



**Home Care provision in Kingston
Report
July 2017**

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1. About Healthwatch Kingston upon Thames

Healthwatch Kingston upon Thames (from here on referred to as Healthwatch Kingston) is the local, user-led organisation for involving local people in the design and development of local health and social care services and help improve patient experience. It was established in April 2013 under the Health and Social Care Act 2012. It provides reports and updates about local services to Healthwatch England, a body that campaigns on national issues and raises concerns to the NHS and the Department of Health.

Healthwatch Kingston gathers information and feedback from patients and service users about the experiences they have of health and social services and uses this to make improvements and influence the development of those services. It works with health and social care services to make sure that the voice of local people is heard and it goes out into the community to listen to what people have to say.

In addition, Healthwatch Kingston signposts people to local health and social care services and provides information on how to make a complaint or give feedback about those services.

Healthwatch Kingston is a registered Charity, and is funded by the Department of Health through the local authority, the Royal Borough of Kingston upon Thames. It is independent, and led by a board of Trustees who are local people with a keen interest in improving the health and social care system for local people.

2. Home Care survey - Our purpose

The Healthwatch Kingston Community Care Task Group began a project to look into the current home care provision in Kingston and decided to examine the experience of people accessing these services. The Royal Borough of Kingston upon Thames is in the process of re-commissioning Home Care provision. Healthwatch Kingston has a duty to gather service user experience to inform this process, to ensure that people's needs are being listened to, to learn from the current provision, what people think works well, and what areas could be improved, and how. We hope this report will be used by RBK to commission services which better meet people's needs.

3.0 Methodology

The Community Care Task Group designed a questionnaire to gather the views of people in Kingston who use homecare services. The questionnaire was designed to gather people's satisfaction levels and experiences on the following areas;

- Staff attitude (friendliness / helpfulness/respect and dignity)
- Ease of communication with staff members (language/ informed about changes)
- Consistency of staff
- Service users level of involvement in planning their care support plan
- Quality of care (helping people achieve independence/dependability of visits/time spent caring)

The Task Group originally hoped that the council (Royal Borough of Kingston) would be willing to distribute paper copies of the survey to everyone in receipt of home care on the council's database as this would have provided comprehensive coverage of all users in receipt of services arranged through the council. A request was made to the council but, after initial positive signs, this request was ultimately declined.

Healthwatch staff then directly contacted the seven care agencies that were being utilised by the council to ask if they would be willing to distribute the surveys. Four of the five agencies from which the council was spot-purchasing services agreed to take and distribute copies as follows:

- Caremark: 115 copies
- Carewatch: 10 copies
- Divine Motions: 85 copies
- Helmar: 25 copies

Healthwatch staff were unable to elicit a response from the one other agency from which the Council was spot-purchasing services, namely Clarendon.

The two agencies providing services on an ongoing contract with the council, Alpenbest and Supreme, both stated that distribution of the Healthwatch survey would conflict with their own arrangements for a pre-Christmas survey. Copies of the Healthwatch survey were not therefore delivered to these two agencies. Both agencies were asked to provide the results of their own surveys. Alpenbest provided a copy of their survey results but Supreme did not do so. The results of the Alpenbest survey are not included in this report.

In view of the challenges faced in reaching users of home care services, the questionnaire was also made available as an online form, promoted via the Healthwatch Kingston website and twitter account. Copies of the survey were also distributed to local voluntary and statutory health and social care organisations to circulate amongst their networks.

Healthwatch also carried out outreach visits to two Staywell day centres to distribute the questionnaires. During these visits, Healthwatch Kingston and Staywell staff helped people to understand and respond to the questions. Participants included people with physical/and or mental health disabilities, including dementia, as well as people with long term health conditions.

All the feedback and information collected has been anonymised and has been processed and stored in a way to maintain confidentiality.

Healthwatch Kingston organised a prize draw of 4 M&S £20 vouchers to help promote the survey and incentivise people to complete the questionnaire. Entry into the prize draw was optional.

