

# Healthwatch Islington Report



## Home Care Services



January 2014

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# 1. Introduction

## About Healthwatch Islington

- 1.1 Healthwatch Islington (HWI) is a user-led independent organisation that is part of the community, led by local volunteers. It is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community in local health and social care services.
- 1.2 HWI builds on the knowledge and experience of Islington LINK (Local Involvement Network). It will continue to; gather views from the local community; report these views to the people responsible for local services; engage local people in decisions about services, and monitor services. As part of its work to gather views it has the right to visit services.
- 1.3 HWI also has a new role - to give local people information about local health, care and related complaints services.
- 1.4 In some areas local Healthwatch organisations provide complaints advocacy for people making a complaint about NHS services. For Islington residents, this service will be provided by VoiceAbility: details are given at the end of the report.



Local Healthwatch gather views on people's experiences of health and social care services, one of the ways they can do this is by visiting local services.



## What we mean by home care

- 1.5 Home care (or domiciliary care) is care provided in someone's home. Healthwatch Islington asked people about the home care they received, whether funded by the council, by the individual through a direct payment or by the individual on a private basis. Home care includes a range of support such as: help with washing, dressing and going to the toilet, housework, laundry, cooking, shopping and trips outside of the home as well as bill paying, pension collection, ordering and collecting prescriptions and respite care.

## Why Healthwatch Islington is looking at home care services

- 1.6 In April 2013 local community members voted for Healthwatch Islington's work plan to include research into the quality of home care services.
- 1.7 Media attention in 2012 and 2013 has focused on home care services following various national reports on its inadequacies. The Equality and Human Rights Commission report 'Close to home' highlighted inadequacies in home care provided to older people. 'Time to Care', a Unison report into home care

services published in October 2012, highlighted the strains placed on care workers and published guidance for councils and contractors on a staff charter. The Care Quality Commission's Review of Home Care, 'Not Just a Number' published in February 2013 found evidence of good care, but raised some concerns about continuity of care workers, staff training and appraisals and late and missed calls. The Cavendish Review, July 2013, highlighted inconsistencies in care being delivered.

- 1.8 The survey seemed timely because Islington Council is in the process of re-tendering its home care service with a new contract to start in March 2014. In a letter to local newspaper the Islington Tribune, published 16<sup>th</sup> August 2013, the then leader of the council, Cllr Catherine West, set out some of the council's commitments when re-tendering for provision. The council will require providers to ensure that home care visits are at least thirty minutes and to pay home care workers the London Living Wage.

## 2. Methodology

- 2.1 Healthwatch Islington liaised with the Care Quality Commission to ensure that it was up to date with CQC's work on home care and with other Local Healthwatch organisations which had done work in this area.
- 2.2 We met key personnel from Islington Council to better understand the work the council is doing to gather the views of people using home care services.
- 2.3 A survey was drafted based on the input from these sources with questions grouped according to the Care Quality Commission's '*Standards for care in your home*'. These standards are also referenced in each section of this report.

[http://www.cqc.org.uk/sites/default/files/media/documents/standards\\_to\\_expect\\_homecare.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/standards_to_expect_homecare.pdf)

- 2.4 The draft survey was shared with the council. For research that involves users of council services, Healthwatch, like any other organisation, is required to put a proposal to Islington council outlining its aims and how it will mitigate any risks.
- 2.5 Interviewers were made aware of the council's safeguarding procedures and took the council's safeguarding leaflet with them to interviews.
- 2.6 In July 2013, HWI made initial contact with local day centres and organisations representing the needs of older people or those with disabilities (as being more likely to qualify for home care). We advertised in the local press, through the mobile library service and through a local befriending scheme.

- 2.7 Our report is based on the feedback service users gave us: we had no access to care plans to compare what had been planned with what was being received.
- 2.8 Volunteer researchers carried out some initial interviews in July before the summer break. Interviewing started in earnest in September and continued until December 2013. The research included a series of interviews and a focus group. Findings were collated, summarised thematically and are outlined below.
- 2.9 We had planned to gather a snapshot of views before the service is re-rendered and then again 12 months later. Although this is a hard-to-reach group of service users, with many being fairly isolated, we had hoped to reach more people than the 37 that we actually reached and are considering ways for extending our reach in phase two.

