



Home Care Services Report



The carers are friendly and considerate.
It would be nice to be able to spend more time with them.



June 2016





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Executive Summary

The UK has an ageing population. As the independent voice for patients and the public in the East Riding of Yorkshire we want to ensure that older residents in our area are getting the best from their care and support. In this report, we present the findings from our review of peoples' experiences of home care services in the East Riding.

The things that were most important to those receiving home care that we spoke to were: carers having enough time to complete the tasks assigned to them; carers being friendly; and seeing the same carer each time. Punctuality of carers and carers coming at the agreed time were also important to many of the people we spoke to.

In general, people were satisfied or very satisfied with the home care they received and believed it had a positive effect on their safety and independence. We received many comments praising the dedication and hard work of the carers. Most people were satisfied that the carers did have enough time to complete the tasks assigned and did do them most of the time.

However, concerns were raised that sometimes care seemed rushed and that there was not always time for social interaction with the carers. The number of different carers a client could see was also highlighted as a concern. At best it made it difficult to build good relationships with carers and at worse it was confusing, especially to people living with dementia. Punctuality was of particular concern if assistance was required going to bed, often this was too early. If problems had occurred, or were going to occur, better communication with the agency office would also be appreciated.

Based on the findings of our investigation, we made five recommendations to commissioners and providers of domiciliary care:

Recommendation One: Home care agencies to review their procedures for communicating with their clients when changes occur to appointment times and/or personnel to ensure that, wherever possible, people are informed of changes in advance.

Recommendation Two: Home care agencies to prioritise continuity and make efforts to ensure that their service-users can see the same carer(s) wherever possible.

Recommendation Three: East Riding of Yorkshire Council to consider what further steps it and its partners can take to invest in the domiciliary care workforce to tackle high turnover rates and help ensure greater stability in this volatile industry.

Recommendation Four: Commissioners and providers to continue to identify and make use of possible opportunities to commend front-line staff for their hard work and dedication and ensure positive feedback from people they provide care for is passed on to care workers where possible.

Recommendation Five: East Riding of Yorkshire Council to consider how to reflect the priorities of people using home care services as identified by our survey (long enough visits, friendly care workers, continuity and punctuality) in their service specifications when commissioning home care services in the future.



Acknowledgments

Healthwatch East Riding of Yorkshire would like to thank the hundreds of older people, their relatives and friends, who took the time and trouble to complete a questionnaire, take part in a telephone interview, or meet with us during a home visit. We appreciate them sharing their views and experiences with us.

We value the support of East Riding of Yorkshire Council who were enthusiastic about our project and provided practical and financial support in the production and delivery of the questionnaires. We would also like to thank Healthwatch Bradford for sharing their ideas and experience with us and helping to ensure the project was a success and the East Riding Carer's Advisory Group (CAG) for helping us to shape our survey questions.

We'd like to thank the home care agencies for their transparency and their commitment to improving their services based on feedback.

Finally, we would like to thank Browns Department Stores, who provided a £50 voucher for their stores that was offered as a prize for completed questionnaires. This helped us to receive a high number of responses and we thank them for their support.



Background

Why we carried out this project - the national picture

The UK has an ageing population. Between 2015 and 2035, it is estimated, that the number of people aged 65 and over will increase from 11,645,762 to 17,305,820¹. This represents an increase as a percentage of the population from 18% in 2015 to 24% in 2035². Figures from the 2011 Census show that in the East Riding of Yorkshire this increase is even more rapid, with 21.4% of the population being 65 or over in 2011.

As the independent voice for the people of the East Riding, it is important that we are aware of the changing demographics of the people we champion and react accordingly. We therefore wished to examine services which, primarily, serve the health and social care needs of older people. As well as this report, we shall shortly be producing a report examining care homes in our region.

Despite the ageing population, figures from the UK Homecare Association show that both the number of people in the UK receiving homecare and the total number of hours of homecare being delivered has fallen in the last five years³. They believe that this could be due to increased financial pressures on local authorities, which are forcing them to restrict homecare to those with the greatest needs. It is beyond the scope of this report to explore in detail the financial pressures on adult social care services in the local area. Nevertheless, it is important to understand the difficult context in which commissioners and providers are working.

Looking into the future, the Local Government Association describes the medium term outlook for health and social care as 'extremely challenging' with an estimated funding gap in adult social care of £4.3 billion by the end of the decade⁴. There are also significant workforce challenges particularly in the domiciliary care market. There were around half a million people employed in domiciliary care in England in 2015 with an estimated annual turnover rate of 39% across the whole sector in 2016⁵. Figures from Skills for Care show that turnover is particularly high within the East Riding with an estimated annual turnover rate of 62.6% across the domiciliary care sector⁶.

Recent changes to health and care legislation, most notably the Care Act 2014, all stress the importance of prevention of ill-health and providing opportunities for people to live independently wherever possible. The availability of good quality home care is an important piece of this puzzle and therefore, must be a key priority for local commissioners of health and care services.

¹ Office for National Statistics, 2012 based population projections

² Office for National Statistics, 2012 based population projections

³ <http://www.ukhca.co.uk/pdfs/MarketOverviewV352016FINAL.pdf>

⁴ Local Government Association October 2014 report, Adult Social Care Funding

⁵ <http://www.ukhca.co.uk/pdfs/MarketOverviewV352016FINAL.pdf> (p.36)

⁶ <https://www.nmds-sc-online.org.uk/reportengine/GuestDashboard.aspx?type=TurnoverRate>



Methodology

What we did

We sent a letter to every home care agency providing services in the area to inform them that Healthwatch would be conducting a survey that may involve some of the people for whom they provide a service.

We designed a questionnaire to be completed by those receiving home care services, or their family and friends, in order to gather their experiences and views on the services they received. A copy of this questionnaire can be found in appendix one.