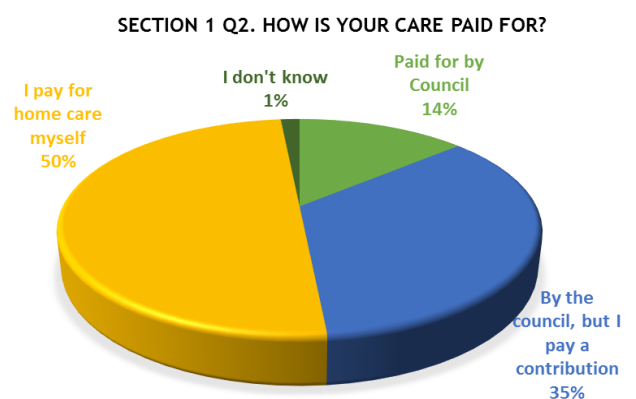
4.0 Survey respondents

66 participants completed the questionnaire in total.

50% of people surveyed said they had paid for their home care, 14% said it is paid for by Kingston Council, and 35% said it was paid by the Council, but they also made a contribution.

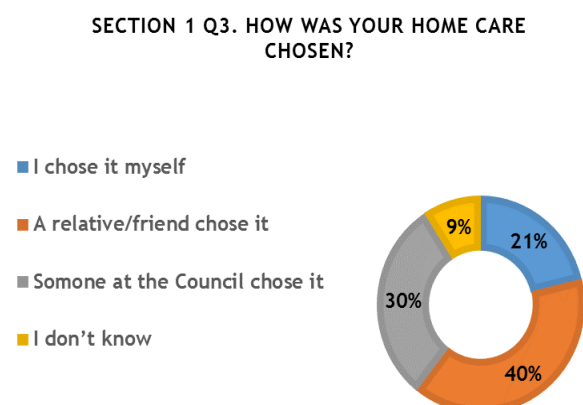
Section 1 Question 2.

The respondents received care from a range of different Care Provider organisations. Because of the small number of questionnaires completed for each Home Care Providers, it would not be appropriate to compare and contrast the results between the different Providers.



Section 1 Question 3.

40% of people surveyed said that a friend or relative helped them to choose their home care package, 30% said that someone at the Council had chosen it, and 21% said they had chosen it personally.

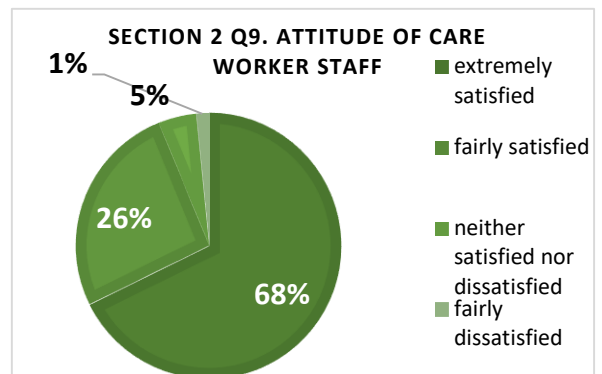


5.0 Findings

5.1 Staff attitude

Section 2 Question 9.A

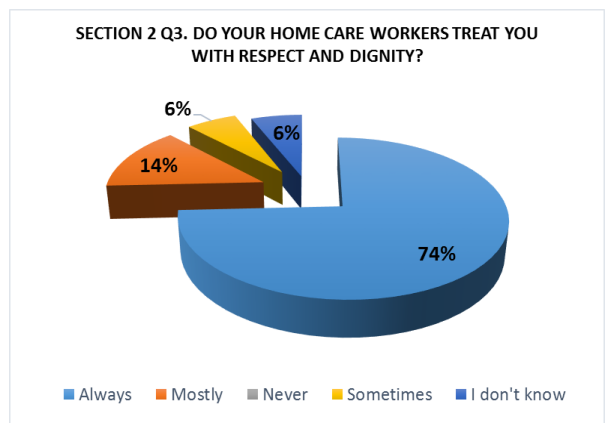
When people were asked to rate the attitude of their Care Worker, 68% of people said they were extremely satisfied, 26% said they were fairly satisfied, 5% said they were neither satisfied or dissatisfied, 1 person was fairly dissatisfied and 1 person did not respond.