### 3. Findings

- 3.1 Healthwatch Islington carried out 28 interviews and spoke to nine people during a focus group held in July 2013, making 37 responses in total. 34 received the care themselves and three were relatives responding on behalf of the person receiving care.
- 3.2 Nine respondents were male, 26 were female and two did not answer this question.

Gender of respondents	
Male	9
Female	26
Chose not to respond	2
<b>Total</b>	<b>37</b>

- 3.3 One participant was aged between 45 and 64, 19 were 65 - 80 and 12 were over 80.

Age of respondents	
45 - 64	1
65 - 80	19
80+	12

Chose not to answer	5
Total	37

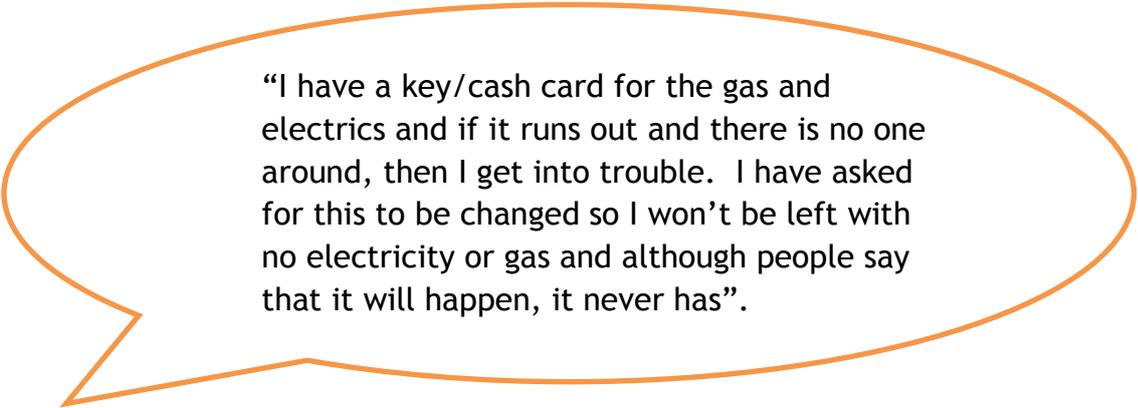
- 3.4 17 respondents described themselves as White British, two as British, four as Black British, one as Black African British, one as Black African Caribbean British one as South African, one as Irish, four as Caribbean, one as Portuguese Asian, one as Jamaican, two people did not answer this question.
- 3.5 26 respondents received care on a daily basis, nine on a weekly basis, one received care on an occasional basis and one person did not answer.
- 3.6 For 14 respondents their care was arranged through the council, 11 arranged their care privately (one topped up what the council provided), for two it was arranged by family members, for one through a day centre and for another through Age UK. Four respondents paid using Direct Payments, three were not sure how payments were made and one person did not respond.

Who arranges the care	
Council	14
Individual (privately)	11
Individual (Direct Payment)	4
Relative	2
Someone else arranged it	2
Don't know	3
Chose not to respond	1
<b>Total</b>	<b>37</b>

- 3.7 Five received their care through agency Allied Care, ten with London Care, two with Enara, two with Plan Care and one said Age UK. Several respondents did not remember the name of the agency. One respondent was unhappy with the care provided by London Care and so switched to another provider.

**Meeting need - Care Quality Commission standard 2**

- 3.8 Most respondents had help with cleaning their home (30 out of the 37 respondents). Most (24 of the 37) had help with washing, though one participant said that they were just wheeled to the shower door. 19 had help with dressing, 18 with cooking/preparing meals and six with going to the toilet. Most also said that they had help with shopping, one with collecting a pension, three with bill paying and three with ordering/collecting prescriptions. Some said that frozen meals were bought for them and the participants could then put them in the microwave themselves.
- 3.9 In the focus group only one person said that they needed help with paying bills, as most did this by Direct Debit or through a family member. One participant mentioned a problem that they have:



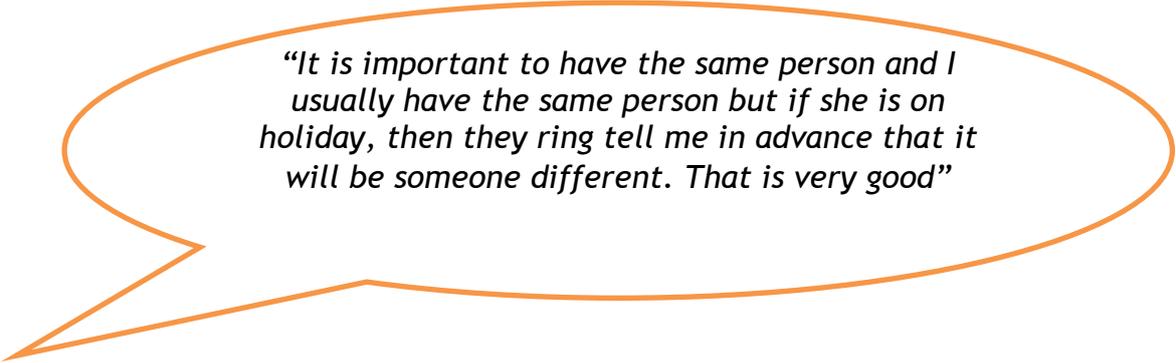
“I have a key/cash card for the gas and electrics and if it runs out and there is no one around, then I get into trouble. I have asked for this to be changed so I won’t be left with no electricity or gas and although people say that it will happen, it never has”.

It was agreed that having a prepayment meter could be risky for someone of their age.

- 3.10 Most of the participants from the focus group said that they have their prescriptions delivered by the local pharmacist and for many respondents prescriptions are issued automatically because they have one or more long term conditions. One respondent had their prescription collected by their daughter and another by the sheltered home where they live.
- 3.11 Three interviewees said that they were taken out of the house by their carer. In the focus group one respondent reported being taken out by the carer, and only when they complained about not being taken out. One was taken out occasionally but not by the carer. Others stated that they would like to be taken out.
- 3.12 26 respondents reported that their carers arrive on time. Ten stated said carers sometimes arrive on time and one stated that carers do not arrive on time, though they had discussed this with the agency and understood the constraints the agency was under.
- 3.13 We asked respondents how important it was for them to receive continuity of care, by seeing the same carers. 16 interviewees and most focus group

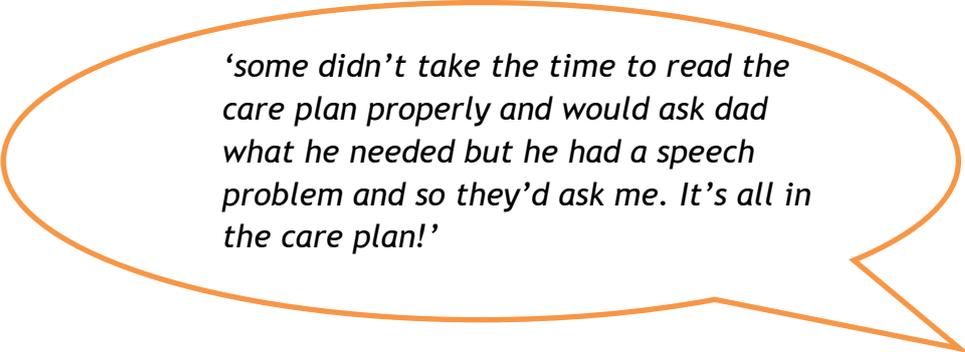
participants rated this as 'very important', nine as 'important' with two saying that it was 'not very important' and none saying that it was 'not important at all'.

3.14 One participant commented:



*"It is important to have the same person and I usually have the same person but if she is on holiday, then they ring tell me in advance that it will be someone different. That is very good"*

3.15 Another participant commented that when carers changed:



*'some didn't take the time to read the care plan properly and would ask dad what he needed but he had a speech problem and so they'd ask me. It's all in the care plan!'*

3.16 For those who said it was 'very important' to get the same carer, four did not get that regularity. Overall 20 interviewees said that they usually get the same carers, seven said that they sometimes do and one that they do not. In the focus group, seven people always or usually had the same carer.

3.17 However, of the interviewees who reported that they *did usually* get the same carers, six said that different carers would turn up on most days, one said it happened about once a week, five that it happened about once a month and three that it happened every few months.

