

Future Home Care Provision in Kingston

Community Engagement Report

February 2018

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1 Introduction

1.1 Acknowledgements

Healthwatch Kingston would like to thank everyone that took time to attend the workshops and those who completed the survey for their contribution to this report. We would also like to thank our partners, the Kingston Centre (KCIL) for Independent Living and the Kingston Carers Network (KCN) for their support with this community engagement exercise.

1.2 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 care 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 charitable company 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.



1.3 About our partners

KCIL provide a range of services to ensure that disabled people who live, work and study locally are able to lead independent lives. They also provide disability-related advice and information to other interested individuals or organisations.

KCN supports carers of all ages by providing independent information, advice, advocacy and support to people who care for someone living in Kingston. They offer a range of opportunities for carers to have a say in the way health, social care and carers' services are run in the borough.

2 Context

Healthwatch Kingston was approached by the Royal Borough of Kingston upon Thames to support them with some community engagement events and a related survey. The Council felt that it was important to build upon earlier engagement in this area and discuss with local home care users and their carers their latest plans. It is intended that this is the first of an ongoing series of community engagement exercises about local transformation plans.

Over 500 people in the Royal Borough of Kingston receive essential care in their own home paid for wholly or partly by the local authority. Good quality homecare is invaluable in providing older people with the support they need to keep their independence and control over their lives in familiar surroundings.

In the past the Council has funded external organisations to deliver home care on their behalf but more recently it has been working with other health and social care providers across Kingston to look at how improvements could be made to the way home care is provided. The Council has been exploring setting up new ‘Wellbeing’ teams that would then provide more ‘person-focused’ support for people requiring care at home.

It is expected the new Wellbeing teams will perform a wider variety of tasks than current providers and will be able to discuss with home care users what is important to them and what kind of support they need to live more independently. The teams would work alongside other health and social care professionals as part of the new locality model for health and social care to ensure they receive the right support at the right time.

The aims then of the two workshops and the survey were for Healthwatch Kingston to gather the thoughts of home care service users and their carers on these proposed changes and to find out what was important about the way support will be provided in the future.



3 Methodology

The ‘Future Home Care Provision in Kingston’ community engagement exercise was delivered through a mix of interactive workshops and an online survey (paper, braille and large print versions were available upon request).

Healthwatch Kingston, working alongside the Royal Borough of Kingston, and in partnership with the Kingston Centre for Independent Living and the Kingston Carers Network, hosted two engagement events.

The first event was held on Friday 1st December 2017, at the Kings Centre, Coppard Gardens, Chessington and the second on Monday 4th December 2017 at the Quaker Centre in Kingston.

An update on Council plans was provided at each event, followed by a question and answer session with the commissioner. Home care service users and their carers were then provided with a set of questions which outlined the problem that commissioners were attempting to solve and suggested areas for discussion (see Appendix 2) and then feedback their thoughts to others before the end of the event.

Discussions were focused around how people felt about their current home care and how the Council might ensure they provide good quality help to support people live independently at home in the future.

Local home care users and their carers also had the option to complete a short survey (see Appendix 3) available through Healthwatch Kingston from 14th December until the 27th December 2017.

Invites went to over 500 residents currently using home care provided by the Council and a further 650 invites were sent to Healthwatch Kingston stakeholders and through our partner organisations the Kingston Carers Network and the Kingston Centre for Independent Living. The community engagement events were

also promoted via the Healthwatch Kingston website as well as social media (Twitter and Facebook).

Numbers of people involved:

- 15 local residents attended the event at the Coppard Centre in Chessington
- 32 local residents attended the event at the Quaker Centre in Kingston
- 46 participants completed online and paper surveys

NB: Workshop discussions and responses to the survey have been anonymised as part of this report and permission to use photographs was obtained.



4 What local people said

4.1 Summary of findings

The events gave people the opportunity to discuss some of the key things that home care service users and their carers in Kingston said were important to them. These included dignity, and support to access other services in the community when people needed to. The event workshops were also an opportunity for commissioners to sense check their current plans for the future of home care in Kingston.

The feedback collected highlighted the following key themes that people felt could improve the delivery of their home care:

- **Care planning** - It is important that care is focused around what people want and need
- **Choice and consistency** - Involving people and their families, and giving them more choice about how care is delivered, is key to helping them feel in control of their care
- **Communication and feedback** - It is paramount to facilitate the process of sharing information and knowledge and to use feedback as a tool for continued learning to improve performance.