"I feel I'm in safe hands, I feel much safer knowing my Care Worker is looking out for me and wants me to be healthy"

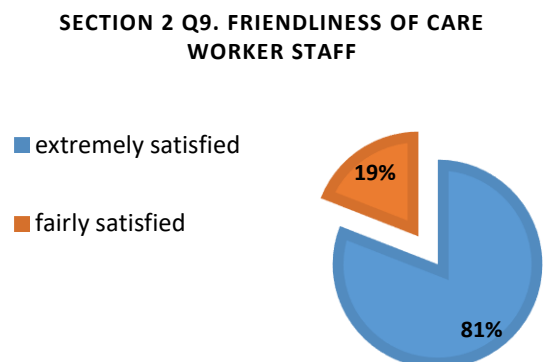
Section 2 Question 3.

74% of people said their Care Worker treated them with respect and dignity, 9.6% said they mostly felt they were, 4.6% said they sometimes felt they were and 4.6% said they did not know.



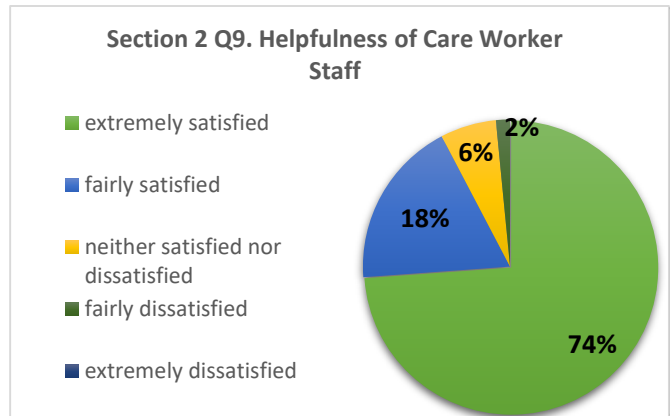
Section 2 Question 9.B

81% of people said they were extremely satisfied with the friendliness of their Care Worker, 19% said they were fairly satisfied. 3 people did not respond.



Section 2 Question 9.C

74% of people said they were extremely satisfied with the helpfulness of their Care Worker, 18% said they were fairly satisfied, 6% said they were neither satisfied or dissatisfied, 1 said they were fairly dissatisfied and 1 person did not respond.

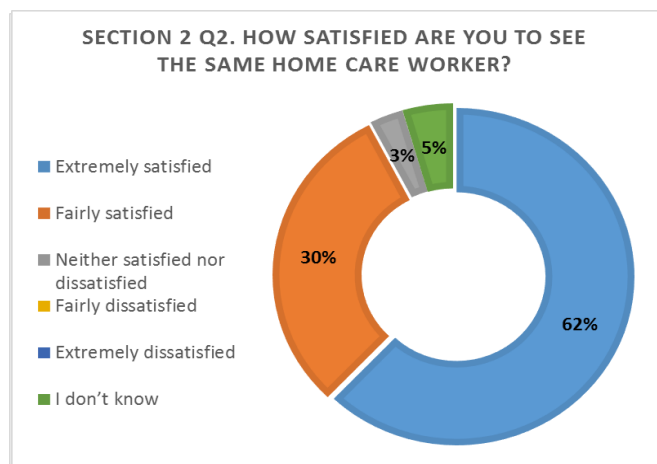


5.2 Consistency of staff

Section 2 Question 2.

