did
- The lack of continuity of care workers, and the poor communication of changes, gave the impression that the management and administration team was overwhelmed or disorganised
- The low satisfaction scores of some providers with their complaints procedure
- Some service users mentioned that they believed home care workers were underpaid and pressured to work too hard by the providers
- Two thirds of care workers who responded were working over 35 hours per week and that a fifth said their rota was not achievable¹⁸

It was clear from the responses that service users had sympathy for the strain the home care system is under to deliver a quality service, within a challenging funding and human resources environment. However, improvements in timely, friendly and respectful communication could make a significant improvement in how management and administration teams are perceived.

5.8 Linkages between the issues for improvement

Many of the above issues for improvement are linked. The lack of a regular care worker increases the risk of errors occurring in medicine management. The lack of punctuality increases the risk of all tasks not being completed, including safe medicine management.

¹⁸ Although the vast majority of the care workers surveyed were not among the five providers, we make an assumption that the same pattern exists for all the providers

6. Recommendations

6.1 Continuity of care worker

1. Newcastle City Council's 2016 home care service contract emphasises the importance and priority of continuity of the care worker, in line with recent NICE guidance. We recommend a quantitative performance indicator to monitor the continuity of care workers. We ask that special consideration is given to the needs of those with dementia.
2. Home care providers to find solutions to increase the continuity of care worker, as well as improve the number of service users that have a regular backup care worker who is familiar with their needs. We also recommend that the particular needs of those with dementia are prioritised due to the increased negative impact for these service users.

6.2 Medicine management

3. Newcastle City Council's 2016 home care service contract follows the latest NICE guidance and includes robust performance indicators for medicine safety within regular contract monitoring.
4. Newcastle City Council's 2016 home care service contract stipulates that:
 - The causes of medicine management lapses will be investigated by the provider and procedures put in place to reduce their occurrence
 - All home care workers receive training on medicine safety, and are only allowed to conduct home care visits after this training
 - Inductions of new home care workers emphasise the importance of full compliance in medicine safety
 - Any provider management visits include close scrutiny of medicine safety
5. Home care providers encourage service users, relatives and carers to report lapses in correct medicine management; and act on any reported lapses.

6.3 Communication between provider and user

6. Newcastle City Council explores the feasibility of including a quantitative performance indicator to monitor that changes in care worker, or changes in visit arrival times are communicated to service users.

6.4 Complaints procedure

7. Newcastle City Council's 2016 home care service contract includes a performance indicator related to complaints handling.
8. Newcastle City Council facilitates the sharing of best practice on complaints handling to ensure all providers meet minimal standards.

6.5 Sufficient time for visits

9. Newcastle City Council's 2016 home care service contract includes articles 1.4.1 and 1.4.2 of the latest NICE guidance, which relate to time allocated for home care visits.
10. The new home care service by Newcastle City Council in 2016 embeds monitoring of missed and late visits in the quality assurance system, in line with the latest NICE guidance.

7. Acknowledgements

We would like to thank the following individuals and organisations for their help and support with this research:

- Age UK
- Dementia Care
- Elders Council of Newcastle
- Lesley Freeman
- Barrie Gleghorn
- Healthwatch Bradford
- Susan Hrisos
- Newcastle Carers
- Newcastle City Council
- Helen Rice
- Violet Rook
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