East Riding of Yorkshire Council then printed and delivered 600 questionnaires to a random sample of people receiving home care services. Each questionnaire contained a covering letter from Healthwatch, which explained the purpose of the survey and how the information they provided would be used, and a freepost reply envelope. We also gave people the opportunity to complete the survey over the phone, online or via a home visit from trained Healthwatch volunteers. We offered everyone who completed the survey the opportunity to enter into a prize draw for a £50 shopping voucher.

Each of the surveys sent out by the Council on our behalf had a unique number printed upon it, which meant that they, but not Healthwatch, could keep track of which survey corresponded to which user. This meant that if we received a returned survey that revealed safeguarding concerns we could pass this information onto the Council's safeguarding team whilst maintaining the anonymity of those sharing their views with Healthwatch.

As well as the 600 questionnaires delivered by East Riding of Yorkshire Council, Healthwatch East Riding of Yorkshire gave out a further 50 surveys at a number of community events and publicised the online survey through our voluntary sector partners.

We received a total of 226 completed replies (one from a home visit and three from telephone interviews) which is a reply rate of around 35% and represents slightly over 10% of the people that are currently in receipt of home care services that are commissioned by East Riding Council⁷.

70% of the surveys were completed by the person receiving home care services themselves, 28% by a partner/spouse or other family member, and 2% by a friend or neighbour.

The vast majority of respondents (99%) identified as white British. 64% of respondents were female and 86% considered themselves to have a disability. 84% of respondents were 65 or over with 58% of total respondents being 80 or over.

⁷ It should be noted that this figure does not include the many East Riding residents who arrange and pay for their own care either through a personal budget or because they are not eligible for funded care (so-called "self-funders").



Home care services in the East Riding of Yorkshire

Overview of home care services in the East Riding

Home care is also known as 'domiciliary care', and is care or support provided in a person's own home. The type of support available could be in the form of cleaning services, personal assistance such as washing and dressing, domestic chores such as shopping and laundry services, pet care and social outings⁸.

For care commissioned through East Riding of Yorkshire Council, the minimum length of a care call is 30 minutes which is increased, dependent on need, in 30 minute intervals.

The focus of home care is on supporting someone to live as independently as possible in their own home. East Riding of Yorkshire Council can conduct an 'assessment of your needs' to identify which care services people will require and create a Support Plan to ensure these needs are met⁹.

There are eight preferred providers on the Council's framework and 17 providers that are not on the Council's framework but have signed up to the Council's Standard Terms of Business for domiciliary care and are used if care cannot be obtained from the preferred providers on the Council's framework. Alternatively services are available directly from a wide variety of independent care providers¹⁰.

Data provided to us by East Riding of Yorkshire Council, and correct as of 25/04/16, shows that 2194 people are currently receiving Council commissioned home care services in the East Riding of Yorkshire with the total weekly hours being 23,537. This equates to an average of just under 10 Hours 45 minutes per person per week or just over 1 Hour 30 minutes per person per day. The latest available national figures show that the average number of hours per person per week is 12 Hours 12 Minutes¹¹. It is important to point out that these are aggregate figures and don't tell us anything about the level of need of the people who are using home care services in the East Riding compared with elsewhere in the country and so it is difficult to make comparisons based upon this figure.

On average, the cost of home care in the East Riding of Yorkshire (for 2015/2016) is £13.21 per hour or £7.76 per half hour¹². This compares to an average cost £443 per week for a care home or £521.80 per week for a nursing home¹³.

⁸ <http://www2.eastriding.gov.uk/living/care-and-support-for-adults/care-support-and-safety-at-home/home-care/>

⁹ <http://www2.eastriding.gov.uk/living/care-and-support-for-adults/care-support-and-safety-at-home/home-care/>

¹⁰ <http://www2.eastriding.gov.uk/living/care-and-support-for-adults/care-support-and-safety-at-home/home-care/>

¹¹ <http://www.ukhca.co.uk/pdfs/MarketOverviewV352016FINAL.pdf>

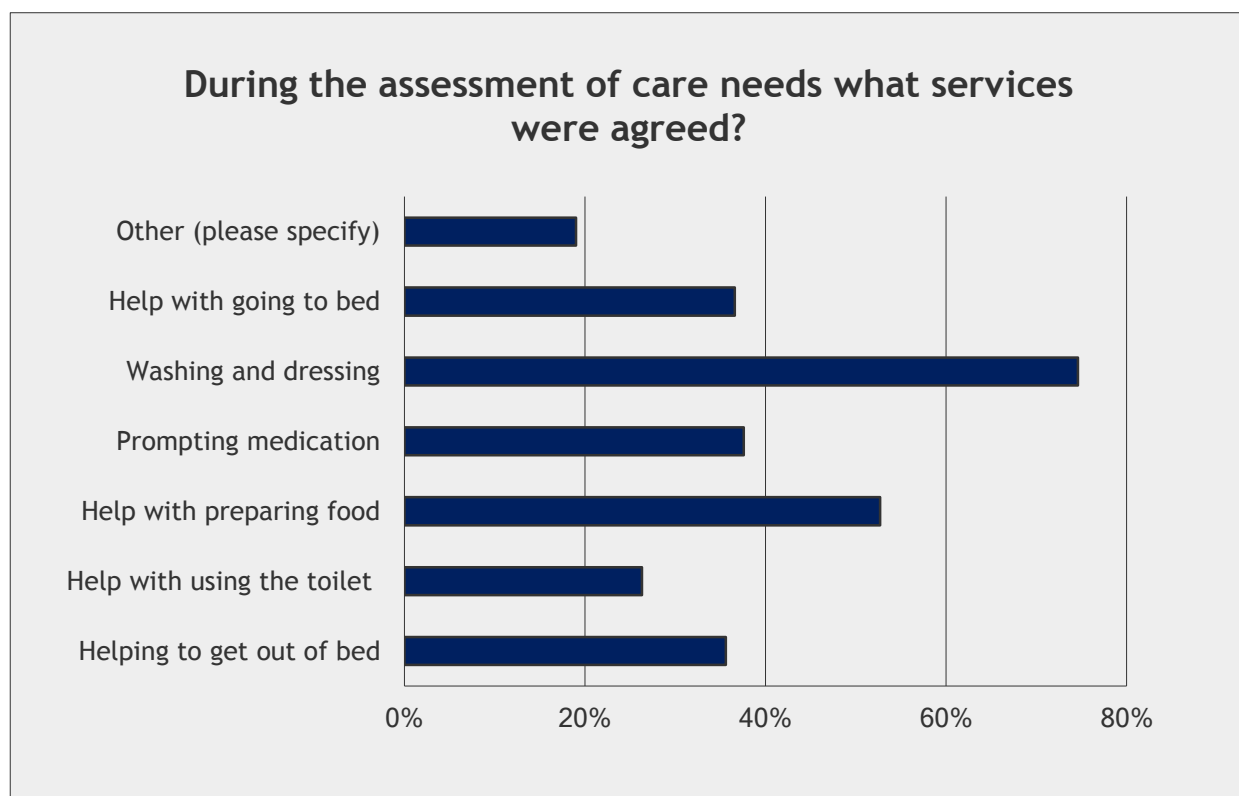
¹² <http://www.trustedcare.co.uk/care-map/east-riding-of-yorkshire/>