4.2 Results of the event workshops

- The following section groups together the main responses to the series of questions that were provided at both of the Healthwatch Kingston facilitated events.

Good aspects of the current service:

- It was felt that the home care support provided in Kingston was a valuable service
- The current system is fine but there is some inconsistency in the level of service between different agencies and their staff
- It was acknowledged that there would be some problems no matter what system is in place

Bad aspects of the current service:

- Communication can be difficult and for many care workers, English is not their first language, so it is difficult to understand what is being said and it is therefore hard sometimes to have a proper conversation (there should be an introduction of a standard language test)
- It is not possible to get in touch with agencies out of hours.

“They need to be much more readily available and contactable. It would be good to have a phone number that is answered especially at the weekend.”

(Home care service user at a workshop)

- Often you don't get the same care worker, so it is difficult to build up a relationship
- Care workers are either not turning up or turning up late
- The quality is variable and there is confusion over what you can ask the care worker to do
- There was concern about the closure of local resource centres and the impact of cuts in funding and the lack of services for disabled users or those with learning disabilities.





Support that would improve people’s quality of life and independence:

- Consistent quality of agencies and their staff
- Time for conversation
- Access to social activities - social prescribing, referrals/signposting to relevant organisation

Important things required for being supported at home:

- To have a proper assessment of support care needs, to have honest, reliable staff and to feel safe within one’s own home.
- Staff should have proper training - the new care worker role needs to ensure those employed meet a high standard, be empathic and be flexible as service users’ needs often change.
- Accessible transport is a big issue, and this can make it difficult to get out.

“Transport with support is necessary, and somewhere to go. If I can’t go out I will lose connection with people...And it’s nice to have a connection”

(Home care service user from a workshop)



How to reduce loneliness, depression and social isolation:

- It is important that care staff have a good knowledge of what's available locally, and to be able to refer and signpost people to services easily
- Local services - statutory, charity and community organisations - need to work closely together and a proper network needs to be in place
- There needs to be better communication and information for all those involved in the care system - this includes hospital staff, social workers, care workers, family carers.

How will the Wellbeing Teams provide the new homecare service?

The general consensus from workshop participants was that the proposed new system sounded 'wonderful if it works' and that findings from the pilot 'should help iron out any major problems'.

“It would be so lovely to have some time for a chat; to do a bit of light shopping, go for a short walk or do some exercises”

(Home care service user)

There was however, a major concern that the trial in New Malden would disrupt the current system by taking away the best carers from the home care worker pool that is already in place.

Some felt that the terminology currently being used like 'multi-disciplinary teams', and 'implementation support plans' was confusing, and in order for the system to provide a holistic approach it needed to be simple and easy to understand.

People also felt:

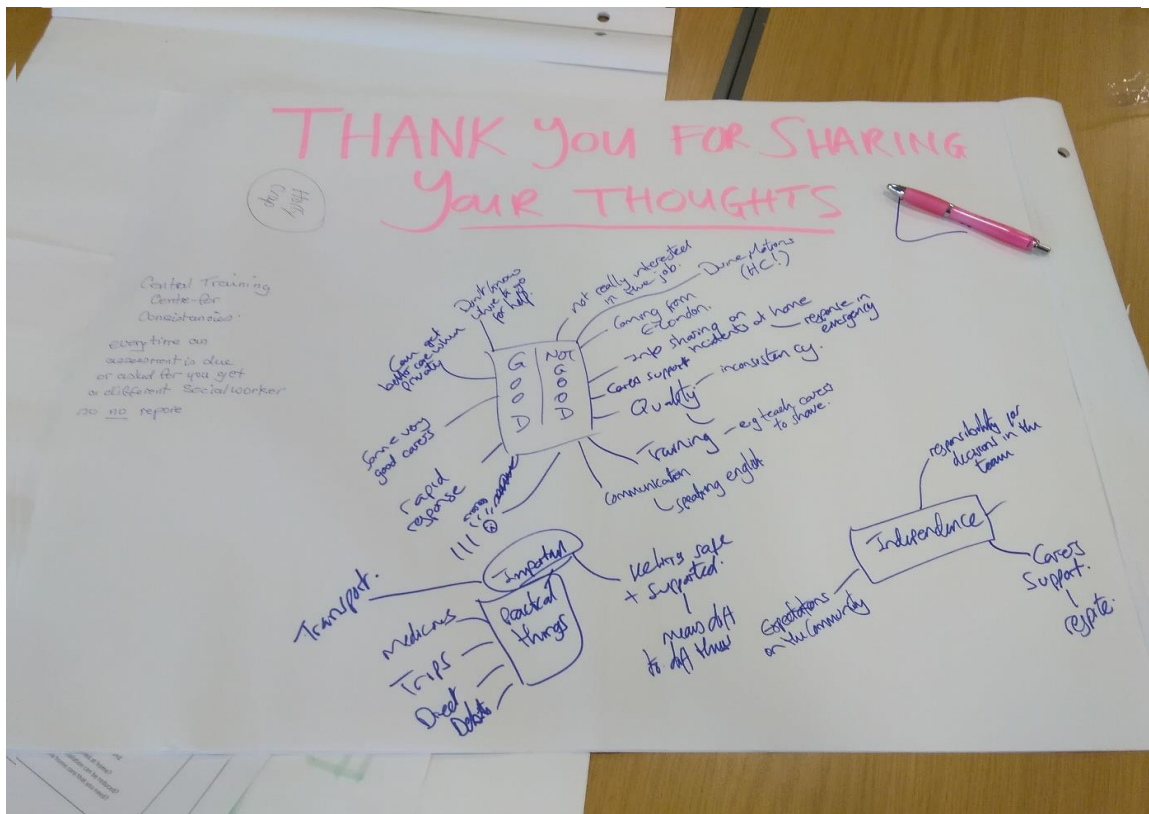
- Literature and other information should be available in different languages
- The new teams need to be IT savvy but embrace all methods of communications e.g. letters and phone calls should work alongside the internet and text messaging



“New employees should have a mentor for at least a week when they first start a new role in home care.”

(Home care service user from a workshop)

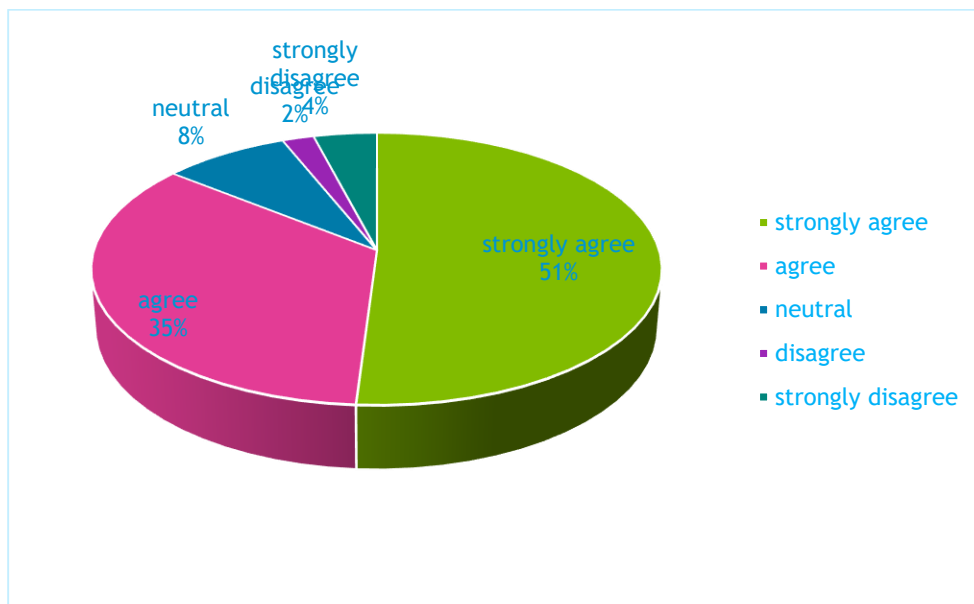
- Charities and community groups need to have the capacity to get involved and should have proper funding
- The wider community also needs to be encouraged to support the system
- Recruitment and training is paramount if these teams are to succeed and therefore staff need to be properly trained and have good language skills
- Appropriate governance and safeguarding needs to be in place



4.3 Results of the survey

The ‘Future Home Care Provision in Kingston’ survey (see Appendix 3) was completed by 46 respondents. These break down as follows: 8 (17%) were home care service users; 23 (50%) were family carers, 7 (15) % were friends, 4 (9%) were care workers and 4 (9) % were advocates.