3.18 Two participants reported regularly having different carers.

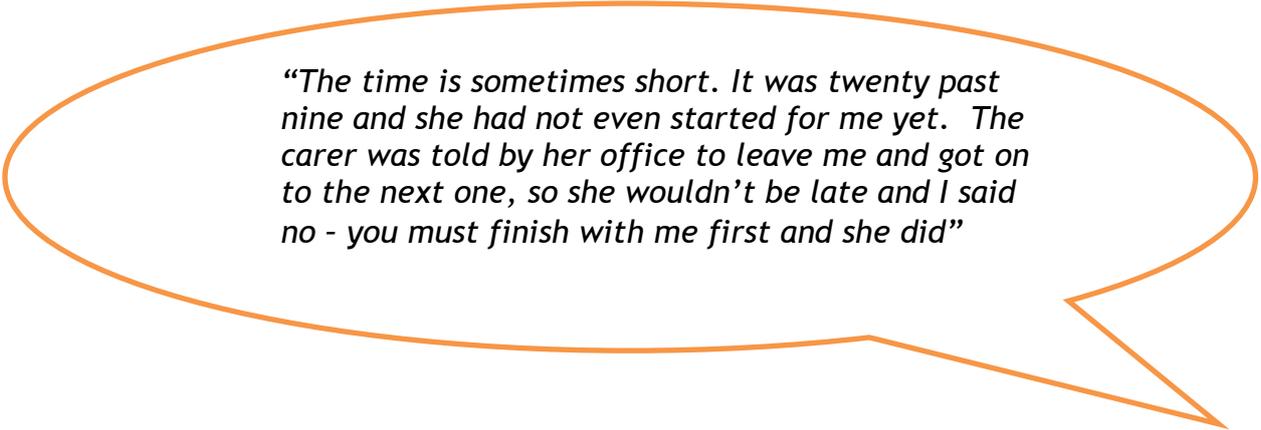


*“I used to get four different people in a day and it was maddening. Social Services have sorted this out now but I still get different people at weekends”*

3.19 Respondents had known their carers for between a few months and a few years. With most having known them for a year or more.

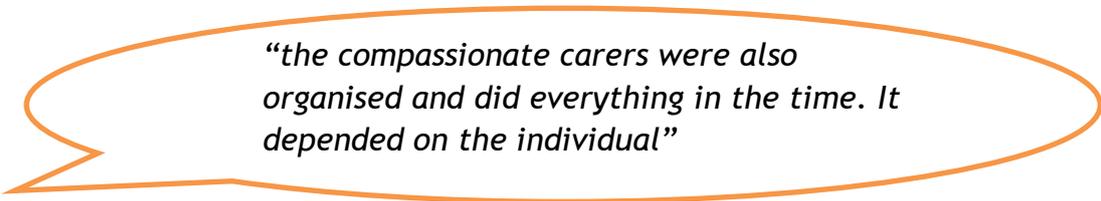
3.20 22 respondents reported that their carers do have enough time to do what they need and three said that the carers sometimes had time. Two reported that the carers did not have enough time.

3.21 One respondent commented:



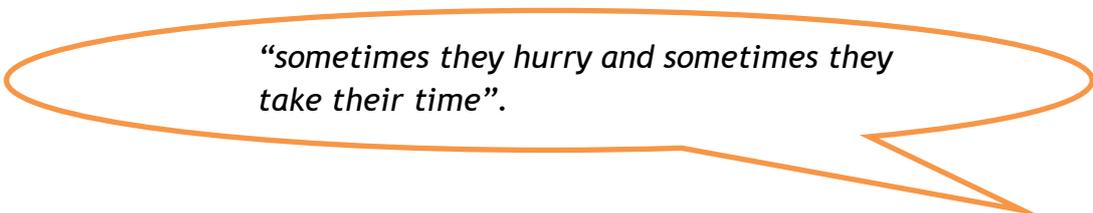
*“The time is sometimes short. It was twenty past nine and she had not even started for me yet. The carer was told by her office to leave me and got on to the next one, so she wouldn’t be late and I said no - you must finish with me first and she did”*

3.22 Another respondent stated that



*“the compassionate carers were also organised and did everything in the time. It depended on the individual”*

And another participant noted that:



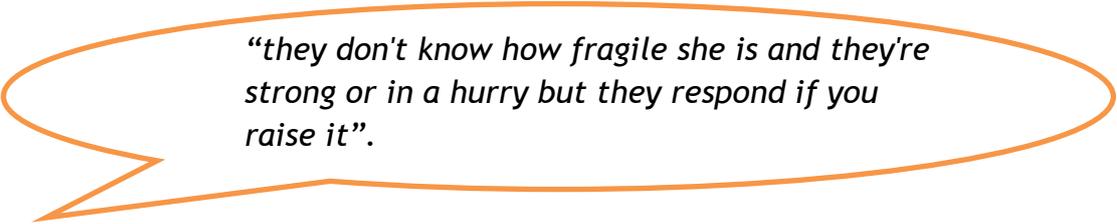
*“sometimes they hurry and sometimes they take their time”.*

## Respect, involvement and communication - Care Quality Commission standard 1

3.23 36 respondents said that they were treated with respect. One reported not being treated with respect by some carers and that the agency would change carers although the agency had stated that they could only change carers so many times due to capacity.