¹³ <http://www.trustedcare.co.uk/care-map/east-riding-of-yorkshire/>



What types of care do people in the East Riding access?

In order to get an understanding of what services people currently received, we asked what had been agreed in the assessment of needs when people began receiving home care services.



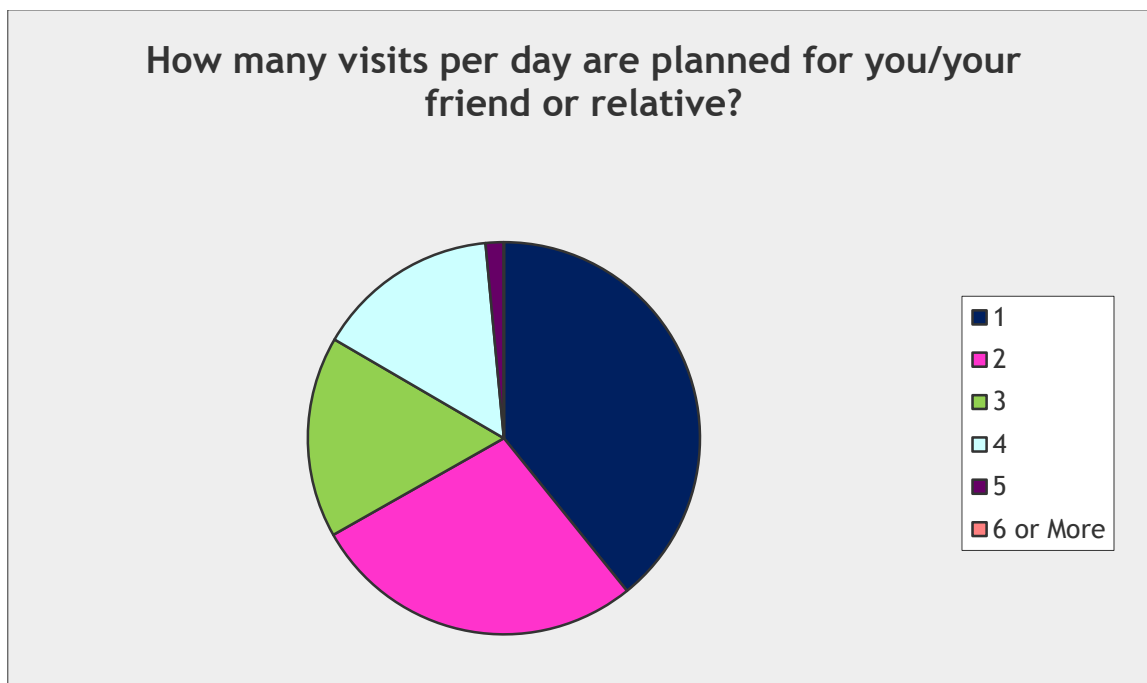
The most commonly used home care service was washing and dressing, which three quarters of respondents received. Help with food preparation was identified by over half (53%) and prompting medication, help with going to bed and help getting out of bed by just over a third of those surveyed (38%, 37%, and 36% respectively). Help with using the toilet was selected by around a quarter (26%) of respondents. Other services that people received included help with cleaning, shopping and others.

The total number of hours of home care per week being received by the 156 respondents who answered this question was 1566. This is an average of just over 10 hours per week and is similar to the data provided to us by East Riding of Yorkshire Council.

82% of respondents received home care on a daily basis. With slight variations, nearly all respondents received care Monday-Friday but some did not receive services on either one or both days of the weekend.



Most respondents received either one (39%) or two (28%) visits per day. Quite a large number (17%) received three visits with 15% receiving four visits. Only 3 respondents out of the 199 who answered this question received five or more visits per day.



In 60% of cases each visit was for 30 minutes or less. For most other people who completed the survey (29%), visits last between 30 minutes and an hour. In around 10% of cases, individual visits last longer than an hour¹⁴.