Q1 - My care worker should be able to vary how much time they need to spend with me based on how I am on that day

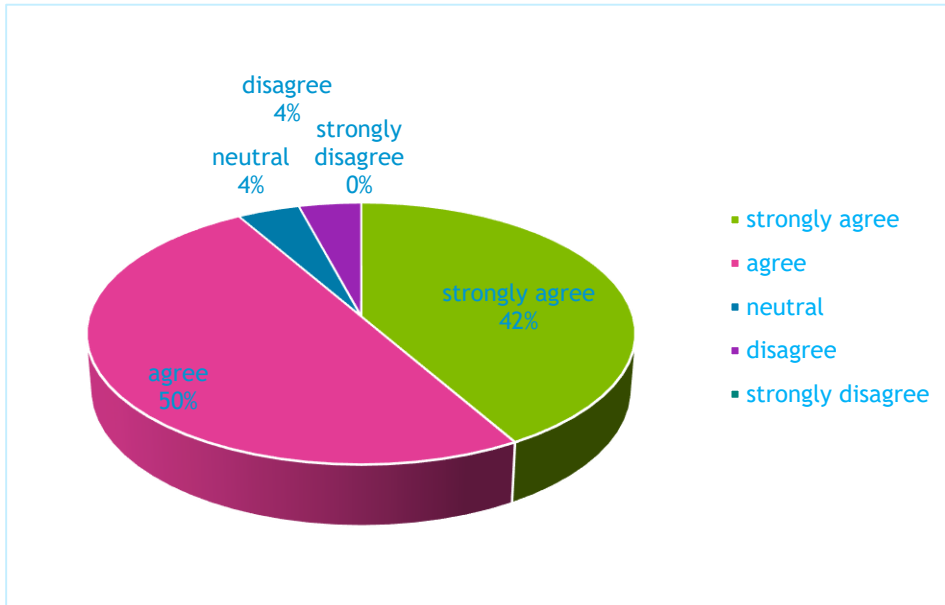


Clearly, a majority of respondents (85%) either agree or strongly agree that home care workers should be able to vary how much time they need to spend with them based on how people feel on that day.

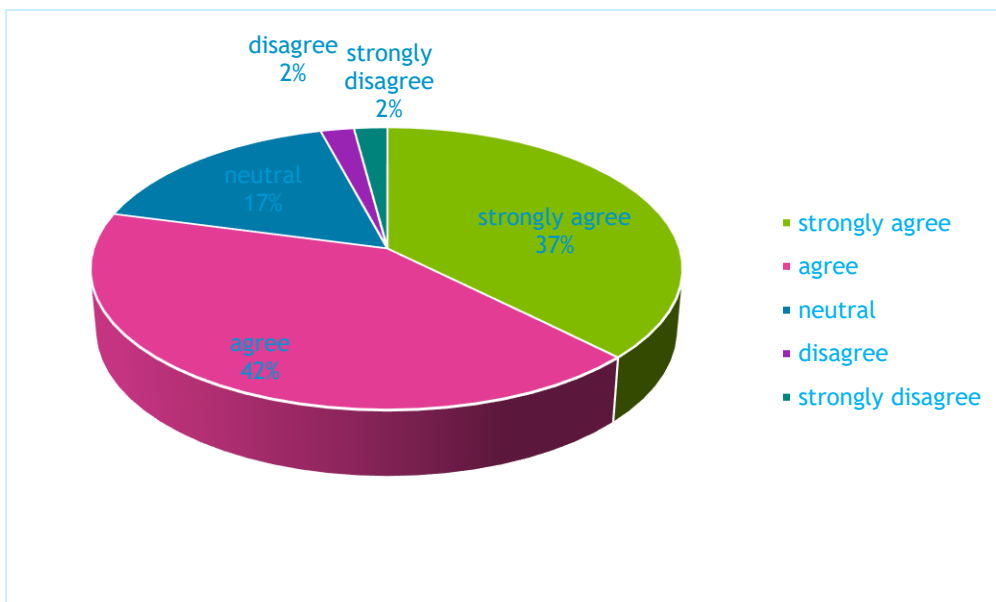


Q2 - My care worker should be able to agree with me what my support includes

Most people (92%) agreed that their home care worker should be able to agree with them what their home care support includes.



Q3. My care worker should be better able to support me to access community care

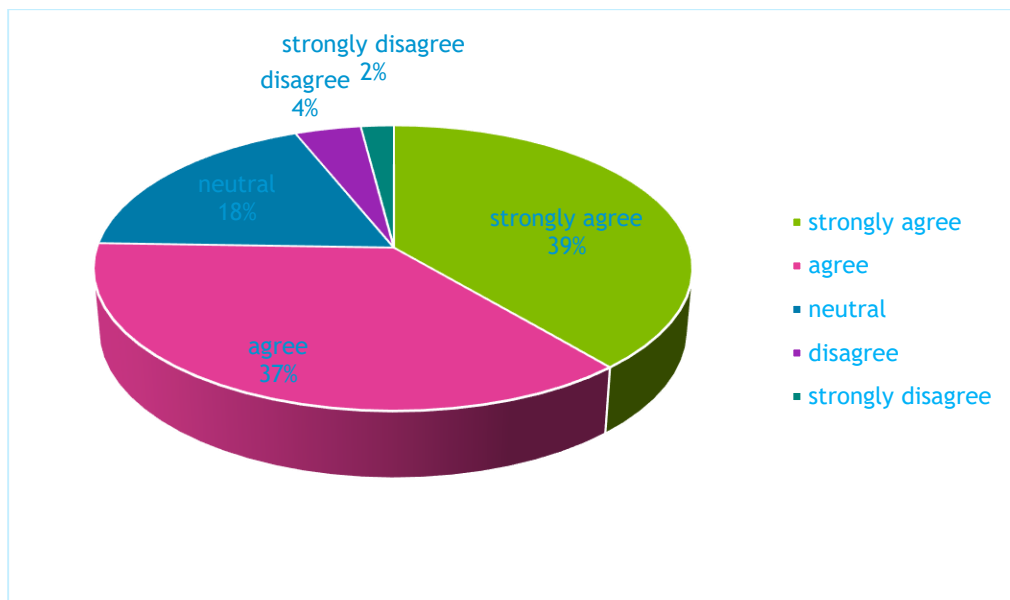


The majority of those that responded to the online survey agree (42%) that their care worker should be able to support them to access community care.

Q4. My Care worker should be able to tell other professionals involved in my support what is important to me

Almost all those who responded agree (92%) that their home care worker should be able to tell other professionals involved in their support what is important to them. This is not surprising considering that many people requiring care have complex needs.

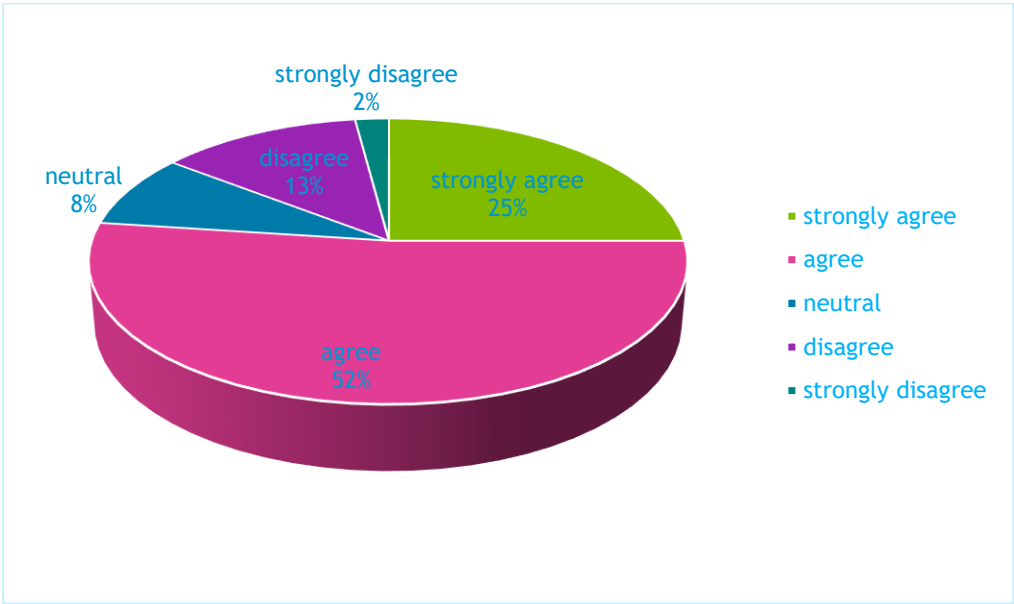
5. My care worker should be trained to do a wider range of support tasks e.g. simple health support activities



Similarly, over three quarters agreed (76%) that their home care worker should be trained to do a wider range of support tasks.

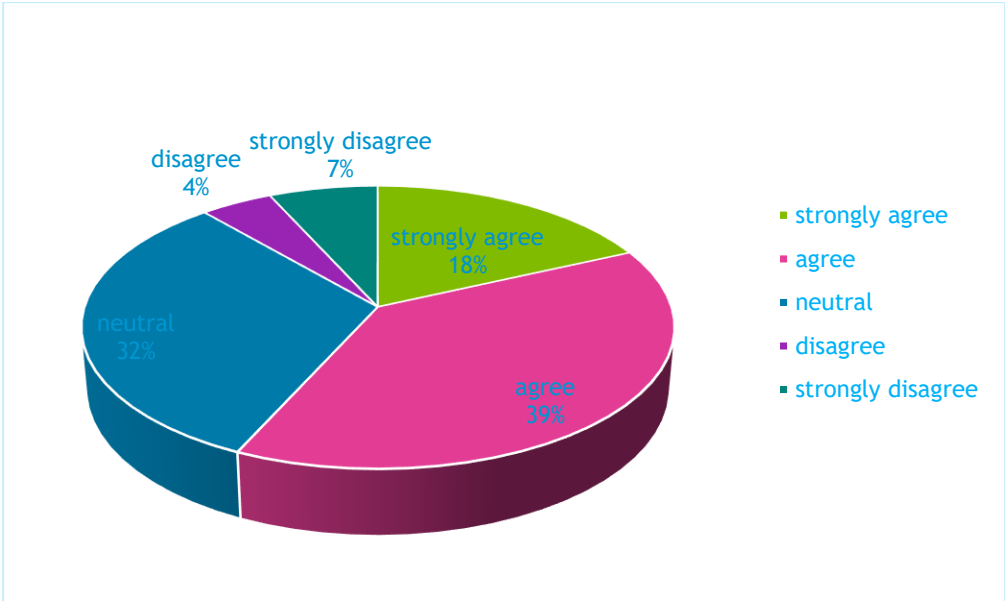


Q6. I don't mind my care worker being late as long as they tell me when they will be there



When this issue was discussed during the workshops, those that weren't comfortable with this were very vocal about the need for keeping to original scheduled appointments. However, 77% of those surveyed didn't mind their care worker being late as long as they were told when they will be there.

Q7 How satisfied are you with your current home care service?



Whereas 71% were satisfied with their current home care service, interestingly 32% made no comment about their care.

Q8 - What activities do you think the Wellbeing Teams need to provide for you?

Most frequently occurring areas for respondents in relation to what they think Wellbeing Teams need to provide were:

- Informal visits - time for a chat
- Exercise/physio - (basic chair exercises, walks out)
- Social activities, occasional trips out
- Personal care and rehabilitation
- Help with food preparation/organising meals on wheels
- Assistance with visits to doctors, dentist, hospital and better liaising with medical professionals
- Help with medication
- Be able to deal with pressing matters, and know what to do if problems arise



Q9 - Do you have any further comments or suggestions that would improve your home care service?

The key areas in response to this question to this question were:

- Keeping the same care worker for a significant period i.e. avoiding frequent change of care worker
- Minimum allocated time should not be less than 30 minutes and care workers should arrive at the same time each day
- Communication is really important; people must let you know why/if their care worker is going to be late
- Care workers should be able to speak English so that elderly people can at least understand what they say and to have a conversation with them.
- It is important that the role is filled by people who are empathic, have efficient caring skills who are well trained



4.4 Recommendations

The following recommendations, divided into three key themes, have been developed by Healthwatch Kingston and informed by what people said at the engagement events, via the online survey.

Ensuring home care is person centred

Recommendation 1: Home care provision should support the aspirations, goals and priorities of each person, rather than providing 'one size fits all' services.

Recommendation 2: Home care provision should involve people and their carers in discussions and decisions about their care and support and agreeing mutual expectations.

Providing information about care and support options

Recommendation 3: Home care provision should offer people and their carers information about local support groups and networks, and activity groups.

Recommendation 4: Home care provision should ensure people using services and their carers have information that supports them to make informed choices about their care.

Communication

Recommendation 5: Home care provision should regularly seek feedback (both positive and negative) about the quality and suitability of their home care.



4.5 Further Information

This report was produced by Healthwatch Kingston upon Thames and will be made available to the public on our website, and hard copies will be made available on request. Should you require this report in a different format, please contact the Healthwatch Kingston office on 0203 326 1255. Kingston Quaker Centre, Fairfield East, Kingston, KT1 2PT. Email: info@healthwatchkingston.org.uk. Website: www.healthwatchkingston.org.uk



5 Further reading

Homecare - What people told Healthwatch about their Experiences August 2017

<https://www.healthwatch.co.uk/news/Home-care-services-what-people-told-Healthwatch>

Close to home an inquiry into older people and human rights in home care October 2011

<https://www.equalityhumanrights.com/en/publication-download/close-home-inquiry-older-people-and-human-rights-home-care>





6 Appendices

Appendix 1: Workshop presentation slides (Andrew Osborn, Health and Social Care Locality Lead, Royal Borough of Kingston)



Future Provision of Home Care
Engagement workshop



We agreed 8 Golden principles

1. Understand the person as completely as possible; as early as possible
2. Good quality, timely, share-able information about the person
3. Minimise hand-offs – both for information and for the person
4. The best decision, at the best time by the best possible person/team
5. As a person being supported, I will always know what will happen and when, and who to go back to if needed.
6. Co-ordinated care – all the way through
7. Keep listening to the person – all the way
8. I will work with the person and their relatives/care workers to the extent of my capability

3



What do we need to change?



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- Help people to support themselves without the need to contact social care
- Give ourselves and others time to have conversations with people
 - Use conversations as a prevention approach
 - Change the conversation to what they would like to be better in their lives
- Make better use of reablement to maximise a person's potential to be independent
- Work smarter with our partners (VCS, Health) so the right person is doing the right thing at the right time
- Have good quality care and support workers

Some of the problems we face



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Thames

- Councils typically pay very low hourly rates
- Support focuses on tasks rather than what a person may want
- Capacity is always low
- Quality of care can be inconsistent
- People have different expectations around what support will look like
- People working together and sharing information





Some of the problems we face

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What you told us was important about Home Care



- **Dignity** – talk to the person and respect that you are in their home
- **Understanding** – reading the support plan and knowing how to support the person
- **Support for unpaid Carers** – staff capable of standing in and working alongside unpaid carers
- **Hospital Discharges** – starting support promptly to be able to leave hospital
- **Support in a crisis** – be able to respond if the person's needs change suddenly

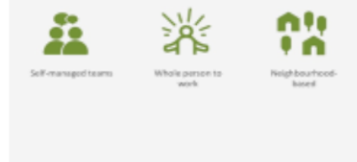
The Support Sequence



Individual and team support



What is Different?



Introducing Well-Being Teams



Appendix 2: Workshop Group Discussion

The problem we are trying to solve:

How do we ensure that we can provide good quality support to help people live independently at home?

Suggested areas to discuss

- What's good and what's not so good about the home care support that is provided now?
- What type of support would help improve people's quality of life and independence?
- What's the most important thing for you in being supported at home?
- How do you think loneliness, depression and social isolation can be reduced?
- Do you feel the Wellbeing Teams will provide the home care that you need?



Appendix 3: Community Engagement Survey Questions

1. My care worker should be able to vary how much time they need to spend with me based on how I am on that day.

Strongly agree / Agree / Neutral / Disagree / Strongly disagree

2. My care worker should be able to agree with me what my support plan includes.

Strongly agree / Agree / Neutral / Disagree / Strongly disagree

3. My care worker should be better able to support me to access community care.

Strongly agree / Agree / Neutral / Disagree / Strongly disagree

4. My care worker should be able to tell other professionals involved in my support what is important to me.

Strongly agree / Agree / Neutral / Disagree / Strongly disagree

If you have a Personal Assistant, please go to question 7

5. My care worker should be trained to do a wider range of support tasks (e.g. simple health support activities).

Strongly agree / Agree / Neutral / Disagree / Strongly disagree

6. I don't mind my care worker being late as long as they tell me when they will be there.

Strongly agree / Agree / Neutral / Disagree Strongly disagree

7. How satisfied are you with your current home care service?

Very satisfied / Satisfied / OK / Unsatisfied / Very unsatisfied

8. What activities do you think the wellbeing teams need to provide for you?



9. Do you have any further comments or suggestions that would improve your home care service?

10. Questionnaire completed by

Service user /Family carer /Friend /Advocate /Carer /Personal Assistant