3.24 Almost all respondents reported that their carers were gentle with them, two that only some carers were gentle with them.

3.25 One respondent reported:

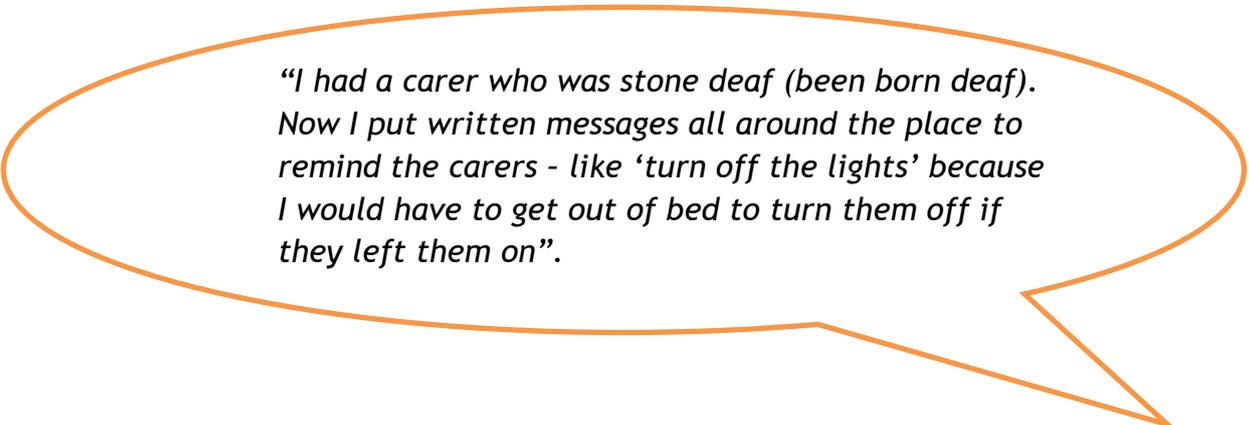


*“they don't know how fragile she is and they're strong or in a hurry but they respond if you raise it”.*

## Staff that have the right skills - Care Quality Commission standard 4

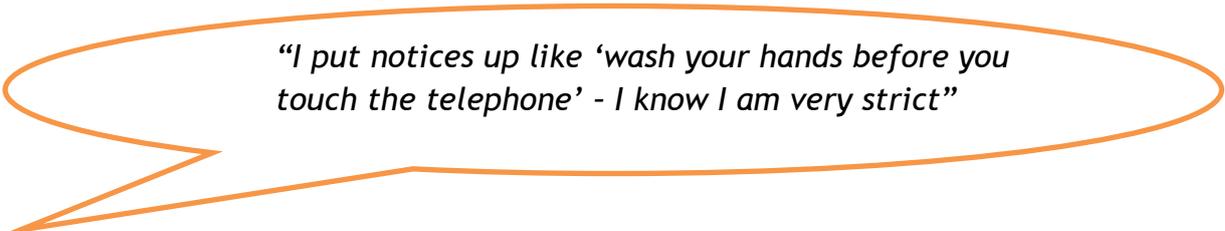
3.26 Sometimes there were said to be communication barriers.

One participant described:



*“I had a carer who was stone deaf (been born deaf). Now I put written messages all around the place to remind the carers - like ‘turn off the lights’ because I would have to get out of bed to turn them off if they left them on”.*

Another respondent said that she does this as well -



*“I put notices up like ‘wash your hands before you touch the telephone’ - I know I am very strict”*

One said that making sure that the carers do everything can be very irritating and she has broken down and cried on occasions.