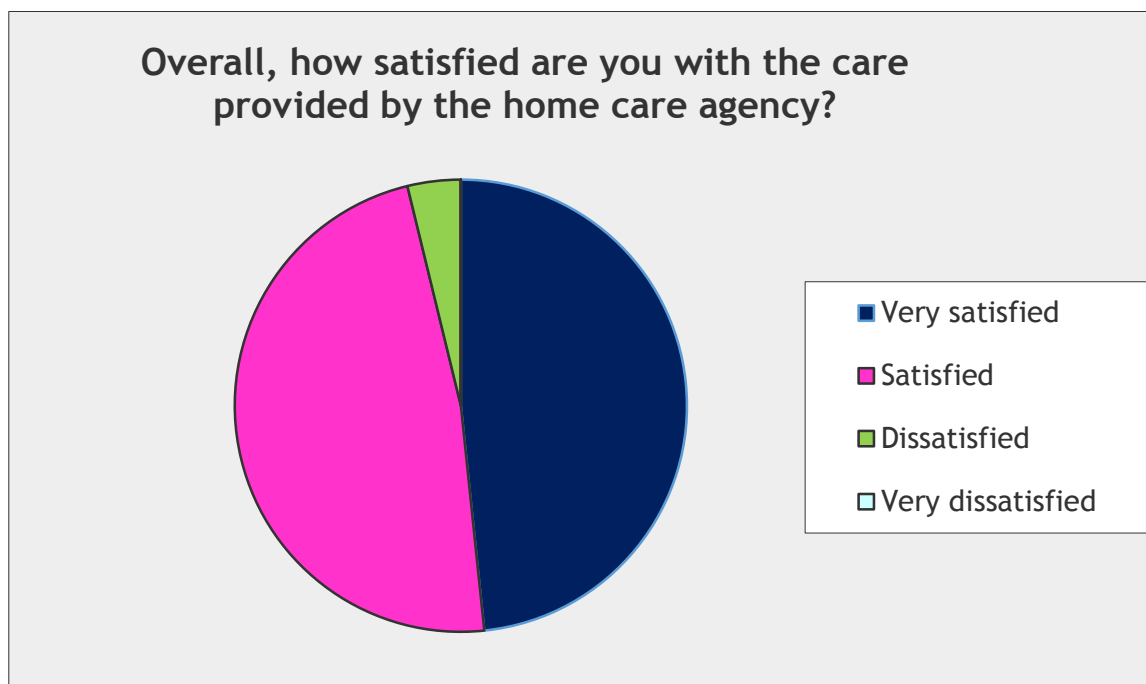
Most people (90%) receive visits from one carer per visit. However, of those who receive care from two carers per visit, only 44% said that the two carers always came at the same time. This is a concern for Healthwatch. People require two carers for a reason and this is normally because they have quite complex needs. If the carers do not arrive at the same time it is likely that the lone carer will not be able to begin some, or all, of the tasks assigned to them.

¹⁴ 6% of visits were 1 hour to 90 minutes; 1.5% were 90 minutes to two hours and 3.5% lasted longer than two hours.



What do people think about their care?

At the end of our survey, we asked people whether they were satisfied with their care and what, if anything, they would change about it. Overall, 96% of the people we spoke to were satisfied or very satisfied with the home care they received.



Lots of people wanted to tell us about their positive experiences and how the home care they receive is really helping to improve their quality of life.



They do a great job. I couldn't manage without them.

I'm a happy chappy.

They always go above and beyond.

It is always a joy to see them.

Couldn't wish for better care.

I'm well happy.

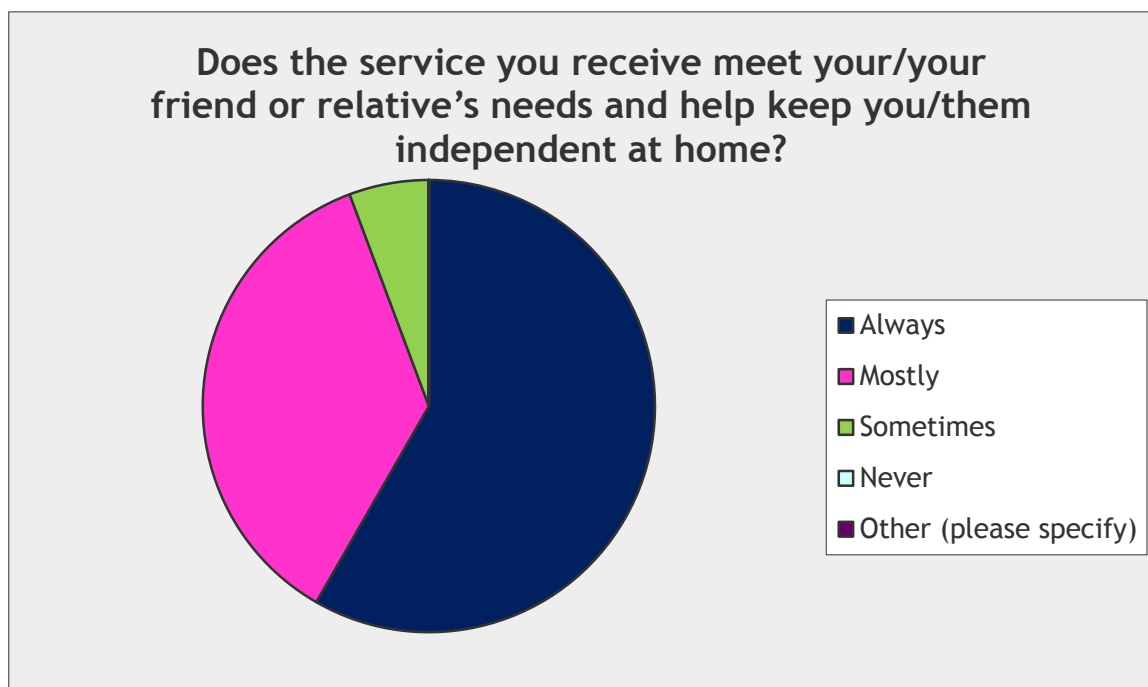
They go the extra mile.

First class care.





Good home care services should offer the support that is necessary to enable people to live independently in their own homes. We wanted to know if home care services in the East Riding were helping people to stay independent effectively. Nearly all those we asked (94%) said that the service they receive either 'always' or 'mostly' meets their needs and helps to keep them independent at home.