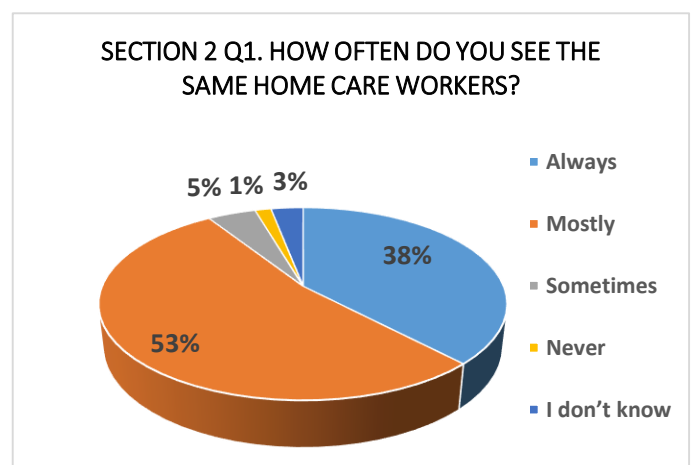
When asked how satisfied they were to see the same Care Worker, 62% said they were extremely satisfied, 30% said they were fairly satisfied, 6% were sometimes satisfied, 4.6% said they did not know.

“I wouldn’t feel comfortable having strangers come into my home regularly, I know I can trust my Care Worker and feel relaxed when she is around”



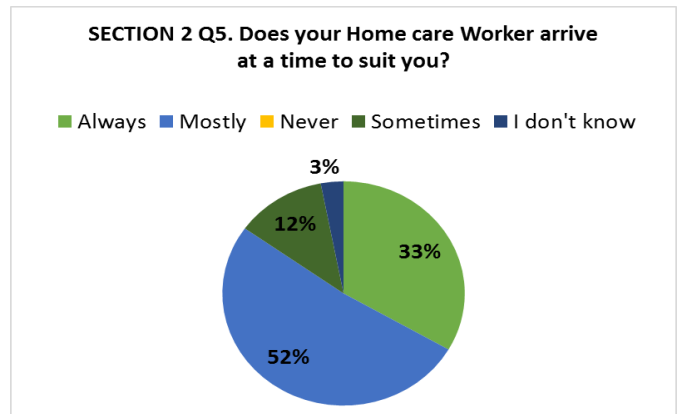
Section 2 Question 1.

Out of the 66 people surveyed, 53% of people said they mostly saw the same Care Workers, 38% said they always did, 5% said they sometimes did and 1 person said they never saw the same care worker.



Section 2 Question 5.

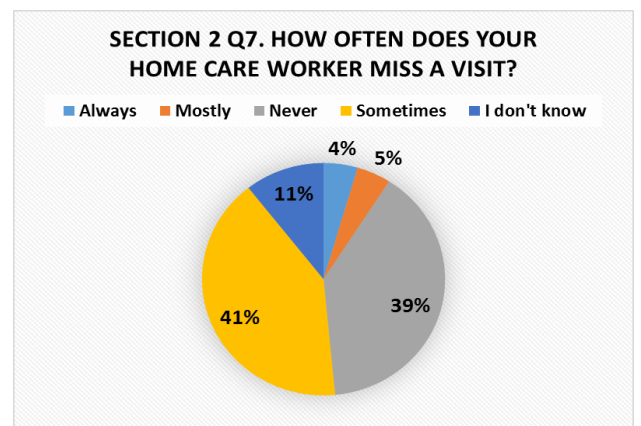
When asked whether their home care worker arrives at a time which suit them, 52% said mostly, 33% said always, 12% said sometimes, 3% said they don't know.



Section 2 Question 7.

Out of the 66 people surveyed, 41% said their Care Worker sometimes missed a visit. 49% said they never missed a visit, 11% said they did not know. 4% said they always missed visits

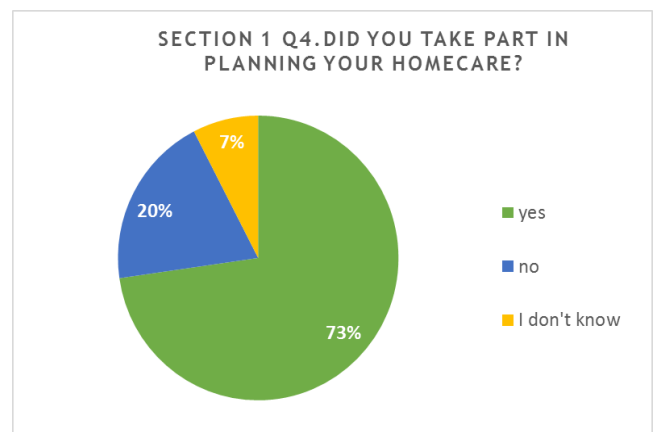
“My home care worker very rarely misses a visit, only once that I can remember”



5.3 Being informed and involved, ease of communication

Section 1 Question 4.

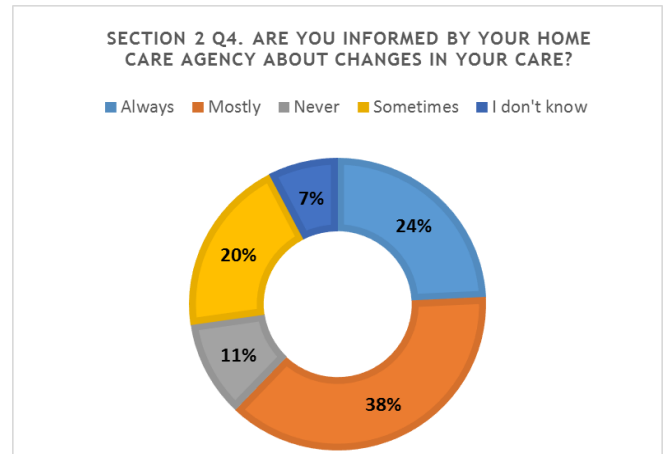
Out of the 66 people surveyed, 73% said they had taken part in the process of planning their homecare 20% said they had not taken part and 7% said they did not know.



Section 2 Question 4.

When asked if they were informed by their care agency about changes to their care, 38% said they were mostly, 24% said always, 20% said sometimes, 11% said never and 7% said they don't know.

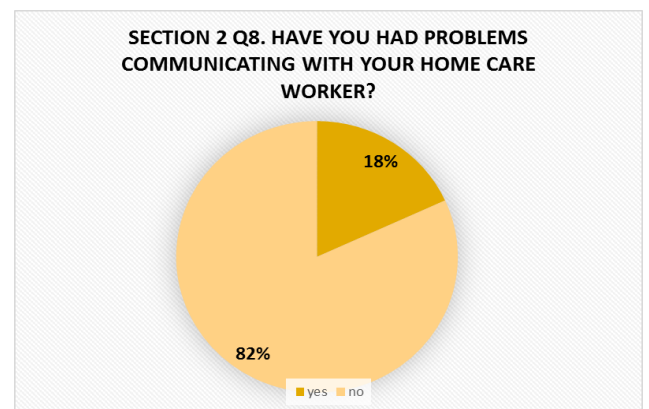
“On those occasions when my regular carer(s) are unable to attend it would be nice to be told, where possible, who is replacing them, which very rarely happens”



Section 2 Question 8.

82% of people said they had not had problems communicating with their home care worker; 18% said they had.

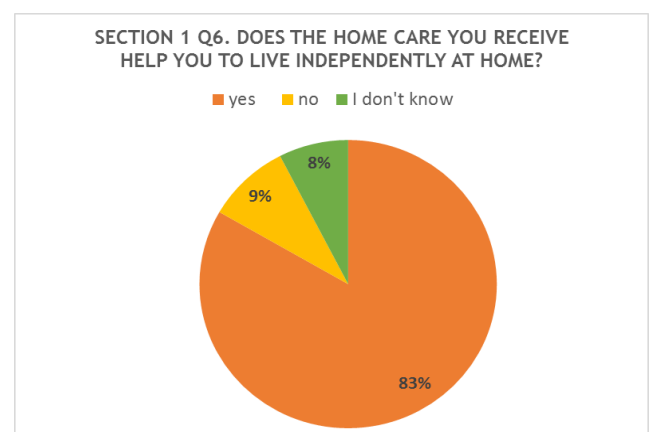
“I always get English speaking care Workers and don't have any problems talking to them”



5.4 Quality of care

Section 1 Question 6.

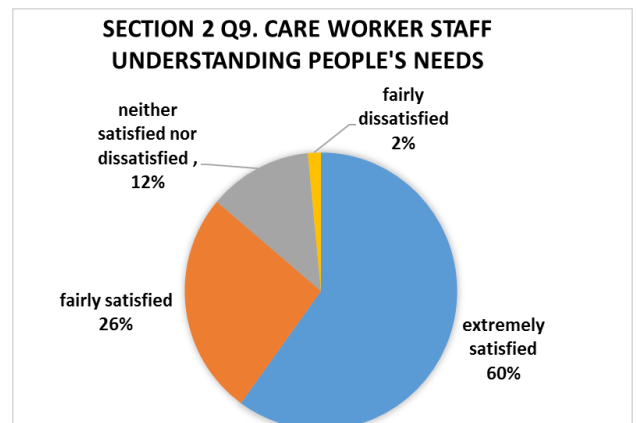
83% of people said the home care they received helped them to live independently, 9% said they did not think it helped them live independently, just under 8% said they did not know.



Section 2 Question 9.D

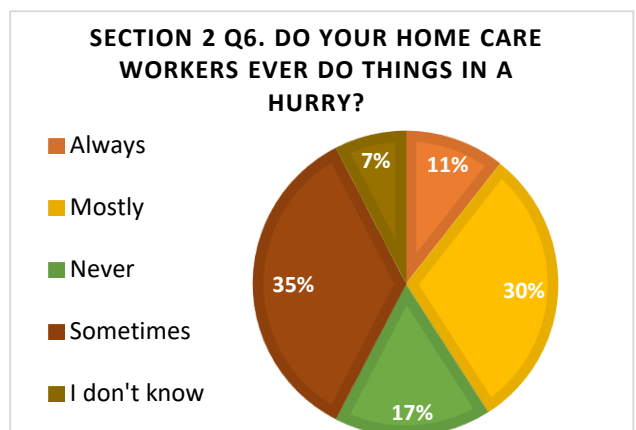
When asked to rate how well they felt their care worker staff met their needs, 60% said they were extremely satisfied, 2% said fairly satisfied, 12% said neither satisfied or dissatisfied, 1 person said they were fairly dissatisfied and 1 person did not respond.

“My Care Worker is very important to me as I would not be able to stay in my own home without her caring for me”



Section 2 Question 6.

35% of people said they sometimes felt their care worker did things in a hurry, 30 % said they mostly felt this was the case. 17% said they never feel their Care worker hurries, 11% said they feel they are always in a hurry, 7% said they do not know.

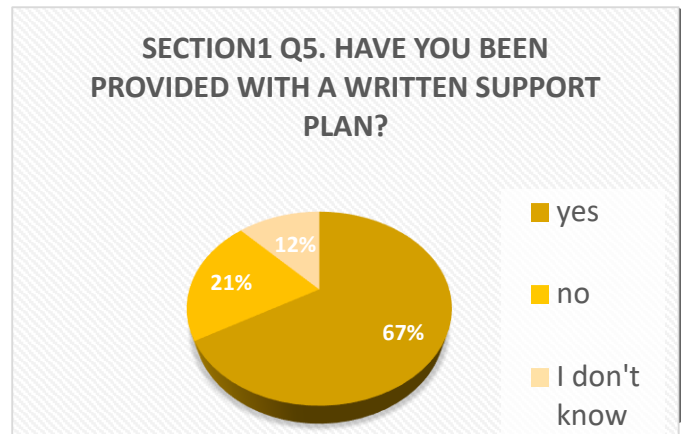


“They can sometimes be late arriving, but this is often due to traffic problems. They are then stressed because they are short of time and then hurry my visit to get to the next client. They are then playing catch up for the rest of the day.”

“My Care Worker is very kind to me and is always smiling, she makes me feel better-but sometimes she has to rush to get things done and she seems stressed.”

Section 1 Question 5.

Out of 66 people, 67% said they had been provided with a support plan, 21% said they had not and 12% said they did not know.



6.0 Conclusions

The results showed a reasonable level of satisfaction with how clients felt about their relationship with their care worker: out of the 66 respondents, none expressed dissatisfaction on the friendliness of staff, only one expressed satisfaction on staff attitudes and one on the helpfulness of staff. However, we are concerned that 18% of respondents said they were having difficulty communicating with their care worker.

A surprising number of respondents, 12%, were neutral in their assessment of the extent to which the visits met their needs and only 60% were very satisfied. There was a similar pattern in relation to the extent to which the respondents felt treated with dignity and respect. These are areas where there may be room for some improvement.

It is disappointing to learn that 21% respondents said they had not taken part in planning their home care with a further 12% respondents not knowing whether they had or had not been involved. It is also disappointing that 11% of respondents said they were never informed with another 20% saying they were only sometimes informed about changes in their care plan.

Overall, the results that prompt most concern came in response to the questions 'How often does your home care worker miss a visit' and 'Do your home care workers ever do things in a hurry'? On missing a visit, 41% of respondents reported that this was happening sometimes and 4% that it was always happening. 30% of respondents said that their Care Worker sometimes missed a visit and another 11% said that they "always" missed a visit. Considering the vulnerability of the clients being visited these are disturbing results.

7.0 Recommendations

To Care Agencies

- All clients should be asked to confirm on an annual basis whether or not they believe they have been adequately involved in the planning of their care so that remedial action can be taken where a client says this is not the case, or they are uncertain.
- Care plans, and changes to care plans, should be provided to clients in a format that best enables them to understand and utilise the information.
- Appropriate systems must be put in place to ensure that no client ever experiences a missed visit by a care worker.
- Any changes to planned care (eg change of care worker, change of appointment time) should be communicated to clients promptly.
- All care workers must be fluent in English (or, where appropriate, the mother tongue of the client being visited).
- Care workers should be given sufficient time for each visit so as to ensure that no client perceives that their care worker is in a rush when visiting.

To Royal Borough of Kingston

- The ability of agencies to provide person-centred care, built around the changing needs of clients, there must be key criteria for the selection of future home care agencies to be commissioned by the council.
- The council should produce a statement on how it monitors the performance of the agencies from which it purchases services. This statement should be published along with an annual report on the results of the monitoring.
- As one means of measuring performance, the council should set out a standard methodology, to be used annually by all agencies from which the council purchases services, for seeking client feedback.

8.0 Next steps

This report will be presented to the Royal Borough of Kingston upon Thames and all Care Providers currently utilised by the Council. We provide 21 days for service providers to respond to the report. We expect that not all recommendations will be implemented straight away, but we anticipate that the management will address the findings and recommendations.

The Healthwatch Kingston Community Care Task Group aims to build on its positive partnership with the Royal Borough of Kingston upon Thames, to ensure that service users and carers are fully involved within the commissioning of services to help deliver person centred support and care.