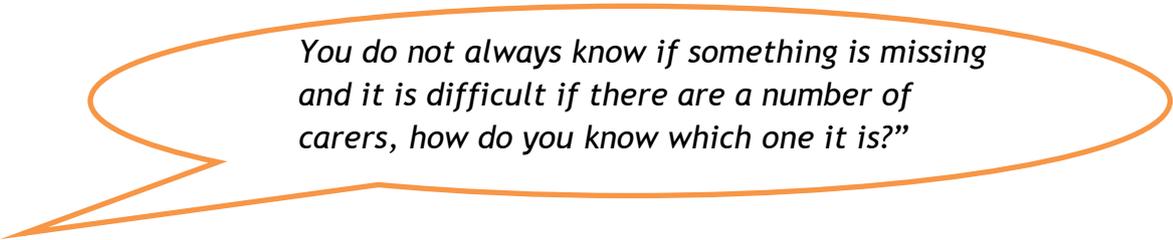
3.27 All 15 respondents whose carers operated equipment such as hoists, microwaves and electric beds felt that their carers were confident and competent when doing this.

#### **Being safe - Care Quality Commission standard 3**

3.28 Most respondents said that they felt safe with their carers, one had felt unsafe, reported the carer and carer had not been sent to this client again. HWI interviewers gave information about who to report concerns to if needed.

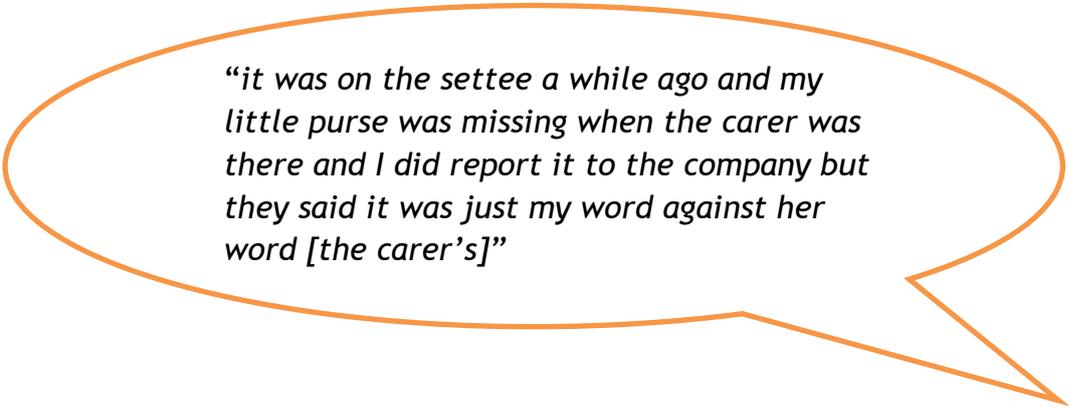
3.29 Just under half knew what safeguarding meant though less knew how to report concerns. HWI gave information on safeguarding to respondents who either didn't know what this meant or did not know how to report this.

One respondent commented:



*You do not always know if something is missing and it is difficult if there are a number of carers, how do you know which one it is?"*

Another respondent said:



*"it was on the settee a while ago and my little purse was missing when the carer was there and I did report it to the company but they said it was just my word against her word [the carer's]"*

#### **Checking the quality of services - Care Quality Commission standard 5**

3.30 We asked whether respondents got a regular visit or call from the agency employing the carers to check on quality. Twenty respondents stated that they did and 16 that they did not (one person did not respond). For those that did, contact varied from between rarely and twice a year, though one reported regular text message contact.

In the focus group most did not know how to report a problem or who to report it to - only one participant said that she had reported and was very proactive in this respect.

- 3.31 We asked whether respondents knew who to ring if there was a problem, 19 interviewees knew who to ring if there was a problem in office hours, but only 11 knew what to do if there was a problem outside of office hours. Most knew how to complain if they needed to.
- 3.32 Of the six respondents that had made complaints or raised concerns, four were happy with the result. In one case the respondent reported that complaining wasn't the problem, that was all handled fine, but it was getting a result that was difficult.
- 3.33 In the focus group there was general agreement that some carers needed to be re-trained or better trained for their role. In the interviews, respondents highlighted inconsistencies in staff skills as well as in their levels of compassion and their attitude to the care recipients.
- 3.34 One participant referred to falling prices for home care - it was said that Age UK have had to nearly halve their prices - a very competitive market and impact of the cuts on local authority budgets.