The people we spoke to told us they really value the care they receive because it helps them to stay independent and it helps them to continue to live in their own home. Some respondents told us that it makes life easier; it helps them to be more comfortable, relaxed and confident. Others told us that they value the service because it keeps them safe, feeling secure and gives peace of mind to them and their relatives and friends.

The comments we received in response to this question are highlighted in the word cloud opposite. The words which appeared more frequently show larger in the word cloud. It is clear from the responses to this question that home care services are giving people independence, safety and peace of mind.





What matters most?

We wanted to understand from the people who use home care services in the East Riding which aspect of the service matters most to them. We asked people to select up to three statements that reflected what was most important to them about their home care.

| What is most important to you about your home care? From the following list please tell us your top priorities | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Care visits are long enough to provide the care needed | 53.6% | 111 |
| Friendly care workers | 44.0% | 91 |
| Seeing the same carer each time | 36.2% | 75 |
| Carers always come at the agreed time | 29.5% | 61 |
| Carers visit for the full time agreed | 25.1% | 52 |
| Retaining my independence | 24.2% | 50 |
| Visit times that suit your needs | 21.3% | 44 |
| Carers are always punctual | 14.5% | 30 |
| The care workers who visit me are paid well and are happy with their working conditions | 12.6% | 26 |
| Job pride of carer | 9.7% | 20 |
| Carer communication with relatives/friends | 9.2% | 19 |
| Cleaning skills of carers | 8.2% | 17 |
| Good communication with care provider i.e. the council/agency | 7.7% | 16 |
| I am involved in the development of the care plan | 6.8% | 14 |
| Choice of care provider | 4.8% | 10 |
| Medical knowledge of carers | 3.9% | 8 |
| Flexibility of care plan | 3.4% | 7 |
| Cooking skills of carers | 2.9% | 6 |
| Other (please specify) | 1.0% | 2 |
| Language skills of carer (including if you require sign language or other languages) | 0.5% | 1 |
| Carer communication with other groups i.e. social groups | 0.0% | 0 |

From the responses we received, it appears that the main priorities for people receiving home care in the East Riding are:

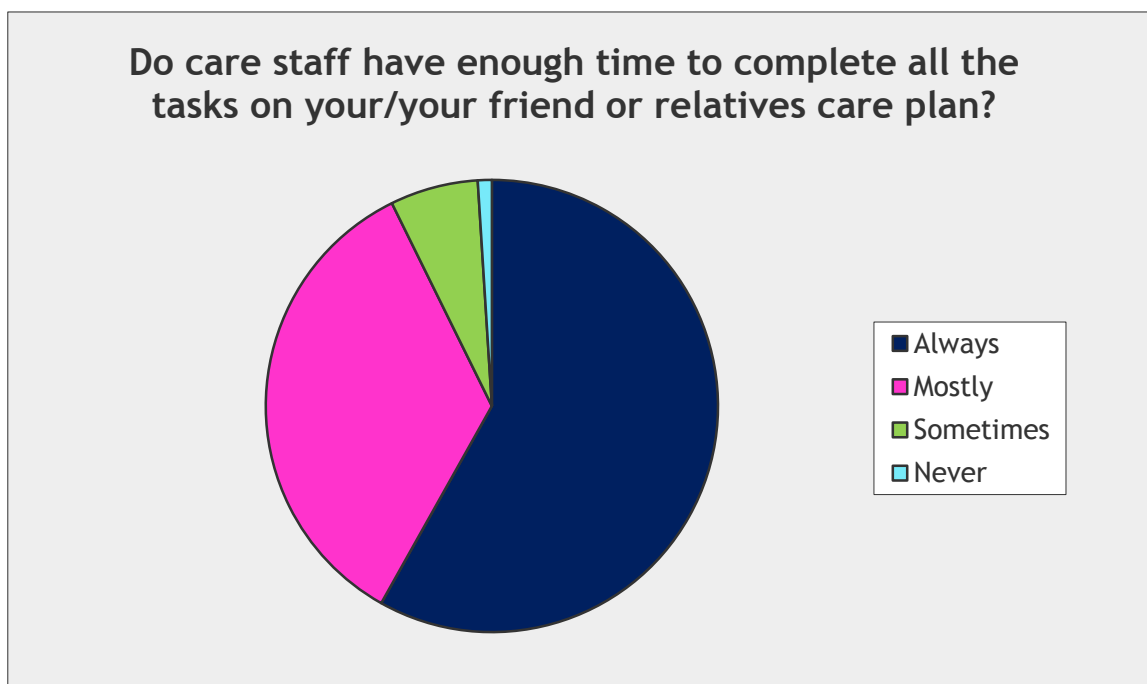
- Long enough visits
- Friendly care workers
- Continuity
- Punctuality



Long Enough Visits

Over half of respondents selected 'care visits are long enough to provide the care needed' as one of their three top priorities.

Later in the survey we asked people whether the care staff who visited them did generally have enough time to complete all the tasks that they were supposed to during their visits. 58% of respondents said that staff 'always' had time and 35% said that they 'mostly' had time.



Whilst it is good to see that most people felt carers had enough time to complete tasks most or all of the time, there were some negative experiences that were identified. A number of respondents noted that, while the tasks on their care plan were completed, the carers had to rush through the tasks and had little time to talk to or interact with the person receiving the care.

For example, we received the following comments:



Sometimes they run out of time.

Things are a bit rushed.

I am requesting more time as 30 minutes is not quite enough.

Too short a visit.

30 minutes is never enough.





For most people who use home care services, their support needs are set out in a care plan, which is produced after an assessment of need by a social worker (or other professional) in conjunction with the individual needing care, their friends and relatives and the providers of care. We wanted to know whether people were receiving all the support that they should be and so asked if care workers were always completing all the tasks that were listed on their (or their relative's) care plan.