Story 1

“Having an ongoing ‘challenge’ with an ageing mother in her mid-80’s provides children with a set of tasks that they are completely unprepared for. Having come out of hospital after an invasive pulmonary embolism in October of 2015, I was prepared to a certain degree in how to handle my mother’s ongoing care needs. But when new ‘challenges’ emerged - a combination of managing her basic hygiene with the onset of amnesia, it was the Kingston Carers Network that advised and prepared a plan of action to help identify different solutions. This included contacting Kingston Social Services to identify suitable care homes and options for keeping my mother entertained. With my mother suffering from Parkinson’s, these were identified as key requirements for her continued recovery.

Both the Raleigh Centre and Bradbury House provided very suitable environments for my mother to meet and socialise with her peer group. Although this proved novel in the first instance, a combination of poor transport facilities and boredom with the familiarity of going to the same places led my mother to stopping. She is clearly suffering from a level of depression but sadly the doctor’s suggestion of anti-depressants was not the ideal solution. We eventually agreed on an alternative, which resulted in her being formally assessed at Surbiton’s Health Centre (Amnesia Dept). She continues to have her ups and downs but continued advice from Social Services and care at home via Alpenbest seem to do the trick.”

Story 2

“In late February, I was planning to go away for 8 days on a cricket tour to South Africa, so had to make arrangements for people to come into our home and provide my mother with company for an hour or so and then provide her with a pre-set meal that I had outlined in a series of daily menus. Liaising with Staywell at least 2 weeks prior to my planned departure ensured I and my mother had peace-of-mind that all would be taken care of. And so it proved. Ironically, I ended-up being rushed into hospital with Prostatitis for 6 days and so never went on the tour but thankfully the care was in place. My mother clearly enjoyed the one-to-one chats with a numerous Carers from Staywell (they couldn’t provide the same carer from one day to the next, which was a concern but in the end, it made no difference - she enjoyed all their company). Sadly, I can’t get this level of care on an ongoing basis without paying for it, so my mother just has to put up with my chat every couple of hours a day instead. She still loves her crosswords, which gives another outlet for keeping her brain alert”

Story 3

“A friend of my mother’s has been suffering from a series of medical problems for quite a while, being seen both privately and on the NHS. Sadly, what I put down to years of poor living (heavy smoker & drinker), all of which have caught-up with her, means she needs almost constant care. She receives a lot of the required support from people to whom she lets a couple of rooms in

her property (for very cheap rent), which is not the ideal solution. Suffice to say, one of her very favourite tenants called me one day to say the lady was in a very bad way and needed immediate help. Having learned a bit about how things are managed by Social Services, I asked the tenant to call her GP and see if he could provide a medical solution, whilst I would phone Social Services. Despite being advised later that what happened “should / would never happen”, it did. It transpired Kingston Social Services (KSS) did not send someone to assess the lady for a further two days, I can only surmise that they deemed her to be of a medium level risk, having both an unofficial carer at her home and a support group (including me) around her. Suffice to say, having made my report to KSS, I was advised to liaise with either Staywell or Alpenbest to see who could provide immediate care / a home visit. Staywell advised this was not something they could do, so I called Alpenbest. They had a Care Manager round to assess the lady's needs by 12pm the next day, which I thought was a fairly impressive reaction time. She has declined the care offered by Alpenbest because it was going to cost money.”

Story 4

“I am a carer of my husband who is severely disabled. He also receives some home care support from an agency. Due to my husband's level of disability he receives home care support, he is not to be left alone. There was an occasion when I was having some respite. When I returned a few hours later, he was alone and had been from 20 minutes from when I had left. The Carer said that something had come up and they had to leave, he said that my husband had agreed to this. The carer had not contacted either myself or the care agency to confirm whether this was ok. Thankfully my husband was well.

I have found that if the personal care call goes bad it affects how the rest of the day will go. I invest a lot of time in training and working with any new Carers. The current Carers are very good and have got to know my husband's routine. Learning what individuals like and dislike is vital for both the Service users and Carer. When agencies do not commit to sending the same individuals it can be very stressful.”