#### **4. Summary of findings**

- Respondents were receiving care to support them with a broad range of tasks.
- We noted that overall respondents were fairly satisfied with services and were being offered continuity of care. However, the group is self-selected and only included people who we were able to reach. It is possible that service satisfaction may be higher amongst this group than other service users. We also noted whilst looking for people to take part that some residents that we met although not in receipt of home care from social services were receiving additional support with tasks like shopping from local organisations. We were not able to ascertain whether they were eligible for social care or not.
- Most respondents valued continuity of care. Many respondents were receiving care from more than one person. Generally respondents felt that they knew when someone different was expected and that there was consistency, but this was not always the case, and could cause additional strain on the care recipient and unpaid carers. Several respondents reported getting a non-regular carer on most days (three from London Care, one from Allied Care and two could not remember the name of the provider).

- Very few respondents were taken outside their home as part of their care. As we did not see service users' care plans we do not know whether this is because it is not planned for or because there is not time for this.
- There was support from respondents for the difficult job that carers do and the constraints within which they are working. And most respondents felt that they were treated well by carers and that the carers were competent.
- Generally respondents felt that their carers were able to provide the care needed in the time available, though not always and not all carers.
- There was a lack of awareness around making complaints and of what safeguarding means and how to report it. Healthwatch Islington sign-posted service users as appropriate to increase this awareness.
- We acknowledge the limitations of this piece of work and will review our methodology before phase two of monitoring this service area.

## **5. Comment and recommendation**

- We welcome council's decision, set out in the letter to the Islington Tribune to ensure that all home care visits are at least 30 minutes, in recognition of the fact that cannot be provided in less time.
- We welcome the council's commitment to require contractors to pay care workers the London Living Wage and 70% of their travel time and to commission services in a way that reduces travel time for carers.
- We welcome the fact that so many respondents were happy with the continuity of care provided. This highlights the council and contractors need to prioritise continuity despite the constraints.
- Whilst the complaints system seems to be working, awareness of complaints and safeguarding was varied. Increased feedback will help maintain standards. We acknowledge and commend the local promotion of safeguarding vulnerable adults and recommend that this continue.

## Appendix A

### Survey



## Home Care Services Survey

### Introduction

Healthwatch Islington talks to local people about their experience of health and social care services.

We are talking to people about their experience of using care services in their own home. We mean services provided by a paid person or people (carers) *not* family members or friends who may help you.

### About you

#### 1.a Do paid carers provide you with care in your home?

[for relatives/ neighbours/ friends etc - we are asking them to answer for the cared for person]

Yes, daily  Yes, weekly  Yes, occasionally  No  (end interview)

#### 1.b Are you...

Person who receives care  Friend/ Neighbour  Relative

#### 1.c (If known) Who arranges the care? (tick all that apply)

Person pays themselves (privately)  Council pays  Direct Payment  Don't know

#### 2. What kind of care do they provide for you?

Washing (the person)  Dressing  Going to the toilet

Cleaning my home  Cooking meals  Shopping

Takes me out of the house  Laundry  Respite  Bill paying

Collecting pension  Ordering/collecting prescriptions

Something else provided:

### Meeting your needs

3. a) Do your carers usually arrive on time?

Yes  Sometimes/ Some carers  No

If No

b) What happens? (Prompt: is the carer/carers late or early? Do not always turn up when they are supposed to? Do not let you know when they are not turning up or are late?)

4. How important is it for you to get the same carers to give you your care services?

Very Important  Important  Not very important  Not at all important

5.a Do you usually get the same carer(s)? Yes  No

If No

b. How often do you get a different carer than your regular carers?

Most days  Once a week  One a month  Every few months  Never

6. How long have you known your current carer(s)? (Prompt for years/months)

7.a When the carer visits, does she (he) have enough time to do what you need?

Yes  Sometimes  No

If No

7.b In what way do the carer(s) not have enough time? (Prompt for what you would like to have but there does not appear to be enough time)

**Respect, involvement and communication**

8.a Do your carers treat you with respect? Yes  Some carers  
 No

If No

8.b Please explain.

9. a) Is your carer gentle with you? Yes  Some carers  
 No

If No

b) In what way are they not gentle when helping you?

**Staff that have the right skills**

10.a Can you communicate easily with your carers?  
Yes  Some carers  No

10.b If no, please explain....

11. Do you feel your carer(s) is competent and confident when operating the equipment in your home? (hoist, electric bed, wheelchairs, medication safe, door sensors, cookers/ microwaves etc)  
Not applicable  Yes   
No

**Being safe**

12.a Do you feel comfortable, at ease and safe with your carer(s)?  
Yes  Some carers  No

**NOTE TO INTERVIEWERS:**

If the person says that they do not feel safe, please find out more. Please contact the Healthwatch Staff Team (020 7832 5814 / 07812 694 657) as soon as possible if

you think this person could be in danger. Do not worry about raising a false alarm, if you have concerns, Healthwatch has a duty to deal with this.