The vast majority of respondents told us that all the tasks in their care plan were completed either all (60%) or most (33%) of the time. A small number of respondents highlighted areas where tasks were not being completed. For example, one person told us their care workers: "don't put the bins out", one relative who responded to our survey told us "they are supposed to shower him 3 times a week. This does not happen all the time."

Where all the tasks on an individual's care plan were not being completed, we asked what people felt the reasons for this were. A number of areas were identified, which included issues with training or a lack of consistency of care workers. For example,



There is a variety of quality between carers.

If it's a new carer they are not aware of what is to be done.

Carers are not trained to use bath equipment, so this doesn't get done.

If they're new, some take more time than allowed so they get behind with the domestic chores and consequently other tasks get left undone.

When my regular carer attends everything gets done. When other carers attend, who do not know me, things get left.

They try to leave early by taking shortcuts and try to talk my wife out of her exercise.



Another reason identified was that care workers were relying on the person receiving the care to tell them what tasks need to be completed rather than referring to the care plan.



I think they ask my granddad what he wants doing.
He doesn't like to ask, so things in his plan do not get done.

Carer doesn't always do what is needed as my mother in law, who has Alzheimer's, says it doesn't need doing. They should just do it.

Rely on me to tell them what to do. I don't always remember what I need!

My mother in law still thinks she can do everything. When she tells the carers she will have her meal later she never does.





Friendly Care Workers

The second highest priority identified by those who returned our survey was ‘friendly care workers’. Once again, nearly half (44.4%) of all those completing the survey identified this as a priority for them and the comments we received clearly demonstrated that the attitude and approach of care workers makes a significant difference to people’s experience of home care.

We received a large number of commendations and overwhelmingly positive feedback in response to this question from people who really value the friendly attitude and approach of those who provide care for them. It is clear that people value the time the carers spend with them and that social interaction is an important part of a carer’s role.



The carers keep me happy and make me laugh.

The carers cheer me up. We always have good banter.

The carers are my friends.

They are always cheerful.

Carers are friendly and helpful but more time to talk would be good. Long days on my own.

The carers are friendly and considerate, it would be nice to be able to spend more time with them





Continuity

The third highest priority, selected by 36.2% of those who completed the survey, was seeing the same carer every time. People told us:



Would prefer the same carer.

Would like the same person each time.

Need to see the same carer to build up a friendship.

It would be nice if there was not such a variety of carers so mum could get to know them.

It would help to see the same care worker frequently.

Keep the same carers.

Do more to see the same carer as much as possible.



Many of respondents told us that the staff who provide their care change on a regular basis and they often don't know from one day to the next who is going to turn up. One respondent told us that they "have seen 52 different carers in just under a year" and another told us they "once had 7 different carers in a week." This was a source of frustration for a number of the people we spoke to. One respondent told us: "I used to see the same carer who was brilliant. Now I don't know who is coming or when they are coming. Can't get hold of anyone at the office."

Seeing lots of different carers had more of an impact on some people than others. One respondent, for example, told us that: "[my] main carer helped with my mental health issues and I felt safe. Now I see different carers which causes extreme anxiety." Another respondent told us that: "strange carers arrive and it makes me feel unwell."

For people living with dementia, the lack of consistency and regularity of the service can be particularly difficult. This was highlighted by a number of respondents:



We do see different people so no continuity, which is not good for a dementia patient.

Sometimes a lack of consistency and some carers have no idea of mental health conditions.

No consistency of carers. They do not understand dementia.

Seeing the same carer is important for my mum, she has Alzheimer's.





Punctuality

If combined together, the two priorities ‘carers always come at the agreed time’ and ‘carers are punctual’ would have been selected by 44% of respondents. Carers arriving either too early or too late was highlighted as an issue by the people we spoke to.



Occasionally the carers are late.

Sometimes my care call is late.

Sometimes they are late.

Sometimes come too early.

They don't keep to scheduled times.

They come when they want.



For some people, when carers did not come at the agreed time, it meant that they were having to go to bed earlier than they would like or eating meals at odd times of day. For example, one person told us: “They come at different times which means meals can be too close together” and several respondents told us their carers “can come early in the evening, too early for bed.”

For some of the people we spoke to it can cause confusion or anxiety when care providers don't stick to the agreed times. One respondent told us: “time[s] sometimes change. This confuses mum.” Another told us they are looking to change provider “due to poor time keeping and not turning up to appointed times.”

Many of those who responded to our survey understood that sometimes carers might be running late for a visit or that the time of their visit may need to change on occasion. However, they want someone to let them know and to be kept informed of any changes to schedules.



Should be informed if they are going to be late.

Be informed if carer is unable to attend or will be late.

Let me know if they are going to be late.





Suggestions for improving care

Finally, we asked if people had any suggestions for how services could be improved in the future. Although the overwhelming majority of people we spoke to (96%) were happy with the care they receive, many offered suggestions for how services could be made even better. Most of the respondents to our survey recognised the financial and other constraints on providers of domiciliary care. As such, most of the suggestions people made are modest in scope, although some may be easier to implement than others.

Suggested areas of improvement highlighted by those who completed our survey fall into four main categories:

- The management or administration of care (including communication)
- The management of care plans
- Staff training
- Staff working conditions and expectations on care workers

Management of Care

A number of respondents to the survey commented that, while the care they received directly from the care workers who visit them was excellent, the back office function of the care agency needed to be improved. This was summed up by one respondent who said: “great carers, poor management.” Other respondents told us that they were “dissatisfied with poor management and not the carers” or that “the administrators lack a caring approach.”

Communication was highlighted as a key issue for many. As mentioned above (p.16), people using domiciliary care services want to be informed when changes are made to appointment schedules and rotas and made aware of where those changes have an impact on their care, who delivers it and when. People told us that services would be improved if there was:



Better consultation with the office.

More contact from agency HQ.

Better communication between the care agency and my family.

Communication with the office needs to be improved greatly.

I need better communication from the office.

Better communication with and respect from office staff. Carer is very good.

Excellent carers but lack good communication with office.

Rota/list so I know who is coming.



The care workers are very good but liaison with the HQ is not particularly good.

Stop changing the rota and give carers more time!

Staff and hours change with no notification.



In addition, a number of people we spoke with identified problems with contingency planning for when care staff are sick or on leave. One individual told us that their “care suffers when staff are ill/on holiday.” Another praised the care workers as “very considerate” but noted that “there are no mechanisms to cope with a missed visit.” Similarly, another respondent told us that: “the care staff are excellent but the backup staff is not large enough.”

Planning Care

Care plans play an important role in ensuring that home care services effectively provide for the needs of the people who use them. Most of the respondents to our survey told us that the tasks in their care plan are completed either all (58%) or most (35%) of the time but a key reason identified for them not being completed was that carers were not routinely using care plans to guide their work and instead relying on the person they were caring for telling them what needs to be done. Another area that was identified by a small number of the people we spoke with involved the review of care plans to ensure they keep abreast of changes in an individual’s needs over time. Recommendations for improvements to service include the following:



More reassessments so they can keep an eye on changing needs.

More regular review of care plan.

Regular reviews of service.



Skills for Care

Most of the people we spoke with were happy that the carers who visit them have the necessary skills to undertake their role. A small number, however, suggested that better training, particularly in the area of dementia, would help to further improve the service that they receive. Respondents suggested, for example:



More staff training.

It would be helpful if the carers had better mental health knowledge.

Well organised but need to improve dementia training.

There needs to be better mental health training and lower staff turnover.

Better training for the carers on how to speak to the elderly.





Valuing Carers

A number of the people we spoke with were concerned about the conditions in which domiciliary care staff are working and the pressures that many of them experience in carrying out their role. There were a number of respondents who raised concerns that care workers were under pressure to complete tasks within short periods of time and as such they are often “rushed”, do not have time to properly chat with the people they are caring for and don’t always complete all the tasks they were supposed to. A number of respondents commented that there is too much pressure on care staff, for example, one respondent told us that “the management do not schedule appointments realistically” and another told us of insufficient consideration given for travel times between appointments.

12.6% of those surveyed chose the option “the care workers who visit me are paid well and are happy with their working conditions” as one of their top three priorities. Low pay and other aspects of working conditions (such as working unsociable or changeable hours) are often highlighted as potential reasons for the high turnover rates of staff working in this sector. This is of particular significance given the importance placed on continuity by people receiving home care in the East Riding and the higher than average rate of staff turnover within the industry locally.

The following were amongst the suggestions we received for improving care:



Better encouragement for carers to stay in their roles.

Try to keep staff happy.

I think that if the owners of the agencies considered their care workers more they would have less tired and harassed staff.

The carers need better pay to stop constant turnover.

The carers need to be paid more than minimum wage.





Conclusions & Recommendations

We have subtitled this report with a quote from one of the people who replied to our survey as we feel it sums up what we have heard about how people experience home care services in the East Riding of Yorkshire:



The carers are friendly and considerate.

It would be nice to be able to spend more time with them.



It is clear from our survey that people receiving home care services value the care they receive and gain a great deal from it. Those who receive home care services within the East Riding of Yorkshire feel happy, confident, safe, relaxed and independent as a result and services are enabling more older residents with support needs to stay independent in their own homes for longer. The people we spoke to were almost unanimous in their praise for the individual care workers who visit them and help to support them to live well at home. Yet many criticised shortcomings in the management and organisation of their care.

We would like to commend the care workers who are providing care and improving the lives of many East Riding residents each day and recognise the challenges the sector as a whole faces at the current time.

We found out that the things people valued most about their home care were that visits were long enough to get all the tasks done and in a way that was not overly rushed or impersonal or that put undue pressure on the staff providing the care. They told us that it was important to them that their care workers were friendly and took the time to talk to them. People also told us that continuity was important to them; they want to see the same carer or group of carers on a regular basis and, most importantly, to be informed when appointment times and/or personnel have to change. Finally, people told us that it was important to them that their carers come on time and at an appropriate time for the tasks they are there to complete.

Based on these priorities and the many suggestions put forward directly by people using home care services, a number of areas for improvement can be identified.

1. improving communication
2. ensuring greater continuity of care
3. making time for social interaction to improve peoples' experiences of care

With this in mind we make the following recommendations to commissioners and providers of domiciliary care in the East Riding:



To improve communication between care providers and the people they are providing care for, we make the following recommendation:

Recommendation One: Home care agencies to review their procedures for communicating with their clients when changes occur to appointment times and/or personnel to ensure that, wherever possible, people are informed of changes in advance.

To ensure greater continuity of care for people who use home care services in the East Riding, we make the following recommendations:

Recommendation Two: Home care agencies to prioritise continuity and make efforts to ensure that their service-users can see the same carer(s) wherever possible.

Recommendation Three: To East Riding of Yorkshire Council, to consider what further steps it (and its partners) can take to invest in the domiciliary care workforce to tackle high turnover rates and help ensure greater stability in this volatile industry.

Recommendation Four: Commissioners and providers to continue to identify and make use of possible opportunities to commend front-line staff for their hard work and dedication and ensure positive feedback from people they provide care for is passed on to care workers where possible.

To make time for social interaction and improve peoples' experiences of care in the East Riding, we make the following recommendation:

Recommendation Five: To East Riding of Yorkshire Council, to consider how to reflect the priorities of people using home care services as identified by our survey (long enough visits, friendly care workers, continuity and punctuality) in their service specifications when commissioning home care services in the future.

Appendix 1 - Our Survey

Home Care Services Survey

Healthwatch East Riding of Yorkshire is an independent organisation, here to listen to people's experiences of health and social care services. The feedback we gather is used to help improve services for everyone.

All information will be treated confidentially and will remain anonymous; what you say will not be passed on to your care provider and will not directly affect your individual care. We hope that the overall results will be used to improve care in the future.

Completed surveys will be entered into a £50 prize draw. Further details of this can be found at the end.

Thank you for taking the time to complete this survey.

If you have any questions, please contact a member of the Healthwatch team on 01482 665 684.



Part One: About Your Care.

1. Who receives home care services?

Me [] Partner/Spouse [] Other family member []
Friend or neighbour [] Other [] please specify _____

N.B. if you are completing this survey on behalf of someone else they shall be referred to as 'your friend or relative.'

2. During the assessment of care needs, what services were agreed?

This assessment would have been carried out by social services to find out what help and support you/your friend or relative need to stay at home and live the life you/your friend or relative want.

Please tick all that apply:

Helping to get out of bed [] Washing and dressing []
Help with using the toilet [] Help with preparing food []
Prompting medication [] Help with going to bed []
Other [] please specify _____

3. How many hours of care do you/your friend or relative have planned with the home care agency each week?

4. Which days of the week should you/your friend or relative be visited by care staff?

Everyday [] Monday [] Tuesday [] Wednesday [] Thursday []
Friday [] Saturday [] Sunday []

5. How many visits per day are planned for you/your friend or relative? (if you/your friend or relative receive a different number of visits on different days please select the number you/your friend or relative should receive most frequently)

1 [] 2 [] 3 [] 4 [] 5 []

6. How long should each visit last? (If your/your friend or relative's visit lengths vary please select the most frequent)

30 minutes or less [] 30-60 minutes [] 60-90 minutes []
90-120 minutes [] Over two hours []

7. Should you/your friend or relative be visited by one or two carers per visit? (please select the most frequent)

One [] Two []

Part Two, About Your/Your Friend or Relative's Experiences

8. What is most important to you about your home care?

From the following list please tick your top three priorities (N.B. by carer we mean a paid carer and not a relative/friend.)

- Care visits are long enough to provide the care needed.
- Carers always come at the agreed time.
- Carers visit for the full time agreed.
- Carers are always punctual.
- The people who care for me are paid well and are happy with their work conditions.
- Seeing the same carer each time
- Friendly care workers
- Carer communication with relatives/friends
- Choice of care provider
- Carer communication with other groups i.e. social groups
- I am involved in the development of the care plan
- Flexibility of care plan
- Cooking skills of carers
- Language skills of carer (including if you require sign language or other languages)
- Cleaning skills of carers
- Visit times that suit your needs
- Medical knowledge of carers
- Good communication with care provider i.e. the council/agency
- Retaining independence
- Job pride of carer
- Other, please specify_____

9. Thinking about the priorities you identified above, can you tell us how well the care you receive delivers those priorities? (For example, if you chose “friendly care workers” as a priority, tell us whether your care workers are friendly.)

10. Do care workers do what is set out in your/your friend or relatives care plan?

Always [] Mostly [] Sometimes [] Never []

If care workers don't always do what is set out in the care plan, please tell us what they don't do and why you think this is?

11. If you/your friend or relative need two carers do they come at the same time?

Always [] Mostly [] Sometimes [] Never [] Doesn't apply []

12. Do care staff have enough time to complete all the tasks on your/your friend or relatives care plan?

Always [] Mostly [] Sometimes [] Never []

13. Does the service you receive meet your/your friend or relative's needs and help keep you/them independent in the home?

Always [] Mostly [] Sometimes [] Never []

Any comments:

14. Overall, how satisfied are you with the care provided by the home care agency?

Very satisfied [] Satisfied [] Dissatisfied [] Very dissatisfied []

15. Overall, how does the home care you/your friend or relative receive make you feel? (i.e. Safe, more independent)

16. Can you suggest any ideas for improvement?

(We would welcome any ideas you have to improve the service so that it meets your needs and preferences and enables you/your friend or relative to live more independently. These ideas will be used to improve services.)

17. Is there anything else that you would like to tell us, good or not so good, about the care and support received from the home care agency?

(This may include comments on the service received, feedback about care workers, attitude, communication, how the service enables you/your friend or relative to live more independently etc.)

Part Three, About You

This information will not be used to identify you, but it is very useful to help us monitor who we have spoken to and see if different groups of people have different experiences of using health services.

Postcode _____

What is your ethnic group?

Choose one option that best describes your ethnic group or background

White

1. English/Welsh/Scottish/Northern Irish/British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe _____

Mixed/Multiple ethnic groups

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed/Multiple ethnic background, please describe _____

Asian/Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe _____

Black/ African/Caribbean/Black British

14. African
15. Caribbean
16. Any other Black/African/Caribbean background, please describe _____

Other ethnic group

17. Arab
18. Any other ethnic group, please describe _____

Do you consider that you have a disability?

Yes [] No [] Prefer not to say []

What age group do you belong to?

17 and under [] 18-24 [] 25-49 [] 50-64 [] 65-79 [] 80 and over []

Prefer not to say []

What is your gender?

Male [] Female [] Transgender [] Prefer not to say []



To thank you for taking part in this important review, when you return your completed survey, you have the opportunity to be entered into a prize draw to win a £50 gift voucher for Browns Department Stores. If you would like to take part, please complete your name and phone number below. This information will not be used for any other purpose and will be kept separate from the completed survey so cannot be used to identify you.

Name:

Telephone Number or email address:

Completed surveys should be returned to Healthwatch in the pre-paid envelope provided.

Alternatively you can contact the Healthwatch office on 01482 665684 to request a telephone interview or home visit.

Thank you for your time in completing this survey.

Your views will be used to help better understand people's experiences and improve services.

If you have any questions, or for more information, contact us on 01482 665684 or visit www.healthwatcheastridingofyorkshire.co.uk