

# **Domiciliary Care Services in Halton**

## *What people told us about their experiences*

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Report published 24 October 2019



## **Acknowledgements**

Healthwatch Halton would like to thank everyone who took the time to give us their views for this project.

We appreciate the support we have received from Halton Borough Council in ensuring the survey reached as many users of the service as possible.

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## About us

Healthwatch Halton is the independent champion for people who use health and social care services in Halton. We exist to ensure that people are at the heart of care.

We help people find the information they need about services. We also go out and speak to local people about what they think of local care, and share what people like and what could be improved with those running services.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

Our sole purpose is to help make care better for people.

## Introduction & Background

Late in 2016, Healthwatch Halton undertook a project to gather the views of people using Home Care Services (Domiciliary Care) in Halton. Over 140 people took part and gave their experiences of Home Care Services in Halton. The report 'Home Care - Who Cares?'<sup>1</sup> made a number of recommendations and observations based upon the National Institute for Health & Care Excellence (NICE) quality standard (QS123) for home care services, which is concerned with people aged over 65 and under 65 with complex needs who are using home care services.<sup>2</sup>

The report found that whilst the vast majority of service users were satisfied with their care, there were some issues around:

- Continuity of care
- Time keeping and length of visits
- Care plan reviews
- Complaints and concerns handling
- Supervision and staff training

The report also highlighted that a significant percentage of clients had not been given independent information on direct payments.

The local authority responded to the report stating:

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<sup>1</sup> <https://healthwatchhalton.co.uk/download/home-care-who-cares/>

<sup>2</sup> <https://www.nice.org.uk/Guidance/QS123>

*“We very much welcome the report from Healthwatch Halton on Domiciliary Care within Halton. The provision of high quality, effective Domiciliary Care services to our local community is a key priority for us and we were very pleased to see the many positive comments highlighted within the report.*

*However, we also acknowledge that there are areas for improvement, identified within the report, which Halton Borough Council, working with our partners and local providers, will be addressing over the coming months...”*

At the time of publication of the report, Halton Borough Council announced a review of the provision of domiciliary care services across the borough. Following the review, Halton Borough Council recommissioned home care services with the contract being awarded to one main provider.

As the commissioners of the new service had seen the report recommendations Healthwatch Halton were interested in how the new provider was performing against the issues the previous report had raised. Healthwatch Halton therefore set one of its workplan projects for 2018 /19, an evaluation of the new service provision. The revised project would again evaluate the service using the NICE quality standards, and consider what performance was like in relation to the recommendations made in 2016.

## **Methodology**

This project used a mixed methodology. A survey was developed that used mainly quantitative questions with opportunities for narrative to support the answers as necessary. The survey questions were based on the previous recommendations from the 2016 report in order to identify any performance against them. It was sent out by Halton Borough Council to people who were receiving Home Care Services as a paper survey with replies being sent directly to Healthwatch Halton.

Overall there were **129 responses** to the new survey. However, not all respondents to the survey answered every question and therefore, the percentages shown reflect a percentage of the respondents to the question rather than the survey as a whole.

The second part of the methodology was to develop case studies of the experiences of service users and their families so that a more qualitative set of data could be constructed. This data was contrived by carrying out telephone interviews with respondents who provided a name and contact telephone number. There were 30 respondents who said that they were willing to take part in further interviews but staff succeeded in contacting only nine. Not all of these interviews provided enough information to develop into a case study, but comments from them all have been used alongside the narrative from the surveys.

All of the data has been compiled by using thematic analysis

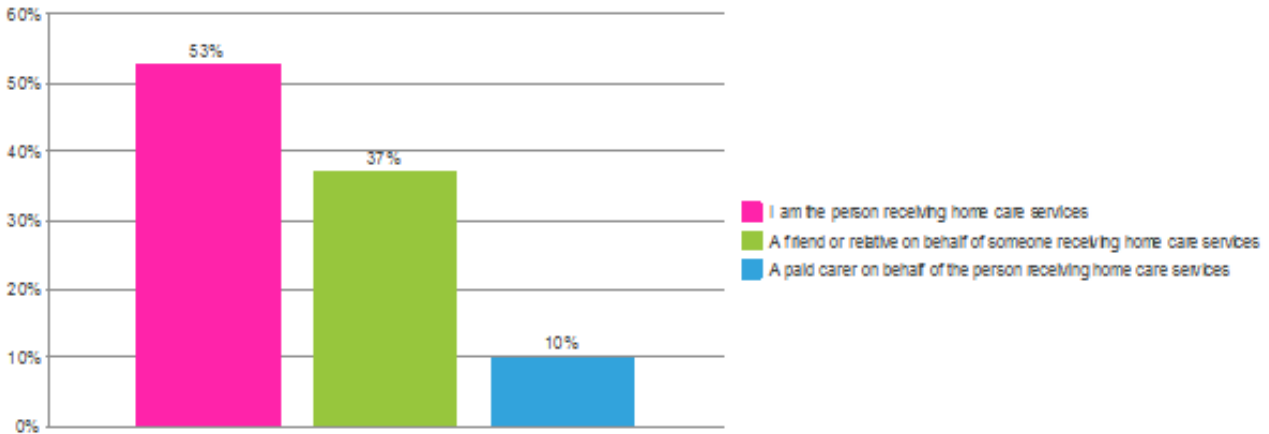
The methodology used and the number of responses received mean that the findings cannot be considered to be representative of all the service users receiving domiciliary care in Halton, but they present a snapshot view of the opinions and experiences of those who took part in the project.



# Survey results and findings

## Who took part in the survey?

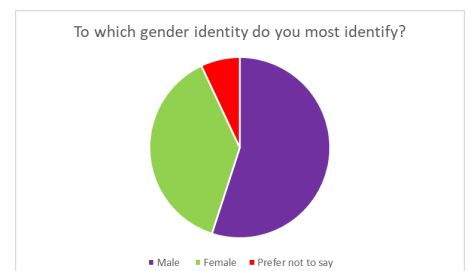
As the person completing this survey are you



53% of the respondents said that they were the person who was receiving home care services. 37% were a family member or friend of the person who was receiving home care services. 10% said that they were a paid carer who was filling in the survey on behalf of the person who was receiving home care.

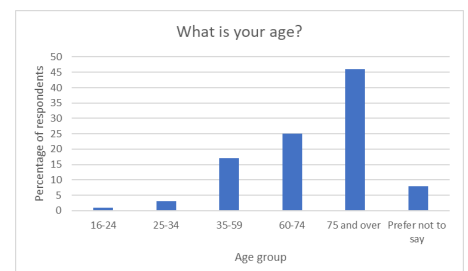
Respondents were also asked what gender they identified as.

The survey gave a range of options including transgender male and transgender female. However, respondents indicated that they were either male (55%); female (38%) or that they preferred not to say what gender they identified as (7%).



The highest percentage of respondents were aged over 75 with 46% of respondents indicating that they were over 75.

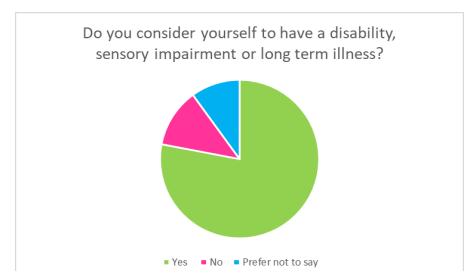
21% of respondents were aged under 60 and 25% were aged 60 to 74.



8% of respondents indicated that they preferred not to say what age bracket they fell into.

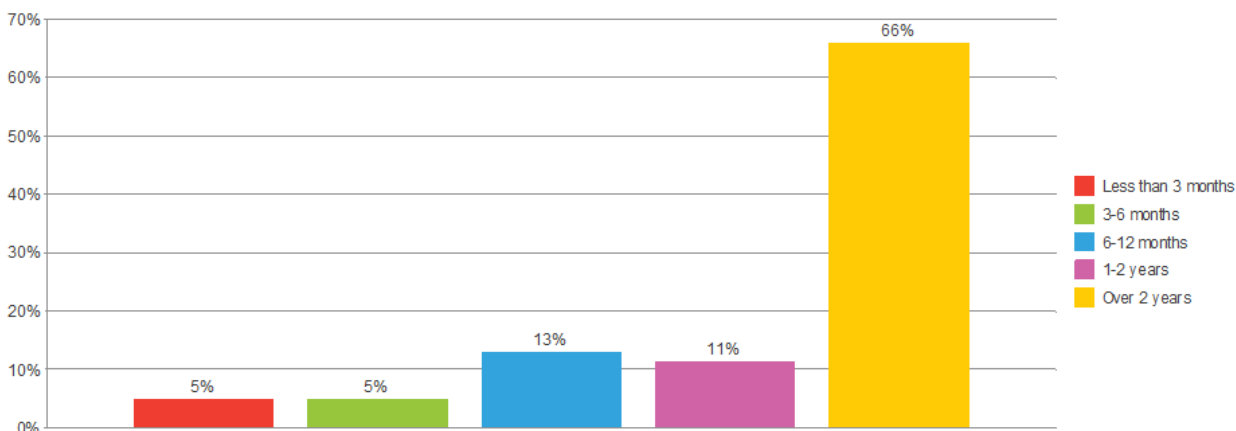
78% of respondents said that they considered themselves to have a disability, sensory impairment or long term illness.

10% of respondents preferred not to say.



## Length of time receiving care

How long have you been receiving home care services?



Respondents were asked how long they had been receiving home care services.

Two thirds (66%) said that they had been receiving home care services for more than two years. This meant that a majority of respondents have been receiving care since before the recommissioning of the service and would be able to comment on how things had changed as a result.

## Care providers

Respondents were asked an open question about who their care agency was. There were six respondents who didn't know who their provider was. The highest number of respondents (67) said that their provider was **'Premier Care'** and another seven said that Halton Borough Council provided their care. Halton Borough Council do not provide a direct service and care is contracted with Premier Care as a prime contractor. Therefore, those seven respondents have care provided by Premier Care or the agencies that they subcontract to. **'I Care Runcorn'** were the provider for ten respondents; and **Community Integrated Care** were the provider for five respondents. Six respondents said that they employed Personal Assistants through direct payments.

There were a range of other providers where there were smaller numbers of respondents who indicated that their care was provided by them.

The vast majority of respondents were clear on who their care was provided by. This is an improvement on the same question in the 2016 survey.

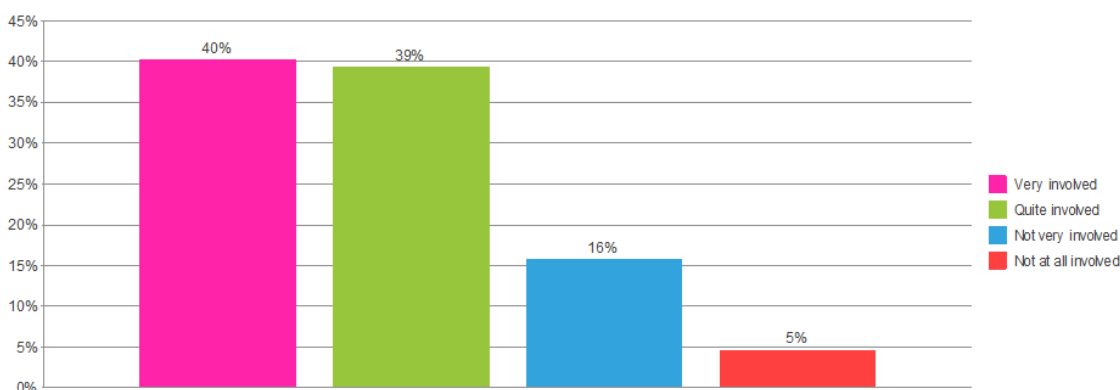


## Involvement in decision making

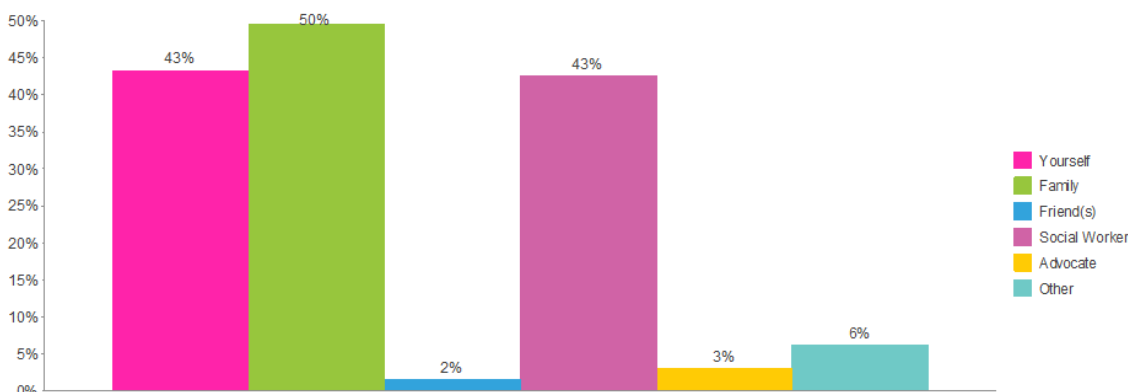
NICE QS 123, Quality Statement 1 is concerned with person-centred planning and the need for service users to have a say in their own care.

79% of respondents said that they had either been very involved or quite involved in deciding what care they needed, with 16% saying that they were not very involved and 5% were not at all involved.

How involved were you in deciding what care you needed?



Who had the most involvement in deciding what care you needed?



When asked who had the most involvement in deciding on their care respondents were able to choose more than one option and therefore, the responses are presented as counts rather than as percentages.

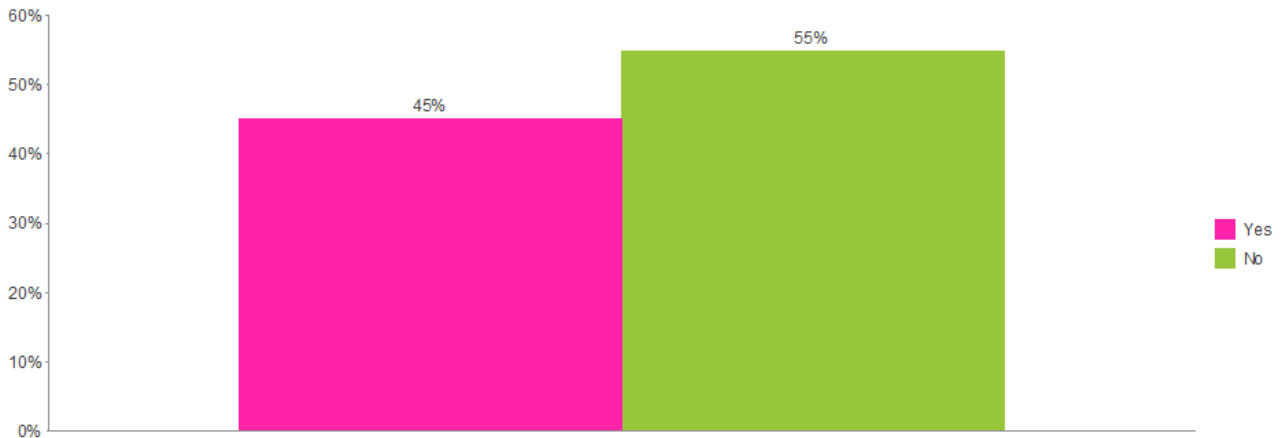
55 people said that they themselves had the most involvement and 54 said that a social worker had had the most involvement. However, the highest number, 63, said that their family had had the most involvement in deciding what care they needed.

**It is positive to note that the majority of service users and their families were heavily involved in the decisions about the care needed. However, there were still just over 20%, who felt they were not very involved. This is something we'd look for the local authority to follow up on. We believe it is important that all service users and their families have the opportunity to be involved in deciding on the care.**

## Independent advice and support

Our 2016 report included recommendations around care assessments and service users being given the option of independent information and advice, not just that received from social services.

When you were initially assessed for receiving home care services were you offered any independent advice or support?



45% of the respondents to this question said that they had been offered independent advice or support when they were initially assessed for receiving home care services.

Respondents were given a chance to comment on the advice and support that they had received, just ten respondents commented.

- One person said that they had had independent support and advice from 'Age Concern'.
- Two said that they had received support from their families during the assessment process and, for example, another said that their *'friend was [their] only advisor'*.
- Six people said that they had received support either from social services or the hospital for example, one said that they were *'advised by social services at Whiston Hospital'*.

With 55% of respondents commenting that they hadn't been offered independent advice there is indication that alternative advice routes are either not sought, or respondents are unaware of them.

Our 2016 report asked for improvements in the options for independent advice and support, *'We feel it is important that people should be offered truly independent advice to ensure they receive all the help and support they need and are entitled to'*.

**Little progress seems to have been made on this since 2016 and we would now like to see the offer of independent advice or support made a compulsory part of any assessment or review of care needs.**

## Direct Payments

Our 2016 report recommended that everyone should be offered the option of direct payments. NICE guidelines also recommend people being given information on different funding mechanisms, including direct payments.

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### NICE guideline (NG21)<sup>3</sup>, 'Home care: delivering personal care and practical support to older people living in their own homes'

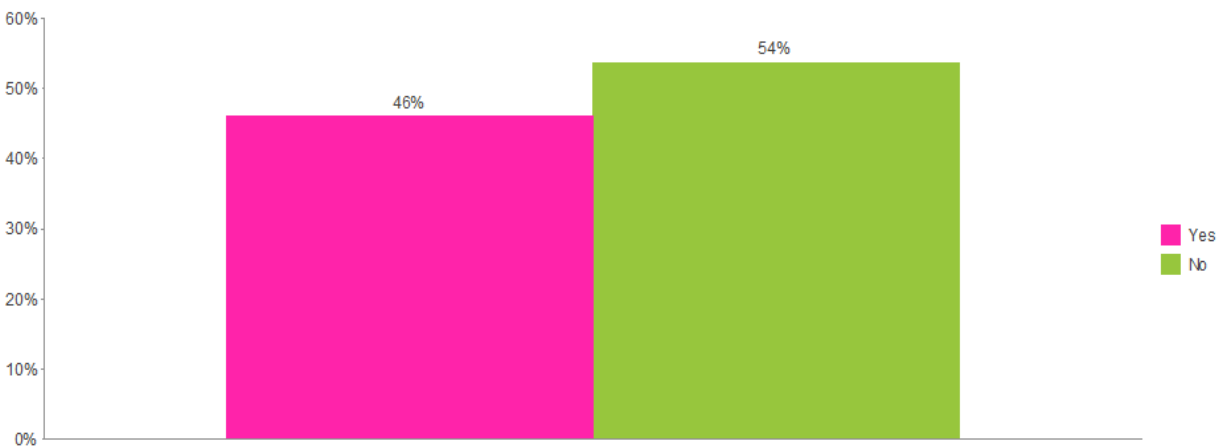
Section 1.21, states, 'Give people who use or who are planning to use home care services and their carers details of:

*'Different funding mechanisms including self-funding and the options available for people with personal budgets and support to manage them. Examples of funding mechanisms include having a managed budget, an individual service fund or direct payment.'*

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We asked service users if they had been offered direct payments as an option to pay for their care.

Were you offered direct payments as an option to pay for your care?



46% of the respondents said that they had been offered direct payments.

54% of the respondents to the question said that they had not been offered direct payments. Those respondents were then asked if they would have liked to have been able to take up direct payments.

- 49% of those asked said that they would not like to take up direct payments.
- 19% of them said that they would have liked to have been able to take up direct payments.
- 32% selected 'not applicable'.

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<sup>3</sup> <https://www.nice.org.uk/guidance/ng21/chapter/Recommendations#ensuring-care-is-person-centred>

There were five comments made about direct payments at the end of the survey with two respondents saying that they did not know what direct payments were. The other three commented that they were using direct payments.

One person told us, *'a social worker at Whiston [Hospital] told me about direct payments and the company I am with now is through Direct Payments'*.

Another person told us that *'after many complaints we decided to opt for direct payments'*.

Using Direct Payments was seen positively by those who were using them and commented upon it.

As stated in our 2016 report, *'Not everyone wants or needs to be an employer, however they should be given the choice and information to make that decision themselves'*.

## Care Reviews

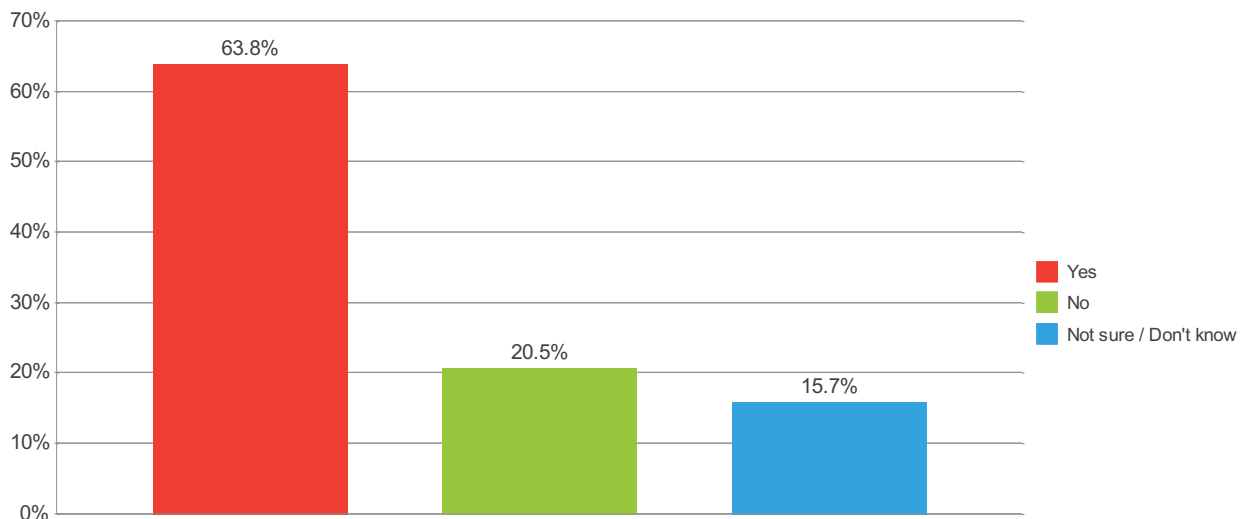
Our 2016 report made a recommendation based upon NICE QS123, Quality Statement Five, that home care providers should carry out reviews of care within six weeks of their first care visit. Quality Statement One also references the need for service users to have a care plan that *'identifies how their personal priorities and outcomes will be met'*, as it might be expected that needs can change over time.

Under Care Act guidance there is an expectation that reviews take place no later than every 12 months.

According to data published by NHS Digital<sup>4</sup>, 55% of people who had been receiving care for at least 12 months did not receive a review during 2015-16. Where reviews had been carried out, around half led to changes in care plans. A third of carers in contact with councils did not receive a review or assessment.

We asked service users if they had received a review of their care needs in the last 12 months.

Have you had a review of your home care needs in the last 12 months



64% told us that they had had a review of their care needs by Halton Borough Council in the previous 12 months. 20% of people hadn't received a care review, while 16% were unsure or didn't know if they'd had a review or not.

We were pleased to note that the figure for those who had received a review was higher than the national average, but consideration also needs to be given to the 36% who either hadn't received a review or were unsure.

<sup>4</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/community-care-statistics-social-services-activity/community-care-statistics-social-services-activity-england-2015-16>

The Care Act requires care reviews to be carried out at least every 12 months.

We would suggest going beyond this. We would like to see the reviewing of care plans become more of an ongoing process, where care staff and service users and families talk to each other to refine things as they go. Adopting this policy could also help to create a more open culture around feedback.

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*‘Regularly reviewing care plans is also very important and should be seen as a continual process, not something to be done just once a year. This is particularly important in cases where a user’s ability to do certain things for themselves might be changing rapidly.’*

Healthwatch England - ‘Home Care - What people told Healthwatch about their experiences’ - August 2017<sup>5</sup>

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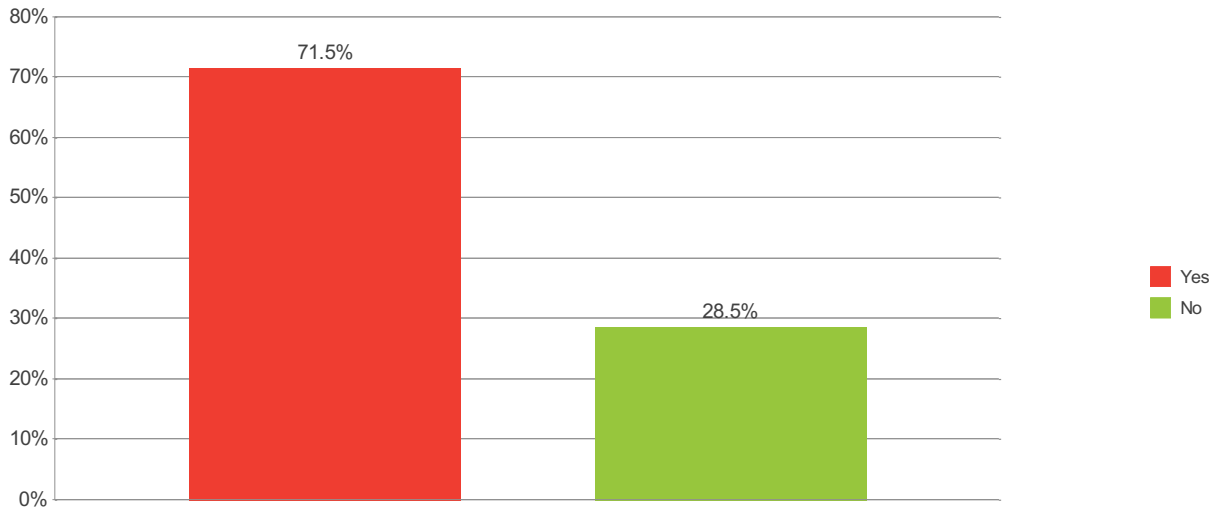
<sup>5</sup> [https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20171002-\\_home\\_care\\_-\\_what\\_people\\_told\\_local\\_healthwatch.pdf](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20171002-_home_care_-_what_people_told_local_healthwatch.pdf)

## Continuity of care

NICE QS123, Quality Statement Three, states that: *'older people using home care services receive care from a consistent team of home care workers who are familiar with their needs'*.

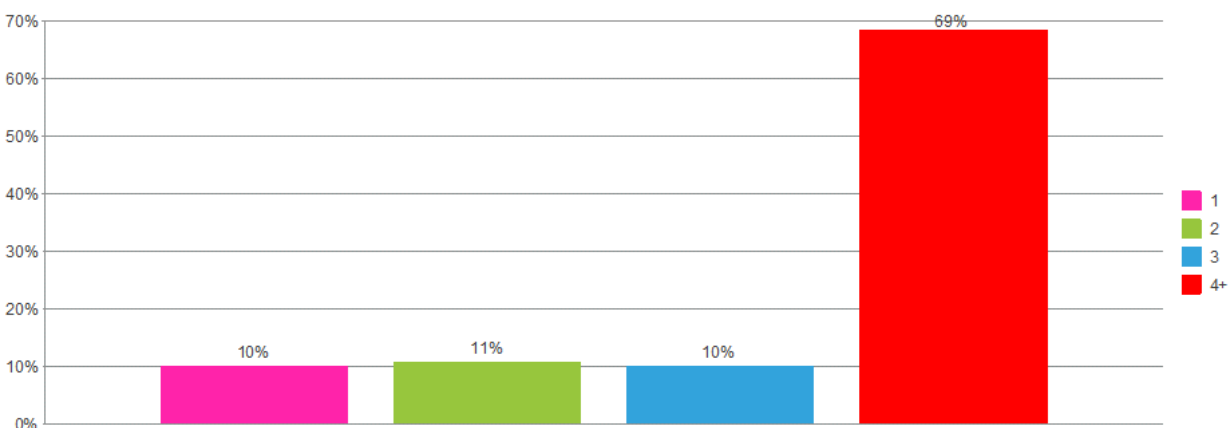
Our 2016 report recommended that service providers should consider grouping care workers into micro teams and that care plans should include information on which care workers were allocated to the service user.

Do you have the same regular care workers?



We asked if service users had the same regular care workers, 72% told us that they did.

How many care workers have visited you in the past month?



However, when asked how many care workers had visited them in the last month **69%** said that they had had four or more care workers visit them. Although it might be expected that those who had a higher number of visits per day would have the most carers, they were not the only respondents to say that they had multiple carers.

16% of respondents who just had one daily visit said that they had four or more carers in the previous month.

48 people commented on the number of carers that they had had in the previous month.

Some told us they had the same regular carers:

- *'I've had the same two for more than 7 years'*
- *'Daily visits. Both ladies very helpful indeed'*
- *'Regular worker 6 days per week. Varies on her 1 day off'*

Some said it was a mix, particularly at night:

- *'Different ones of a night and when carer is off'*
- *'In the mornings I have the same carer. I get different night carers and on weekend when my regular carer is off'*
- *'I do not mind having different carers providing my care as I see it as an opportunity to meet and speak with different people everyday. The carers I have seen all treat me with dignity and respect and are always very polite.'*

Other people reported a lack of continuity:

- *'I don't know I kept having so many strangers. For the past few weeks I have one main carer and others. I don't know if this will go back to what it was.'*
- *'18 different carers in 14 days. No continuity! Never sure who is coming.'*
- *'I have that many care workers I might as well put my key safe number in the Widnes Weekly News'*
- 

**NICE guidance says, 'So that you are familiar with the people coming into your home, the same workers should visit. They should have the right skills to meet your needs.'**<sup>6</sup>

**We ask that the local authority look at the reasons why 28% of service users have different care workers on a regular basis, such as staffing vacancies and sickness, so that mechanisms can be put in place to minimise the effects on the client.**

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<sup>6</sup> <https://www.nice.org.uk/guidance/ng21/ifp/chapter/Home-care>

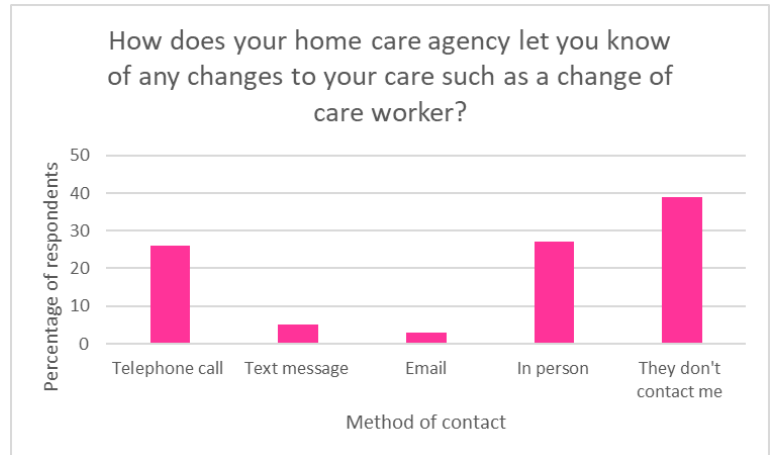


## Communication about changes

NICE QS123, Quality Statement Three states: *'Older people using home care services have a home care plan that identifies how their home care provider will respond to missed or late visits'*.

When asked how their home care agency lets them know about changes to their care such as a change of care worker, 39% said that they were not told at all of any changes. 26% said that they had a telephone call and 27% were told in person.

The results here suggest there may be a lack of standardisation in approach to notifying clients and this could be improved upon by the provider in discussion with the local authority.



45 people commented on how they were told about changes. 25 of those that commented said that they were not told about changes by the agency with one respondent commenting that, *'very often it's just a case of wait and see who turns up'*. Another person said that they were *'never informed of any change at all'*.

Six of those that said that they were told said that it was generally the carer themselves who told them of any changes, for example, one respondent said that *'the regular carer tells me when [they] next come'*. Others said that they were informed by *'letter'* or *'text message'*.

## Who to contact when no carer arrives

92% of respondents said that they knew who to contact if their care worker was late or missed their visit. 64% of respondents said that it had been necessary for them to contact their homecare agency about a missed or late call. These figures are broadly encouraging although they do illustrate that missed or late calls occur fairly frequently so there is definitely a need to have clear process in place for clients to deal with them and be given an explanation for the missed visit.

29 respondents commented on who they would contact. 10 of these said that if they needed to contact someone, if their care worker was late or missed a visit, they would contact the agency office. This included two people who said that they would contact a specific individual, who was generally a more senior member of staff. Three respondents said that they contact friends or family and they make contact with the agency on their behalf.

There were seven respondents who commented that they had received a poor response when they had contacted about a late or missed visit.

- One person told us, *'I ring the office and sometime occasionally they don't ring back. Some are more competent than others'*.
- Another commented that they had now *'given up'* contacting anyone when this happened.

Although these comments were from a small number of the overall respondents, they serve as examples of how knowing who to contact does not always mean that it is a satisfactory experience for the service user.

## **Other reasons for contact**

45% of respondents said that they had had a reason to contact their home care agency on a matter other than a missed call or visit. This seems to highlight that contact with providers has been a fairly frequent thing for many people.

The respondents who commented gave a variety of reasons for making contact with the agency but there were some themes arising from the information they provided.

Carers not following the care plan was one such theme with one person commenting that their friend had contacted the agency as *'the carers have failed to keep to [the] support plan and not made my bed, done the laundry or helped to wash me'*.

There were also comments about meals not being given, with one saying that meals had been found in the cupboard unused and another saying that carers said that the service user had not wanted their meal when they had.

Five respondents said that they had needed to make contact around the length of calls. An example of the comments received are that one respondent said that they had been *'charged for four thirty, minute calls and a lot of the time they are here for five minutes'*.

However, another commented that they had needed to contact the agency because someone else had complained that the carer was staying too long with them due to their complex needs.

Seven respondents said that they had contacted the care agency because of issues with the carer. One said that they had experienced a care worker shouting at them and their daughter which had meant that they had needed to contact the agency. Others did not provide what the details of the issues with the carers were, only that there had been issues.

Three respondents said that they had needed to raise safeguarding issues, two of which concerned thefts from the service users.

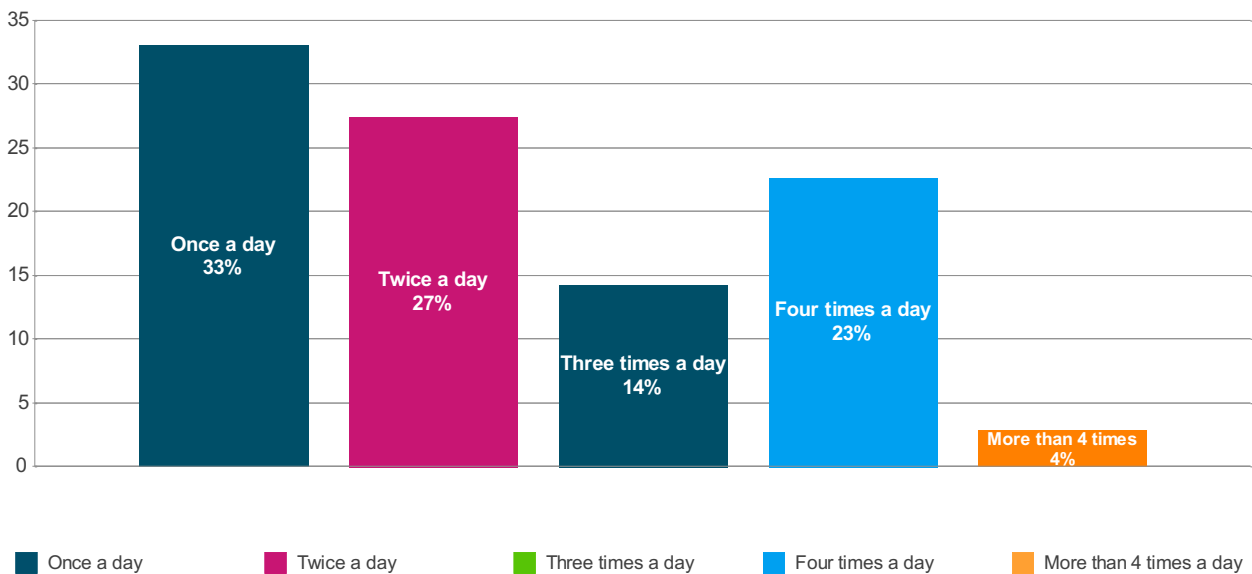
These comments illustrate there may be a wide range of reasons for making contact with the care provider and they present here as concerns or complaints.

Do providers seek feedback of a positive nature from clients so that a more balanced picture could be collated? This is the question that emerges here and on reflection a question of this nature could have been included in the survey.

## Care visits

Respondents were asked how often they had care visits.

How often do you have care visits?



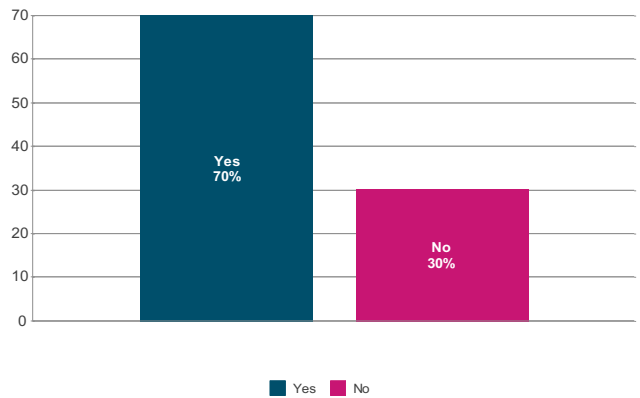
- 35% said that they had a care visit once a day;
- 27% had visits twice a day
- Just under a quarter (23%) four times a day
- 4% said that they had a care visit more than four times a day.

Not shown in the chart, two respondents gave free text answers about the frequency of their visits because they were less frequently than daily visits, such as once or twice a week.

30% of respondents told us that their carers did not stay for the full length of the specified visit times.

The majority of respondents, 70%, said their carers stayed for the whole length of their allocated time.

Do the carers stay for the whole length of the visit?

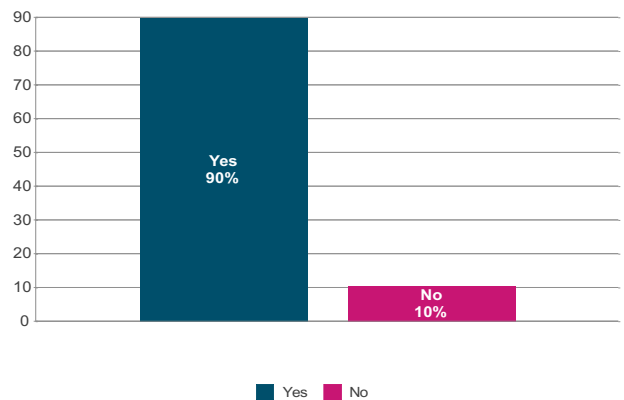


90% of respondents said that carers completed all the tasks they were supposed to during their visit.

However, only 10% said that their carers did not complete all the tasks that they were supposed to undertake in the length of time of the visit.

It's encouraging to note that only 10% of respondents had not had all tasks completed but again for those people it does illustrate a level of unmet need, even if this is a low percentage.

Do your carers manage to complete the tasks that they are supposed to undertake in their time with you?



The length of time for visits is the subject of NICE QS123 Quality Statement Four which states '*Older people using homecare service should have visits of at least 30 minutes except where short visits for specific tasks or checks have been agreed as part of a wider package of support*'.

Our 2016 report recommended that the focus of care moved away from a time-based visit to task based visits.

There were 51 comments made about the length of visits and the completion of tasks within the two specific questions plus seven additional comments when people commented on reasons why they had needed to contact the care agency.

For 27 respondents the carers either stayed for the whole time of the visit or ensured that they had completed the tasks they needed to do and then left, which sometimes meant that they left before the time allocated.

This would suggest that in some cases task-based visits are being used as recommended in the previous report. However, it is not clear if this is in the context of the previous report recommendations.

However, eight others said that whether carers stayed to the end of the allocated time was dependent on who the member of staff was. For one it was commented that it was *'regular'* carers who stayed, and that other staff were less likely to stay, although for another respondent it was *'the main carer'* who was *'away asap'*.

Three others commented that the time of day made a difference as to whether the carers stayed to the end of the visit with evenings and night calls being the ones that two people indicated were cut short.

One person commented that they received *'thirty minutes of an hour long evening visit'* and felt that therefore they were *'paying thirty minutes too much'*.

Paying too much for short visits was raised again in further comments with the respondent saying that they *'would like the bill to be reflected in the time that they spend here, so if they stay ten minutes, I pay for ten minutes'*.

If task-based visits are being used it is important that this is communicated clearly to service users to prevent them feeling that they are paying for more than they are actually receiving.

When commenting on the completion of the tasks that they were supposed to have undertaken during the visits, four respondents said that again it was carer dependent on whether they were completed. For example, one respondent commented that tasks were completed *'provided it is the regular carer'*. Others reported that there was not enough time for the tasks to be completed in the visit with one person, saying it was *'all rush, carers never have much time'*.

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## Care Visits - Vera's Story

*Vera is in her late 80's and housebound, although able to move about using a Zimmer Frame.*

*Vera had received a letter from the council to say she would be receiving one 45 minute visit per day. This is one visit a day, but Vera stated that she was lucky if the carers stayed for 15 minutes because 'they were always busy and rushing off'. As the carers were always in a rush Vera said that she had not been able to shower recently because she needs someone with her and the carers did not have the time.*

*She wanted to know why, if she was supposed to have a 45 minute visit, that did not happen?*

*Vera has had five or six different carers and the day before she called Healthwatch she had had a carer that she had not met before.*

*Vera said she does a lot of her own housework, and she made her own breakfast at times as the carers could arrive any time between 9am and 11am. She said she tends to stay in bed until the carers have been.*

*We contacted Vera in response to her survey. We then spoke to Halton Borough Council about Vera's home care service.*

*They had recently increased her visit length, but Premier Care were unable to meet Vera's increased need at that time.*

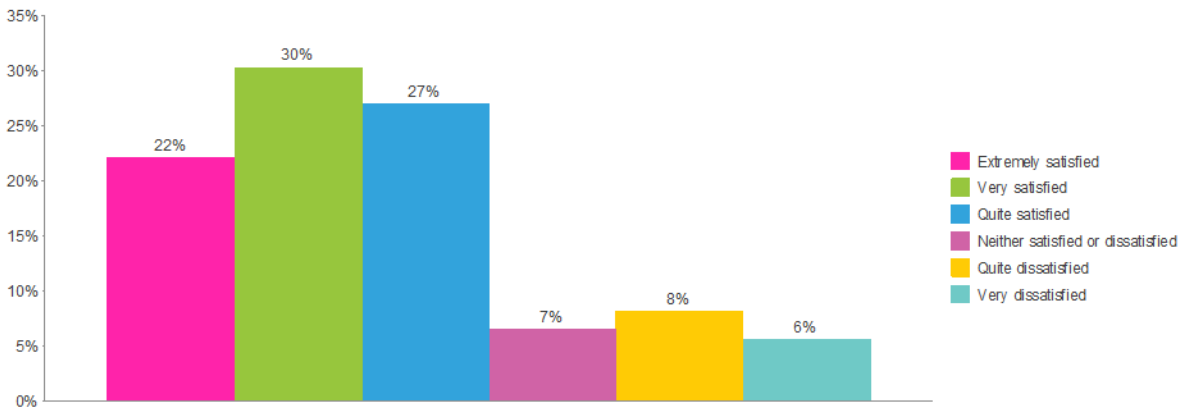
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Many of the comments we received highlighted that by being offering a timed visit, the client is expecting that length of time was given to them.

It seems that expectations could be managed much better by advising the carer would be there to complete the tasks allocated to them. It may be easier for the local authority to monitor task completion and meet needs against contract requirements if this system were used. It may also be clearer for the service user to know that they were paying for set tasks rather than time.

## Satisfaction with care received

How satisfied are you with the care you receive?



A total of **79%** said they were satisfied with the care they received. This is an increase of **1%** on the 2016 survey.

While it is very encouraging to see almost **80%** of respondents being satisfied with the level of care they received, these satisfaction figures have remained virtually static in the past 3 years.

While **4 out of 5** people are satisfied with the care received, **1 in 5** respondents are still reporting that they aren't always happy with the standard of care received.

We would like to see the local authority and providers to look at a range of ways to engage with service users in order to glean more detail about their experiences of the service.

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## Care Satisfaction – Jane’s Story

*The interview took place with the service user’s informal family carer.*

*She told how they had been having care delivered for just over a year and receive one call a day in the morning in order to get help with personal hygiene, physical care. She felt that they receive an excellent service.*

*They said that they had a regular carer who has formed a ‘brilliant’ relationship with the service user. She is kind and a ‘mine of information’ which has been helpful to the family of the service user. She ‘really knows dementia’. She was ‘born to do this job’. ‘Premier Care are lucky to have her’.*

*They are very pleased with the care that she gives. She stays longer than she is supposed to depending on whether she is needed. She goes beyond task centred care and does it without prompting. They do have other carers occasionally and they tend to just do the tasks.*

*The care that they receive is only during the week as family are able to provide support at the weekends.*

*She said that the care that is provided has made a big difference particularly to her as the service user’s wife.*

*They did not have a choice about the care agency, they were just told about Premier Care when leaving hospital.*

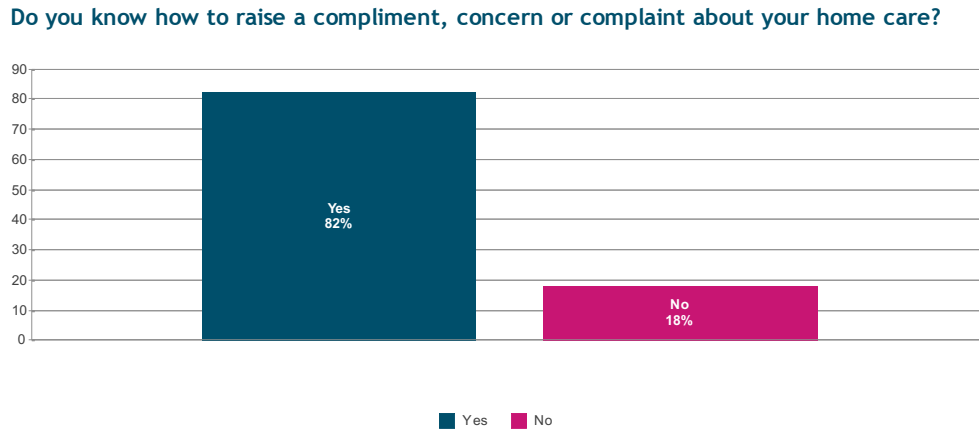
*But they are happy with the agency anyway.*

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## Complaints, compliments or concerns

Our 2016 report recommended information on how to raise a complaint, concern or compliment should be included in care plans, along with information on independent organisations, such as Healthwatch, that can offer support if required.



We asked this question again in our latest survey. We asked people if they knew how to raise compliments, concerns or complaints, 82% said they did. This was a small increase of 2% over the 2016 result.

27 respondents made comments about how they would make a complaint or pass on a concern or compliment.

Examples of responses included one respondent who said that they had 'never been told' how to make a complaint if they needed to. However, seven respondents said that they would contact the agency directly or contact social services if they needed to make a complaint, give a compliment or share a concern. Two respondents mentioned the CQC.

When commenting on their experience or knowledge of making complaints, five respondents commented on what they perceived to be a lack of response to their complaint. For example, one respondent said that they believed '*the care company covers themselves*' and '*then when the complaint goes to the council nothing is done*'. Another said that '*complaining is a waste of time*' whilst another said they felt that there was '*a lack of agencies*' and therefore, complaining '*doesn't make any difference*'.

**We recommend that information on how to raise a compliment, complaint, or safeguarding concern, should be included in service users care plans, together with details of independent organisations, such as Healthwatch Halton, who can offer support if required. Further to this, in line with NICE Guideline NG21, we recommend this information should be available on both the provider and local authority websites and in other ways appropriate to people using the service and their carers.**

## Comments about carers

We received 23 comments from respondents that related to the carers that they have contact with.

As previously discussed some respondents felt that the length of calls and whether tasks were completed during the visit was dependent on which individual carers they had for those visits with some differences being identified particularly between their regular carers and those that they were less familiar with. For example, one commented that the regular carers were 'wonderful' but that when they were on holiday '*care dips*' and they suggested that it felt like '*they do not know [the service user's] care plan, history [or] medical needs*'.

It was not always the case that regular carers were seen to be the better carers, with a small number of respondents preferring differ carers to their regular carers. For example, one respondent commented that their regular carer '*never asked if there is anything else I need doing*' stating that '*the vast majority of carers see what's needed and while I shower, perform small tasks that help me enormously*'.

There were seven positive comments from respondents and examples of two of these are that one said their regular carer goes the '*extra mile*' and another saying that 'the team that look after me are second to none'.

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## Carers - John's Story

*John is housebound and has been receiving care at home for 12 weeks. He pays for his own care through the local authority. He receives 2 visits a day.*

### **He told us:**

*'The carers are due to come at 9am and 6pm. In the morning they arrive between 9 and 11.15am. In the evening they arrive anytime between 6 and 8pm.*

*'I do not mind having different carers providing my care as I see it as an opportunity to meet and speak with different people every day. The carers I have seen all treat me with dignity and respect and are always very polite.*

*They are like granddaughters to me, they have to travel by car or walk and sometimes have between 7 and 14 other people to see and provide care. There have been occasions when the time they arrive in the morning is not logged correctly in the book they have to fill in. I get myself up and into bed, there have been one or two nights only when I have got anxious if they have been late, they have turned up just a bit later than expected'.*

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## Service Capacity

There were three comments that were made about service capacity and two of these gave examples of how it had impacted upon them. One was a family member of a service user who needs three visits a day following discharge from hospital 'but no care [is] available'. As a result, they have had a family member move in 'so she could come home from hospital'. This had been the situation for several months with the respondent saying that they had 'not heard anything since mid-August' and they were responding to the survey in November. Another respondent said that they had been 'promised 45 minutes three times weekly for a shower, but no luck so far'.

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## Service Capacity - Mr A's Story

*Mr A is the informal carer for his wife. His wife was receiving care from Premier Care. Mr A told us that he had been in touch with Halton Borough Council to get care at home for his wife. They were informed that there were no care packages available at the time, but that Mrs A would be fitted in when there were slots available.*

*The first the couple knew that slots had become available was when a member of staff knocked at the door at 8pm one Sunday evening with a logbook. They were told that the logbook was to log the hours of the Premier Care staff starting the following day. Nobody had informed them that the care would be provided by Premier Care when they had been in discussions with the Council.*

*They received a morning visit but not an evening visit. When querying this, Mr A was informed that his wife was being slotted in where they could and there were no evening slots available.*

*Mr A told us that over 14 days and 24 calls, 18 different carers attended to look after his wife. Mr A was shocked by the lack of continuity and this caused anxiety for his wife who does not deal well with strangers. She would sometimes refuse the care as the staff were unfamiliar to her. Mr A was then left to see to her needs himself.*

*Morning calls would happen anytime from 7am to 11.45am. Evening calls could happen from 5.50pm to 10.30pm. Mrs A was assessed to need 45-minute visits but the carers only stayed for around 10 minutes.*

*A complaint was made to Premier Care but this did not have any impact and so a complaint was made to the Care Quality Commission (CQC). Following their investigation Mr A was advised by the CQC to seek care elsewhere because Premier Care were unable to offer the time and continuity Mrs A needed. Following this advice Mr A has engaged a different care provider at an increased cost to themselves. They provide hour long visits and there are only a handful of carers which makes Mrs A feel more comfortable receiving care.*

*Mr A has queried 'why Premier Care holds the only care contract in Halton when they cannot meet residents' needs?'*

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## **Paying for Care**

Two of the people who took part in the interviews funded their own care, although they used Premier Care through the Council. One told us how they had not been billed for their care for quite a while and then when they were billed it was much higher than they thought. They had offered a monthly payment to the Council for the arrears but the amount that they had offered was refused and a higher amount was being paid. This was impacting on their ability to pay for other things for the service user.

Another said that they had been billed for care when they were in fact in hospital and were not receiving the service. They stated that *'if I don't get a service, I don't pay for it'* but as a result of this they had received letters from the Council saying that they were referring it to a debt collection agency and this had not helped his anxiety issues.

# Summary

This report gives a snapshot of the thoughts and views of people receiving home care services in Halton and highlights areas for consideration by the commissioners and providers.

Results from the survey highlight that there is a great deal of good care taking place across our community. Most people had good things to say about their care and really value the support the care staff provided to them or their loved ones.

These services are invaluable to many people, both for the quality of care provided and the support and company of care workers.

This report also points out levels of care which are still inconsistent, with many people facing continuing difficulties in getting the care and attention they deserve and are entitled to.

Overall, whilst the majority of respondents were happy with the care that they receive there is sufficient feedback to suggest that there are still areas for improvement that have previously been recommendations in the 2016 Healthwatch Halton report.

## Recommendations & Observations

- 1.** NICE Guidance NG21 (1.1.3) talks about 'involving people and their carers in discussions about their care and support'.

While the majority of respondents felt involved in the decisions about the care provision there were still a significant minority, 20%, who felt they were not very involved. We would urge the local authority to adopt NICE guidance requiring the involvement of service users and their carers in all discussions about their care and support.

- 2.** Inconsistencies exist when it comes to care plan reviews and updates. Under the Care Act all recipients of home care are entitled to an annual review of their care package to ensure it is still meeting their need. We suggest the local authority go further by introducing a more continuous process for reviewing care plans, where care staff and service users/families speak to each other to refine things as they go.

- 3.** In 2016 we recommended that independent advice and support around care assessments should be provided. From the responses received to this latest survey it seems that this is not always happening. We recommend again that a review of is carried out to ensure all service users and their families are being offered independent advice and support on care assessments.

- 4.** In 2016 we recommended that service users be given information about direct payments when they were being assessed for care on discharge from hospital. There was limited

evidence that this has been happening and therefore, it is recommended that, in line with NICE Guidance NG21, information on direct payments and other forms of funding is widely shared with service users.

- 5.** Feedback received points to a level of unmet need. Although the evidence shows it to be in lower numbers of cases this is something that the local authority may wish to explore and consider how to mitigate those needs. Unmet need has implications for the health and wellbeing of service users and in some cases their informal carers.
- 6.** Information on how to raise a compliment, complaint, or safeguarding concern, should be included in service users care plans. This should also include details of independent organisations, such as Healthwatch Halton, who can offer support if required. In addition, in line with NICE Guideline NG21, this information should be available on both the provider and local authority websites and in other ways appropriate to people using the service and their carers.
- 7.** Feedback collected suggested that not everyone was clear about who to contact in the event of a late or missed call. We would like to see all service users and their families provided with information on what to do in the event of a late or missed call. Additionally, it is recommended that care providers review the procedures they have in place to deal with missed calls in order to prevent service users feeling that no action is being taken to deal with the issue.
- 8.** We were given examples of service users having multiple carers over short periods of time. This suggests that our 2016 recommendation that small teams of carers support a service user has not been fully acted upon. Small teams would allow care staff to become familiar with the particular needs of service users.
- 9.** There were a number of instances where service users reported that visits were not as long as they had been assessed as needing and carers were rushed. There were also small percentage of comments that tasks were not always completed before the end of visits. We recommended that task-based visits are considered to ensure carers carry out all tasks required are completed. We ask for review of the current system to ensure that service users are aware that this is the approach and full information on what should be accomplished during each visit is provided.

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

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## RESPONSE

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A copy of this report was sent to Halton Borough Council as the commissioner of this service. Receipt of the report was acknowledged. No response was received within the required timeframe.

The following response was received from Damian Nolan, Divisional Manager, Adult Social Care, Halton Borough Council on 26 November 2019.

In terms of the recommendations I can respond as follows to each one:

R1) Halton Borough Council does adopt the NICE Guidance and works with both it's social work staff and partners to ensure individuals and their significant others are involved in their assessment and support planning.

R2) Halton Borough Council undertakes reviews of care and support in a variety of ways and monitors this through its regular performance reports. There is already a process in place for changes to occur within packages of care. Through the Transforming Domiciliary Care programme a 'trusted assessor' model that may offer more flexibility is being investigated to explore how this may benefit people in receipt of care and the organisational requirements to achieve such a model.

R3) It is not clear from the report what is considered to be 'independent advice and support' in relation to assessment and support planning. There are a range of independent and voluntary sector partners in the borough who can provide independent advice and support in respect of the local authorities duties under the Care Act 2014. Some of these receive funding via the council and partners whilst others gain funding from other sources such as the National Lottery. Halton Borough Council will seek permission from these agencies to share their details in information produced for service users.

R4) Information on how eligible care needs can be arranged and funded is available to social care staff for sharing with people in need of care. Halton Borough Council will ensure that all social work teams have this information available and utilise it where appropriate.

R5) See R2 above.

R6) Halton Borough Council has reviewed and revised the information people in receipt of care have and will be distributing this to all recipients of care including how to make a complaint. Halton Borough Council will ensure its care providers display this information on their web-site.

R7) See R6 above, this information is contained in the revised information. Care providers have systems in place to monitor care call activity and report this through a monthly contract performance meeting.

R8) Halton Borough Council is leading the Transforming Domiciliary Care programme which will continue to look at how to improve the consistency of the care teams supporting any individual.

R9) It is important that care plans provided to and written by the provider contain information on the range of tasks to be completed on any visit. This is currently undertaken. The volume of care delivered described in units of time will continue to be important to collate as this informs both capacity and demand requirements and the calculation of costs where people in receipt of care are eligible to financially contribute to the care provided.



# Appendix 1

## NICE Public Guidance – Home care for older people – what you should expect

**NICE** National Institute for  
Health and Care Excellence



### Home care for older people – what you should expect

#### Home care

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

Home care is more than just help with personal care, such as washing and dressing yourself. It can help you stay in your own home and do the things that are important to you, like doing your own shopping or meeting friends.

#### *Putting you in charge*

You should be in charge of deciding what support you get, although you can ask a family member or carer to help. You should always feel in control and that your privacy and dignity are respected. People that help you to plan your care should ask about what gives you peace of mind, and what makes you feel safe and unsafe.

#### *Care that is unique to you*

The care you get should reflect what is important to you, what you feel you can do and what you want to be able to do. It should be recorded in an easy to understand care plan in a format that is right for you, for example in large print. It should consider if the things you want to do involve any risks, and whether the benefits of doing these things outweigh the risks. You should also be given a copy of a 'care diary' to keep in your home. Home care workers and others who help you at home (like community nurses and physiotherapists) should update it every time they visit.

#### *Familiar home care workers*

So that you are familiar with the people coming into your home, the same workers should visit you. They should have the right skills to meet your needs. They should be able to support you, for example if you have dementia, are deaf, blind or deafblind, or need help coping with bereavement. They should also be able to spot if your health or situation is getting worse. New care workers should be introduced to you before they visit on their own. Home care workers should have enough time to

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provide good quality care, without being rushed, and most visits should normally be longer than 30 minutes.

### **What you should expect**

People who provide your home care services should:

- Give you information in a way that you understand and in a format you can use.
- Make sure home care workers have had the right training.
- Make sure home care workers have enough time to give you good care.
- Take action straight away if your care worker is late or misses a visit.
- Regularly check that you are happy with your care.
- Tell you about local organisations that provide specialist support (such as local societies for people who are deaf, blind, deafblind or have dementia).
- Make sure you know who to contact if you have a complaint.

### **Questions you might want to ask**

- What are the different ways home care can be paid for?
- Who will my home care worker(s) be?
- How will I be kept informed of any changes in my care?
- What should I do if a visit is missed or late?
- Can you put me in touch with some local activities or groups?
- What can I do if I am unhappy with the care I am getting?
- To find out more about what NICE says on this topic, see the home care guideline.
- For information and concerns about care contact the [Care Quality Commission](#) (03000 61 61 61) or the [Local Government Ombudsman](#) (0300 061 0614).
- For support contact [Age UK](#) (0800 169 6565), [Carers Trust](#) (0844 800 4361), [Carer's UK](#) (0808 808 7777), [Independent Age](#) (0800 319 6789) and [The Relatives and Residents Association](#) (020 7359 8136).
- [NHS Choices](#) has lots of information about health conditions and social care.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

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