If No

12.b In what way do you *not* feel comfortable, at ease or safe?

13.a Have you told anyone about how you feel? Yes  No

If Yes

13.b Who did you tell?

13.c (if they told the council or agency) How did they respond? Did they do anything about it?

14.a Do you know what safeguarding means?

Yes  No

14.b (If yes) Do you know what to do if you someone you know is affected by this?

Yes  No

#### Regular checking of the quality of services

15.a (For everyone) Do you get a visit or a telephone call from the agency who employs your carer(s) to check on how the service is being provided for you?

Yes  No

15.b (If yes), How often do you get a visit or a telephone call for this?

19. If there is any problem, do you know who to ring -

Within office hours? Yes  No

Outside office hours? Yes  No

20. a Have you ever had difficulty in getting your concerns or a problem addressed?

Yes  No

If Yes

20.b What happened?

21. Do you know how to complain? Yes  No

21.a Have you ever made a complaint? Yes  No

If Yes

21.b Were you satisfied with the result? Yes  No

22. If you know the name of the agency that provides the care, please let us know.

Allied Care  Enara  London Care  Plan Care  Other  Don't  
Know

If other, please state if known.....

23. Have you any other comments to make about the care services you receive at home?

## Equality Monitoring Questions

Script: Healthwatch Islington is funded by the Department of Health. As such we are required to monitor who we speak to. This is to ensure that we are involving a diverse range of people. Any answers given are confidential but you do not have to answer the following monitoring questions.

Are you

Male

Female

Prefer not to say

Age

16 - 24

25 - 44

45 - 64

65 -80

80+

Prefer not to say

How do you describe your ethnic background?

**Asian/ Asian British**

Bangladeshi

Chinese

Filipino

Indian

Pakistani

Vietnamese

Other

If 'other', please specify.....

**Black African/Caribbean/British**

African

Caribbean

Eritrean

Ghanaian

Somali

Other

If 'other', please specify....

**White or White British**

British

Greek/ Greek Cypriot

Irish

Kurdish

Turkish/ Turkish Cypriot

Other White Background

If 'other', please specify...

**Dual Heritage**

Asian & White

Black African & White

Black Caribbean & White

Other

If 'other' please specify...

**Other ethnic background**

Please specify:

Prefer not to say

# Healthwatch Islington Membership Form

## Contact details

Title  First name  Surname

Organisation (if applicable)

Address

Post code  Email

Telephone Number

Mobile Number

## My areas of interest / expertise in health and social care are:

- Primary Care (eg doctors, dentists, podiatry, eye tests)
- Secondary Care (eg hospitals, specialist clinics)
- Social / Community Care (eg Meals on Wheels/Home Help/District nurse)
- Residential Care and Nursing Homes
- Emergency services (e.g. ambulance service)
- Other (Please state)

## I am interested in services for:

- Children & Young People
- Older People
- Carers
- Disabled People
- People with learning difficulties
- People with mental health issues
- Black and Minority Ethnic (BME)
- Lesbian, Gay, Bisexual and Transgender (LGBT)
- Other

## Data Protection

Any information you have given us here will be treated as confidential.  
We will not share your contact details unless indicated below.

- Please tick the box to **share** your contact details with other LINK members

## Equality monitoring form

We would like to gather monitoring information so that we can understand the diversity of the people involved with Healthwatch Islington to make sure that we are reaching out to the whole community. We are required by the Department of Health to record this data. You do not have to complete this form.

Please help us by answering these questions:

### 1. Are you?

Male       Female       Prefer not to say

### 2. Would you describe yourself as?

- White British  
 White Irish  
 White Other: please specify   
 Black British  
 Black - African  
 Black - Caribbean  
 Black - other: please specify   
 British Asian  
 Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Other - please specify

### 3. Would you describe yourself as having a disability?

- No  
 Yes - please describe in your own words:

### 4. Would you describe yourself as:

Gay man       Lesbian woman       Bisexual       Heterosexual

### 5. Which age group do you belong to?

Under 18 years     18 to 30 years     31 to 45 years     46 to 60 years  
 61 to 75 years     76 years & over

### 6. Do you have a religion or belief?

- No  
 Yes - please specify:

