

Healthwatch Salford Report on Home Care 2022



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About Us

Healthwatch Salford is your health and social care champion. Whether you've had a good or bad experience, we can use your feedback to improve services for everyone and we have the power to make NHS leaders and other decision makers listen to what you have to say. We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you to get the support you need. Our service is free, simple to use and can make a real difference to people in Salford and beyond.

Arrangements for the delivery of Care Act 2014, Adult Social Care in Salford

In Salford the arrangements for the delivery of Adult Social Care services under duties under the Care Act 2014 are managed through a formal 'Section 75 Partnership Agreement' between Salford City Council and the Northern Care Alliance NHS Foundation Trust (Salford Care organisation). This arrangement has been in place since 2016 and means the Northern Care Alliance discharges most of Salford City Council's statutory Adult Social Care functions.

Summary

This project looked at the home care service provided in Salford, ie the provision of care workers providing care for people who receive support in their own home. There are a number of home care agencies commissioned to deliver this service across Salford. There were 1260 people using the service in October 2021, and the survey was sent to all people who receive support with 180 completing feedback. The feedback has shown that people who receive support are generally happy with their experience of the home care service. This is a credit to the service, particularly taking into account the impact of the Coronavirus pandemic, and the subsequent constraints within which the service was operating.

- Just over half of the people who took part in the survey were happy with their home care service, describing it as great or good. Of the 16 individual agencies who were named by respondents, significant feedback was given for five agencies, with two of these being above average, one average, and two below average.
- 'Being treated with dignity' was identified by people who receive support as the most important aspect of the home care service. This was followed by people who receive support having a care worker they know and feeling that the care plan reflects their needs.
- When thinking about the planning of their care and support, many people reported that they knew what their care workers are supposed to do and they felt that the care plan reflected their needs.
- The topic of 15-minute visits from care workers is more contentious with half of people saying they are not long enough, particularly with people needing support with medication or meals.

- Again, over half of the respondents reported that the care worker does not turn up at the expected time. There were many negative comments that illustrated the impact of this, both on people who receive support and their family members/friends.
- Higher rates of satisfaction on the home care service are reported from people who regularly see the same care worker, and unsurprisingly they also said they were happy with the relationship with their care worker.
- Just less than a third of respondents do not feel happy raising any concerns they might have with the office or care workers, and just less than half do not find office staff responsive and helpful.
- It is a credit to the service that two thirds of respondents said that the provision had not changed during the pandemic, although some of these answers can be attributed to the fact that they were new to the service as their previous informal support networks had broken down and because of this they therefore had no point of comparison.
- In terms of a night-time service, most people who took part in the survey felt this was not needed at the present time, but that they may need it in the future.

Notwithstanding the positive feedback, there were many comments which do give cause for concern highlighting some areas where improvements need to be made, and these are covered in the themes and recommendations below.

Themes and Recommendations and response from Salford Adult Social Care

Themes

- 1) 15-minute visits are adequate for some and not adequate for others. Of the people who responded to the survey, almost half are not satisfied with the length of these visits.
- 2) Nearly half of respondents said that the care workers do not turn up at the expected time. Unpredictable timings of visits had a negative impact on medication, and also on toileting/personal care, amongst other areas, and there was a negative impact of care workers not turning up at all.
- 3) Nearly a third of people who responded were not comfortable raising concerns. In many cases, respondents ticked a box indicating that they were happy or unsure on an issue but then went on to make a negative comment, which suggests a reluctance to give their true opinion. The idea that any complaint would affect the care provided was articulated as a concern in some survey responses.
- 4) Nearly half of people surveyed found office staff unresponsive and unhelpful.
- 5) Feedback showed that some agencies have higher levels of satisfaction than others, and that the care being delivered by some agencies was below average.
- 6) Survey responses indicated feelings of powerlessness and a lack of control from people who receive support and family members which, for example, might be caused by a perceived lack of consequences for care workers not turning up at the expected time, or not staying for the allocated time.
- 7) Over a third of respondents completing the survey were family members/friends. Feedback shows that filling in the gaps in care can have a negative impact on family members/friends.
- 8) There was a perceived lower standard of care at the weekend.
- 9) The relationship between the service user and the care worker and the consistency of care workers was very important, with those who regularly see the same care worker being more likely to be happy with the service.
- 10) 40 people responded that they were not involved in the planning of their care and support, which is a requirement of the Care Act 2014.

Recommendations and response from Salford Adult Social Care

1. Further work needs to be done to analyse the efficacy of 15-minute visits and allocating them correctly, taking into account the service user's needs.

Response from Salford Adult Social Care:

- Work has commenced to analyse the impact of 15-minute visits. This will help to inform how visits are commissioned by social workers going forward with the intention that social care practitioners and providers work together to ensure visits have sufficient time allocated to complete tasks. The implementation of strength-based assessments will also support this work through utilising alternative solutions such as technology-enabled care.
- Commissioners will include the outcomes of the analysis of the impact of 15-minute visits when rewriting future contract specifications for Home Care.

2. It is recommended that further planning work is done around staff rotas and contingencies for staff absences and emergencies occurring at visits. This would result in fewer occasions where care workers are arriving late to visits and enable the high standards to be maintained at the weekend and a consistency in care workers provided.

Response from Salford Adult Social Care:

- Work remains ongoing to support providers with the staffing pressures they are facing which can be attributed to visit punctuality. Staff recruitment and retention has been particularly problematic during, and since the pandemic nationally. Salford are working with key partners to support recruitment to the care industry by increasing opportunities and the real living wage has been introduced - this aims to assist providers in improving the staffing picture.

3. It is essential that people who receive support and their families are encouraged, and feel safe, in voicing any concerns they might have. It would be advised to introduce an easier feedback system so that both people who receive support and friends/family feel empowered to have their voice heard. For example, by encouraging people to contact a neutral organisation such as Healthwatch Salford, they would feel safe in raising concerns, or compliments, and would be reassured in the fact that it would not affect their care. A system should be put in place where feedback is monitored, analysed for themes, and acted upon on a regular basis.

Response from Salford Adult Social Care:

- The findings of the report in this area are disappointing and it is acknowledged that this needs to be improved upon.
- As part of ongoing work with Home Care partners, this will be followed up and training needs identified and addressed for office staff, with a focus on essential customer service skills and handling complaints.
- Internally the process for receiving concerns/complaints is under review and once agreed will be publicised to all, with support offered to ensure all parties are clear as to how to appropriately and proportionately raise concerns.
- Following on from this, processes are being developed to obtain regular feedback from service users/representatives, so that themes and trends identified with certain sectors and/or providers can be picked up and improvements made. People supported and their families should be able and confident to raise their concerns about the quality of care, in the knowledge that this is positive feedback which will be used to learn and grow.

4. Introduce new induction processes and training so that all staff, including office workers, understand the lived experience of people who receive support and their families/friends, and are trained in person-centred care.

Response from Salford Adult Social Care:

- Induction and training for provider staff is reviewed as part of the quality assessment undertaken for each service. Additional training needs will be picked up as part of this work and, where necessary, an action plan will be implemented to monitor improvement; shadowing/gaining insight into lived experience will be recommended as good practice to all providers.
- We will also be looking at how we can connect the Salford Care Organisation workforce (for example social workers) with providers to understand lived experience of domiciliary visits through induction and strengthening the neighbourhood model.

5. Salford City Council should ensure that all feedback from people receiving support is used as an integral part of the commissioning process, and individual Care Providers should share good practice between each other.

Response from Salford Adult Social Care:

- Feedback is sought from people supported through the review process and is recorded.
- Further work is currently being undertaken by Adult Social Care to ensure the care management process and documenting of conversations is strength-based and

co-produced. As part of this work Adult Social Care will endeavour to ensure that the recommendations of this report are integral to the care management process and that there are robust mechanisms in the system to collate individual feedback which can inform strategic change.

- Contract review processes are in development currently and will include gathering of views from people supported, their families, care staff and other stakeholders. This information will inform quality improvement work and future commission plans. It is important to note that if issues/concerns are picked up as part of this process, an action plan would be implemented with the Provider.

6. Care providers should identify unpaid carers and offer direct support to them such as carers groups. Where this is not feasible for the care provider, they should offer signposting to other relevant support.

Response from Salford Adult Social Care:

- As part of the Adult Social Care approach to strength-based assessment and support planning, Adult Social Care workers will also identify unpaid carers and will offer them a carers assessment to assess their needs and what support they require to continue in their caring role.
- Adult Social Care will also work closely with the Gaddum Carers Centre, who are the commissioned organisation to support informal carers and would ask if informal carers would like to be referred to this service. As part of Salford's All Age Commissioning Strategy for Carers, work is being undertaken around information, advice and guidance for carers and as this develops, we will ensure providers are aware of this. This will enable relevant signposting and ensure that support for unpaid carers is available.

7. All relevant agencies to ensure that the requirements of the Care Act 2014 are met, pertaining to people being involved in the planning of their care and support.

Response from Salford Adult Social Care:

- For the past two years, Adult Social Care and the wider Care Organisation have been working with National Development Team for Inclusion (NDTI) to build on our person-centred working based, community-led support and strength-based conversations. This has supported Adult Social Care to develop pockets of innovation around meeting need differently and co-producing assessment and support plans. We are now moving to the next phase to embed this way of working so it becomes everyday practice.

- To achieve this, a Principal Manager is leading on community-led support and strength-based conversations and developing further innovation sites and our systems and process so that they are strength-based and co-produced.
- Although this report primarily looks at home care, we are working on a menu of options for people who require support. This should include day provision, use of technology, short break care, individual service funds and updating our direct payment policy to enable people to be in control of their support.
- Furthermore, we will be working in partnership with our Providers to ensure person-centred support is embedded into working practices, an example of this will be joint reviews so that all involved in the care of the person and the person cared for are fully involved.

Introduction to the project

The Care Act 2014 is instrumental in setting the legal framework for Adult Social Care services. Adult Social Care provides information and advice, assessments and support for citizens with social care needs, so that people can remain at home for as long as possible.

It is widely accepted that nationally, the 'home care' market is under significant pressure, with "demand exceeding capacity" (Oung, 1/12/21) mainly due to an ageing population, and further strains were undoubtedly caused by the pandemic. Home Care plays a significant part in Adult Social Care provision; after the public told Healthwatch Salford they wanted the organisation to focus on Adult Social Care in 2021/22, we contacted the Northern Care Alliance in order to work with them on looking at home care services in Salford.

Salford has a population of 263,000 (2022) with 37,000 people aged over 65, 900 people with a moderate or severe learning disability (18-65 years) and 3000 with a serious physical disability (18-65 years).

The most common client groups for home care services in Salford are: Older People, Dementia Care and Physical Disability. However, less commonly, the service also covers: Palliative and End of Life; Learning Disability non-complex and non-challenging care; Mental Health non-complex and non-challenging care; People with challenging behaviour; and supporting carers and family members involved in the service user's care.

The vision for the home care service in Salford as set out by Salford City Council and its partners, is as follows:

The home care service will ensure that people in Salford have timely access to a high quality home care which is person-centred to the needs of the individual, is responsive to changing needs and enables the person to maximize their independence and quality of life at home and in the community.¹

¹ Salford Home care specification, 2016.

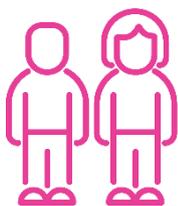
In October 2021 there were 1260 people who were receiving the support of home care services in Salford, and this report will look at feedback from a proportion of these people who receive support on the current service being provided. The results will be used to form part of a review of home care provision, with the aim of improving the service offered to people who receive support and their families

Methodology

A working group was set up comprising of The Northern Care Alliance, Healthwatch Salford volunteers, a Healthwatch Salford board member, Salford City Council and the Salford Clinical Commissioning Group. The working group helped to devise the questions and agree the format of the survey. The survey was designed to include symbols and tick boxes in order to make it as easy as possible for people who receive support to complete.

In November 2021 the engagement phase of the project started and the surveys were printed and posted out to all people who receive support by Salford City Council. People who receive support were given four weeks to complete and return the survey to the Healthwatch Salford offices in a freepost envelope. All data was anonymous. Out of the 1260 people who receive support who were sent surveys in the post, 180 surveys were received by Healthwatch Salford. Whilst we acknowledge that this is a relatively low sample size compared to the overall number of people who receive support, it is nevertheless a true reflection of what they told us at the time.

Demographics of survey participants



100 Women
69 Men

Where they lived

Eccles, Winton, Irlam & Cadishead **50**
Walkden, Little Hulton, Worsley & Boothstown **49**
Swinton & Pendlebury **26**
Broughton, Kersal & Irwell Riverside **23**
Ordsall, Claremont & Pendleton **23**



153 people said that they had a long term physical or mental impairment or condition

32 people identified themselves as being a carer

Their ages

18-25	1
26-49	6
50-64	23
65-79	43
80+	95

Top 5 long term health conditions

- 1 – Dementia (**40**)
- 2 – Respiratory (**36**)
- 2 – Deafness or hearing impairment (**36**)
- 3 – Cardiovascular (**34**)
- 4 – Diabetes (**29**)
- 5 – Musculoskeletal (**25**)



Their religion/ belief system

Buddhist - **1**
Catholic - **2**
Christian - **136**
Jewish - **4**
Muslim - **1**
Unitarian - **1**

Their race or ethnicity



1 person identified as being asexual, **2** as bisexual and **146** as straight

4 people told us that their gender was different to what they were assigned with at birth

Asian or Asian British	
Chinese	1
Pakistani	1
Black/African/Black British/Caribbean	
African	2
Mixed/Multiple Ethnicity	
Black African & White	1
Black Caribbean & White	1
White	
British, English, Northern Irish, Scottish & Welsh	160
Irish	4
White European	2

What the people told us

Section One – General :

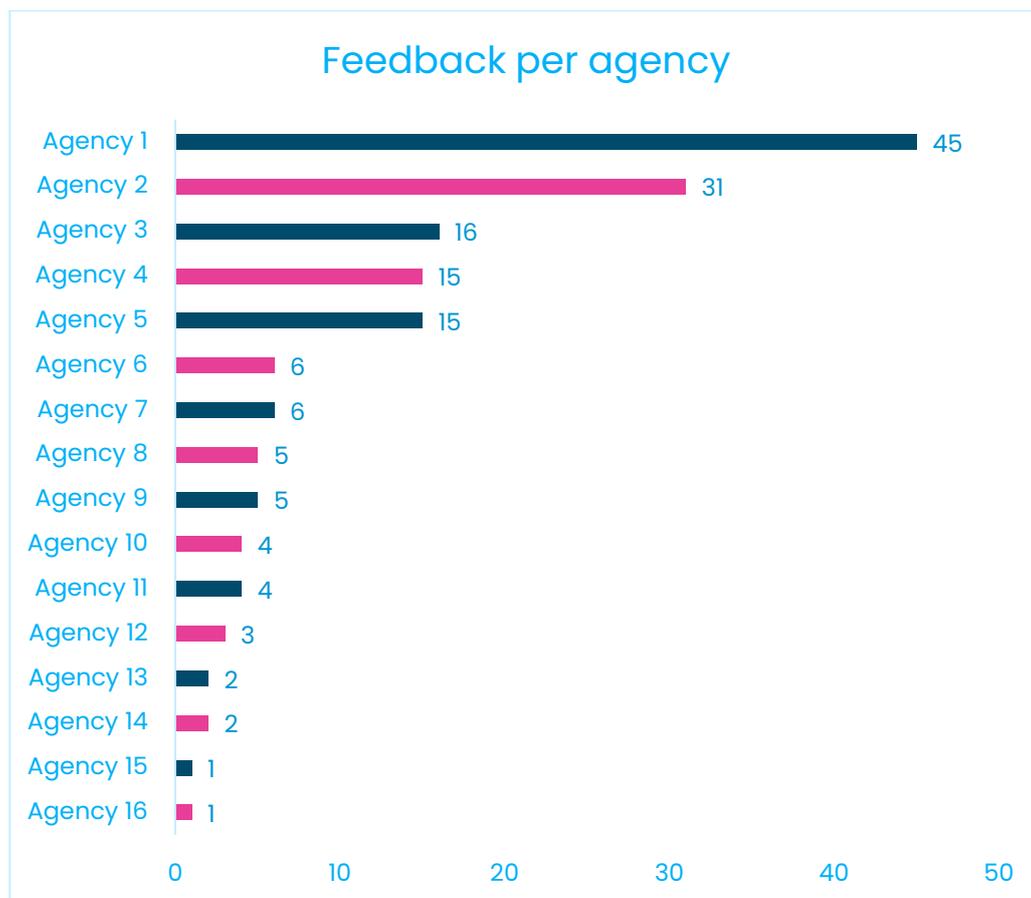
180 responses were received from the 1260 households which the survey was sent to, which equates to a response rate of 14%.

1 Are you a person receiving support from home care services, or are you a friend/family member?



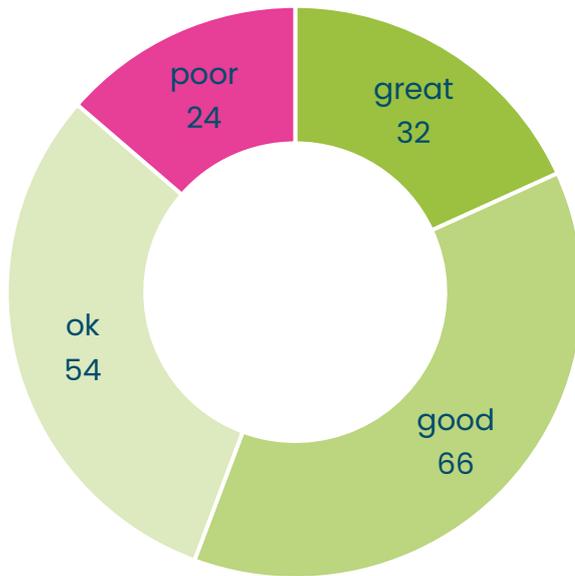
We felt it was important to ascertain whether it was a person receiving support or friend/family member completing the survey as this information might highlight different opinions about the service being provided. The fact that over a third of respondents were friends or family members highlights the vulnerability of this client group and the important role that friends or family members play in their care. Family members/friends were encouraged to fill out the survey from the perspective of the person who receives support to ensure that their feedback came through in the responses.

2 Which Care Agency do you use?



A free form box was given so that people could write the name of their Care Agency. 19 people left this box blank. Feedback was received regarding all Care agencies currently commissioned to provide a service in Salford. The highest rate of feedback regarded the following agencies: Care Agency 1 (45); Care Agency 2 (31); followed by Care Agency 3 (16); Care Agency 4 (15) and Care Agency 5 (15).

3 Overall, how happy are you with the home care you receive?



56% of respondents describe the service as great or good (n=176). However, if we delve further into this question, 69% of people who receive support (22 people) describe their care as great, compared to 31% friends and family (11 people), indicating that friends and family may have a lower opinion of the service.

The comments within this question were mixed, with some positive, and some negative. 13% of people who answered great or good then went on to make a negative comment. Since this was an opening general question, the reasons which people gave covered a broad range of issues:

“Staff knew mum so well - loved her and always prepared to go that bit extra. Office always responded if any problem (rarely) or when no calls if mum in respite.” (answered great)

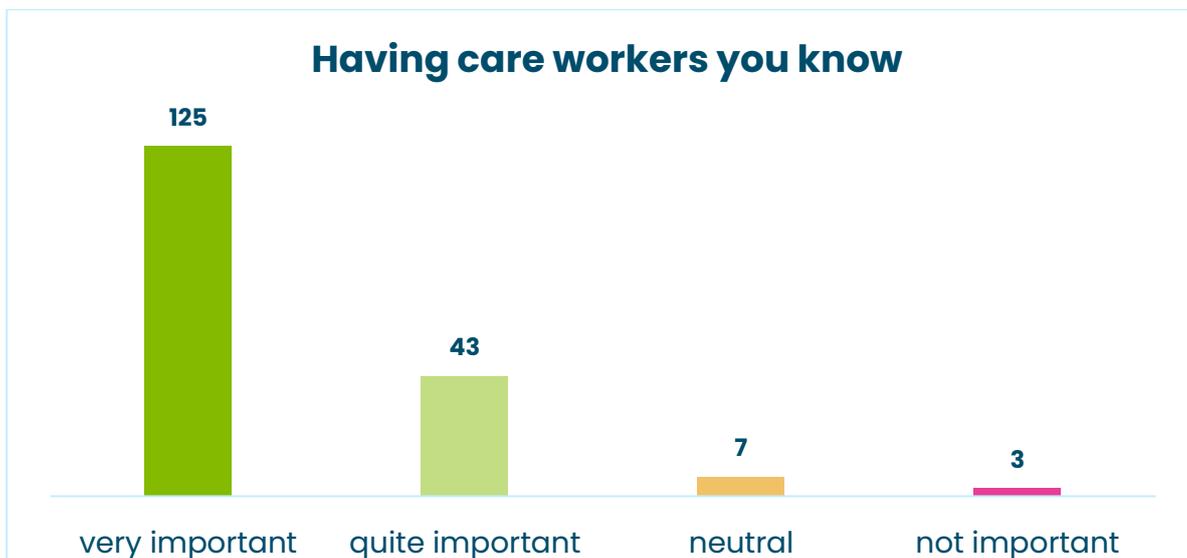
“Great carers, bad communication with office, sometimes missed calls.” (answered good)

“Hit and miss. sometimes they turn up stay and do their jobs, other times they want to leave as quickly as possible or only one person arrives. Times are also erratic.” (answered ok)

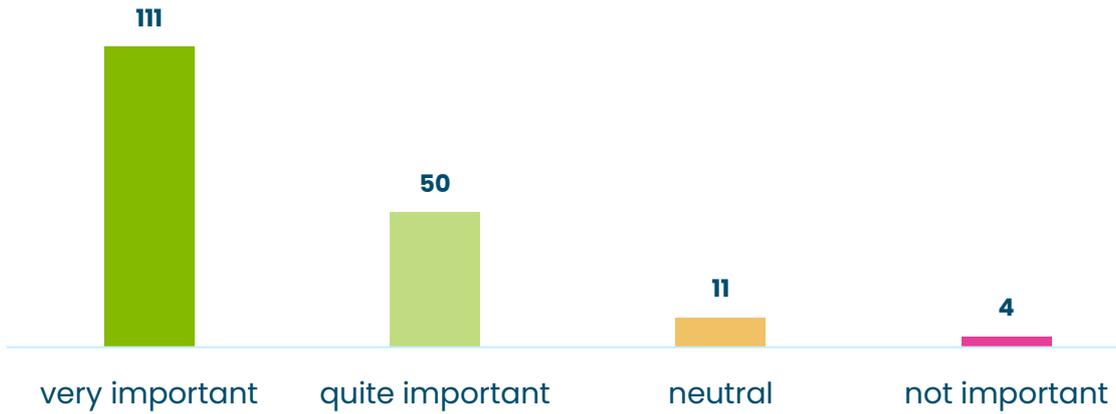
“No care, more home help. Will not do any extra, even 1 minute over and walk out. No communication from office. Lack of training.” (answered poor)

4 How important are the following areas to you?

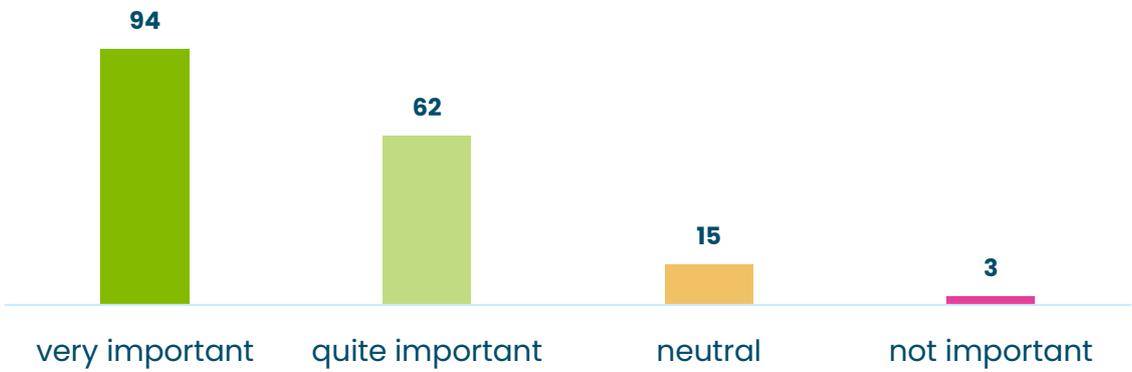
Looking at various different areas of the home care service, we asked about the importance of: Having care workers who you know; Having care workers who are on time – not late or early; The duration of the visit; Feeling involved in your care and support; Being treated with dignity; Customer care received from the office staff. The general feedback was that all areas were very or quite important, but the most positive response came for being treated with dignity, (151 answered very important) followed by having care workers you know (125 answered very important) and feeling involved in your care and support (121).



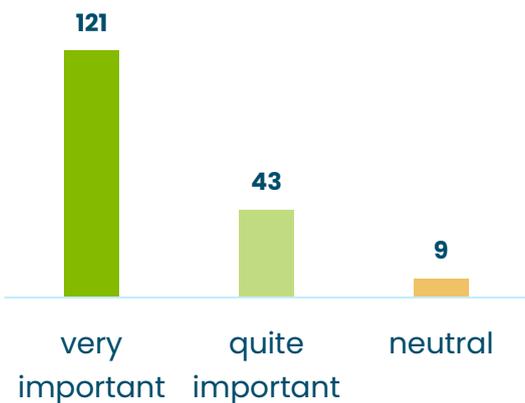
Having care workers who are on time



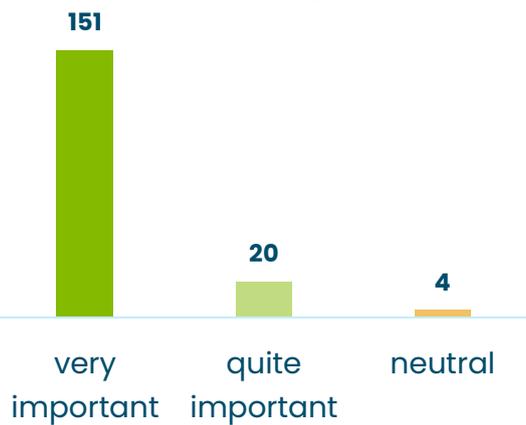
The duration of the visit

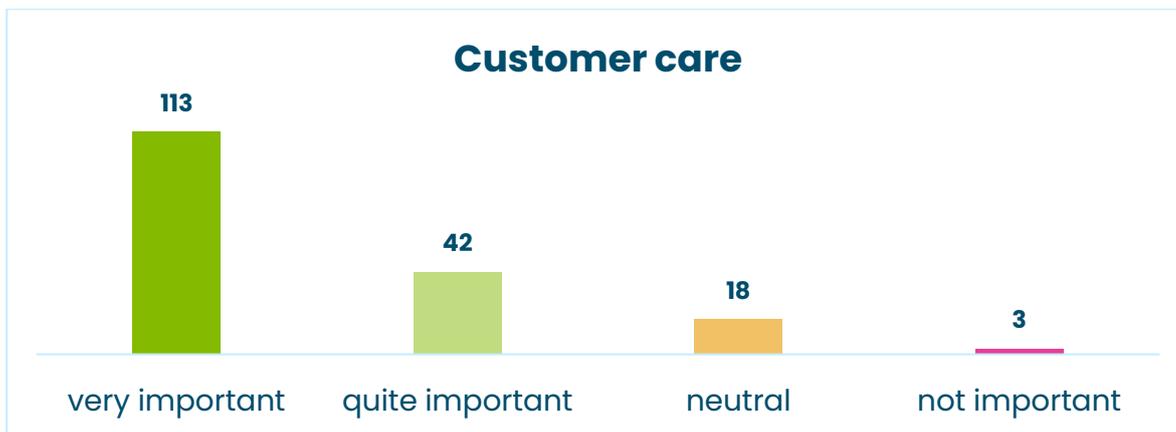


Feeling involved in your care and support



Being treated with dignity





Section Two - The planning of your care and support

In this section, a higher proportion of respondents answered positively about knowing what the care workers are supposed to do and feeling that the care plan reflects their needs.

Q5: Were you involved in planning your care and support?



Despite the majority of people answering yes, some comments were negative:

“Yes back a few years ago – this has not been reviewed.”

“I was involved but the reality of the care package is different than agreed.”

Q6: Do you feel the care plan reflects the care you need?



Similar to the previous question, some of the comments received were mixed:

6 **“There is a care plan but most of the staff haven’t read it”**
(answered unsure) **9**

“The care plan does reflect the care I need but not followed by carers.”
(answered yes)

Q7: Is the amount of time given enough for your care needs?



126 answered yes (n = 173) which is 73%, however just looking at people who receive support they were less confident as only 59% said yes.

Comments included:



“When the care work is complete, the carers leave. They don’t stay for the paid for time.” (answered unsure)



“Yes but left very little time for me as a carer. When I had respite I was exhausted & didn't sleep.” (answered yes)

Q8: Do you know what your care workers are supposed to do?



142 answered yes (n = 174) which is 82%.

Although people reported they knew what was in the plan, nine of them were not confident that their care workers knew, and made negative comments regarding the quality of the service received:

“Yes -some do but some just look at their phones. Very mixed.” (answered yes)

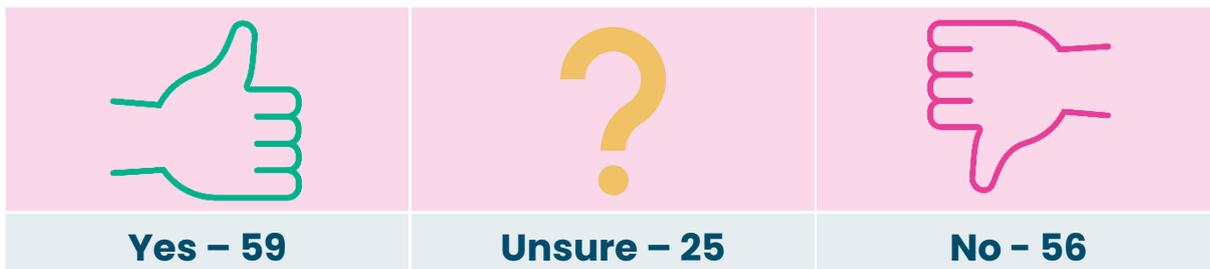
“Wash and toileting : often a wash just involves face and back so mum gets sores.” (answered yes)

“I do, not sure all the carers do, they don't always look at care plan.” (answered yes)

“Big strain and commitment by friends. Know what carers should do but they don't!” (answered yes)

Section Three- The service received

Q9. If any of your visits are 15 minutes, do you feel this is enough time to support you?



The answer to this question was split with almost equal people answering yes (59) to no (56).

It appears that respondents' satisfaction of 15-minute visits vary depending on the focus or purpose of the visit. Those who felt it was rushed (mainly people who receive support) raised this in the context of meals and medication. Those who felt that the time was adequate, either had additional support from their families, or they simply needed prompting to do tasks rather than have the tasks completed for them. Their needs were more likely to be met in a 15-minute visit than someone with greater needs.

Some people who receive support mentioned that 15 minutes for a visit was insufficient with tasks being rushed:



**“15 mins is inadequate – 30 mins should [be] the norm.”
(service user)**



“By the time washed hands and wrote notes leaves little time to prepare meal.” (service user)

“Just the nebuliser takes 15 minutes to give without any other care.” (friend/family)

Other respondents found the time adequate:

“I only need medications prompted.” (service user)

“I just need checking up on and the visit means I must get up and make some effort.” (service user)

25 people were unsure about whether 15 minutes was sufficient time to be supported:

“If all is ok, the time is sufficient generally, but if there is anything unexpected it can be a push.” (friend/family)

Q10. Do the care workers regularly turn up at the expected time?



The answers were fairly even with 85 people saying yes and 78 people saying no.

However, of those who answered ‘yes’, 15 of them (15%) went on to provide further information, by answering additional questions, or leaving comments. From these comments, 93 people indicated that care workers did not in fact arrive at the expected time.

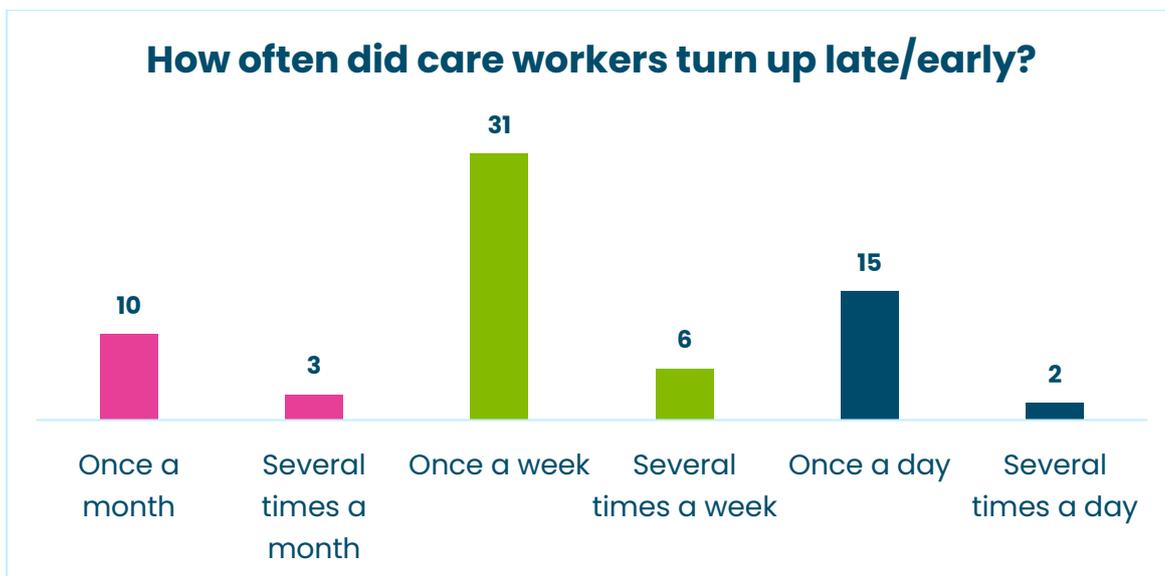
When looking at how late/early care workers were, 51 people (74% of people who answered) told us their care workers were over 30 minutes late/early.



51 people told us that their care workers were over 30 minutes late/early.

23 people commented that their care workers were late, with 2 saying that they were early. In addition, 6 people mentioned that their care workers were both early and late and 4 talked about missed appointments. All of these factors can be disruptive to the person being supported by the service.

We asked how often this happened, and they told us:



Of the 93 people who said their carers did not turn up at the expected time, 54% of further comments given were negative, 16% were neutral, and 30% did not make a further comment. This means that of those respondents who gave comments, 77% of these comments were of a negative nature.

The qualitative comments give some insight into the impact of care workers not turning up at the expected time, or missing visits completely: the medical impact, the practical impact and the impact on the emotional wellbeing of the service user and their family. Comments referenced the issues of confusion and distress for the service user, medication given at incorrect times, and missed or delayed meals.



“I become distressed due to worrying that nobody is going to turn up.” (service user)



“At least once a week. Dad gets confused (7pm) not sure if he's having his tea or going to bed.” (friend/family)

“Varies depending on staff and day. Not able to take medication at correct times. If early will not have food prepared.” (service user)

“If it's too early in the morning mum is still sleeping therefore goes without breakfast. If they're late then obviously mum is hungry.” (family)

“This happens every day. I am stuck in bed and frustrated.” (service user)

“End up still in pyjamas at dinner time. Go without dinner, tea etc not come.” (service user)

“Needing the toilet.” (service user)

“Over 30 mins when workers are held up, not sure how often. I am diabetic, need to take my tablet with food as I cannot get to the kitchen.” (service user)

“Mum has chronic COPD and is sometimes gasping for breath after four hours and has to call out Care on Call.” (family)

“At least once a day. Left waiting for them to call. Could be in a soiled pad for quite a while.” (service user)

“It impacts on my medical care from the nurses because I'm only meant to be up 4 hours a day in my chair because of bed sores. It also affects my meal times.” (service user)

The knock-on effect of this is that friends/family members may then have to take on tasks they are not trained for or able to do, which can in turn impact on their own lives e.g, being late for work, mental and emotional wellbeing, tiredness.



**“This means I am late for work. I am the carer.”
(friend/family)**



Several respondents mentioned the issue being greater at weekends.

“Once every two weekends are not good. Do the care myself. Very tired, get upset.” (friend/family).

Q11 How happy are you with the relationship with the care workers?



On the whole, the feedback was positive with 78% of people answering great or good (130 responses). There were particularly positive comments around carer-client communication during visits from people who receive support and friends or family.



“I trust my care worker in all things.” (service user)



“They are courteous, caring, have empathy, and know their job.” (service user)

“They are friendly and supportive without being condescending.” (service user)

However, again some people answered positively but went on to make a negative comment:

“Some are wonderful, others just don’t care and it’s just a job.” (answered good)

Most of them haven't a clue how to care for someone at end of life. They don't know how to work the bed for example.” (friend/family)

Q12 Do you regularly see the same care workers?



125 people (73% of those who answered) said yes. Of those who answered yes, 16 people went on to make comments elaborating their answer: (5 people mentioned holidays/off sick., 5 mentioned weekends, 1 mentioned both, 5 mentioned other)



“It's only when he's off or on holiday that I have problems.”



“Most of the time I have the same care worker which is great. On their days off it can be a bit random.”

“Sometimes have carers never seen before.”

Q13. Are you confident in your care worker's ability to support you?



The feedback was positive in that 132 people said yes. The mixed comments showed less satisfaction with new or irregular carers, and more satisfaction with regular carers. It is apparent that consistency in care is important to people who receive support and families, and a lack of consistency is linked to fear and anxiety. Out of those people who answered that they were unsure whether they saw the same care worker each time, just over half of them said that they felt confident in the care worker's ability to support them anyway (52%).



“I am constantly on edge at work wondering if they have turned up.” (friend/family)



“Mostly - Mum gets anxious when new carers come.” (family)

“With the main carer. Other carers can be rushed.” (friend/family)

“Some don't seem to know what they are doing.” (service user)

“Most of Mum's carers are regular and provide great support.” (family).

“Of the regular carers who haven't left yet, but I fear they too will soon leave.” (friend/family).

Looking specifically at people who regularly see the same care workers, 68% describe the home care service as great or good; this figure drops to 56% amongst those who do not necessarily see the same care worker.

From our research we found that for those people who see the same care worker, the proportion who rate the relationship as great or good increases to 89% (compared to 78% of respondents generally in Q11).

We can therefore conclude that seeing the same care worker leads to greater satisfaction with the service, and greater happiness with the relationship with the care worker.

Q14. Do you feel comfortable in raising any worries or concerns you have with the office / care workers?



119 people answered yes to this question, which equates to 70% of respondents. However, negative comments in response to this question suggest that people are worried about complaining or giving feedback.



“The office is a hostile environment and not one that welcomes complaint.”



"I feel uncomfortable speaking to the care workers over any concerns. My daughter speaks to the office for me."

"I have raised numerous worries and concerns with office – they're never followed up!"

"They always listen if I have concerns."

"Tried on occasions, Manager was very off with me, made comments on her way out. Sent carers that shouldn't be in home."

"Sometimes I change some arrangements. Office is very helpful."

"I try but most of the time I cannot get through on the phone."



"I am grateful for any help I get so I do not want to call about every detail."



Q15. Do you find office staff responsive and helpful?



Out of the 59% of respondents who answered yes, there were a mix of comments, for example:



"I try but most of the time I cannot get through on the phone." (service user)



"Always been amenable, polite, and understanding." (friend/family)

"Generally would have said yes but (see Q3) several episodes this year where carers not arrived, office said they would call back, didn't so I had to check with further phone calls."

Of those who said no, comments were made such as:



"Sometimes can be rude!" (friend/family)



"Raise concerns but don't feel that enough action is taken." (service user)

"Total waste of time."

"Told us carers are trained, carers say not. Clearly they are not trained."

"Almost afraid to call the office - toxic atmosphere."

Of those who answered unsure, an example of a comment is:

"Whenever we ring they don't answer the phone so we go through support worker if problems." (friend/family)

Q16. Do your care workers stay for the expected time, ie they don't leave early?



The response was positive with 111 people (66%) answering yes, 36 people (21%) saying no, and 21 people (13%) saying unsure.

Of those who answered yes the comments were mostly positive such as:



“They leave when they know I am safe.”



“Yes they do, and before they go they always ask if there is anything else I want them to do.”

“One of dad’s neighbours has commented that they arrive at regular times and stay for the duration so I have independent verification.”

Other more negative comments from people who answered yes:

“But rush the care.”

“Mostly yes, but sometimes leaves before time's up if completed tasks.”

Of those who answered no, there were comments such as:



“Plan states 45 mins - lucky if they stay 20 mins.”



“3 mins 1 day last week.”

“They never stay as long as they should maybe 1 or 2 do.”

“Usual time of visit is taken, but leave early especially at weekends.”

“They always leave early. They never log their exit times in the folder!”

“No, the workload is such that they are in a rush.”



“Run in and run out, try to avoid work. Have often placed it on family when one of us is sat in the room.”



Section Four – Your experience of home care during the pandemic

Q17. Did your experience of home care change during the pandemic?



The vast majority of respondents ie 109 people (66%) answered no. Most comments were positive or neutral in that there was no change, and this is a credit to the service who were coping with, what was initially, a rapidly changing situation.

“As good as ever.”

“For the better because it was the same regular carers.”

“Not really apart from mask wearing etc – the care stayed the same.”

2 people said no but they mentioned in their comments that they had only started receiving care during the pandemic, so in reality they would have nothing to compare it to. Another comment was more negative:

“It has always been appalling.”

In total 12 people mentioned that they had only started receiving care during the pandemic or afterwards, so they had no real point of comparison, but some mentioned it had improved over time. The pandemic caused people to miss out on existing support that friends and family members provided, as they were unable to visit the home due to lockdown restrictions and lack of access to PPE, so new care plans would have needed to be put in place.

Of those respondents whose care changed, some said this was for the better, whereas others found their care got worse. Several of those whose care changed for the better attributed this to changing their care provider. Comments were made about staffing levels and the impact of staff isolation following a positive coronavirus test, reduction in frequency of visits, and staff attitude to PPE and vaccination.

40 people (24% of respondents) felt that their experience of care had changed during the pandemic, with 16 (10%) others unsure. Some of their comments included:

“For the worse with everybody mask, sometimes I can hear properly what some of them are saying. Rushing to attend another client.”

“Joined the service at start of pandemic, less chaotic now. Regular carer who turns up. During pandemic left for mornings without support, no contact from office until I called to follow up about why carer didn't arrive. Male support sent to provide care without warning of possibility.”

“(The experience since the pandemic is) worse. Changed to new company due to old company struggling with my care needs. New company not my choice.”

“(The experience since the pandemic is) worse. One regular carer was off sick for 4 months. When she returned she then went off sick after 4 days. We were told by the office that she had been in contact with someone who had Covid and was isolating. She then told us she had suffered from Covid but we were not informed.”

Someone who answered unsure but the comment is actually quite positive:

Personal stories: Did a good job



“Mum’s care began during the pandemic so I have no real point of comparison. The service did improve as the pandemic waned, and I appreciated that staff having to isolate didn’t help matters nor did the lack of care workers staying in the industry. That said, they did a good job during very testing times.”



“Missed appointments. Different times. Couldn't get through to office.”

“For the worse. I originally had X as the service provider. The experience was not one I would like to repeat. The standard of care was awful, carers were either late or didn’t turn up at all. Nothing ever changed or improved when I rang. Eventually requested an alternative care provider.”

Some people answered yes but then made comments which made it obvious that it was better (10 people), worse (21 people), or neutral (14 people):

“Better. The same carers tend to come now, whereas before the pandemic, different carers came daily.”

Some of the people who said it was better was because they had changed agency:

“Eventually for the better. The original provider X were unreliable, stayed for the shortest time possible only doing the minimum they could. Y are far superior and I feel dad would have been much better if he had their care from the beginning. I no longer worry that I will be called because nobody had arrived for a call.”

Examples of comments from people who answered yes but they felt that the care had got worse:

“(The experience since the pandemic is) worse. This is when it got bad as it is today, saying they been when they didn't. Waiting most of the day for them to come, can't go out, can't do anything.”

“Many missed care visits were attributed to carers testing positive or their families testing positive. This is understandable but at times we considered it as being exploited as an excuse when people failed to show up.”

Some people answered unsure, but their comments indicated that the care is worse:

Personal stories: I feel like a burden



“(The experience since the pandemic is) worse. It is all very rushed and without compassion. I feel the care workers just want to be in and out and do not genuinely care about trying to improve my quality of life. I feel like a

burden.”



Section Five – Future developments

Q18. If a home care service was available during the night between the hours of 11pm to 7am, would this improve your quality of life?



Of the people who responded, 114 (68%) said no, 24 people (14%) said yes, and 30 people (18%) were unsure.

Of the people who answered no or were unsure, 15 people said that whilst it was not needed at present, it may be needed in the future. Some people have conditions which are progressing, and as they get older their needs may change, which can be difficult to predict.

“At this moment in time I have no need of it – but things will most likely change as my condition progresses.”

9 other people made comments showing that they do require care during the night but that this care was being supplied by family members:

“My sister looks after me except when the carer is here. she attends to my personal care needs day and night.”

“I am up most nights with X needing something so if someone was to come in at night I would have a night’s sleep for work the next day and X would not have to worry. X would need – toilet, drinks, made comfortable in bed.”

For some family members currently providing care during the night, they reported that this is not sustainable, and they will soon be unable to provide this.

Personal stories: Constantly ready to dive into action



“My mum regularly wakes up + I would have to resettle her or change her. Several times she was up again + again. The only way I could get back to sleep was by lying with her until she fell asleep * creeping out. It's very tiring when you are trying to compare working with caring. Even if it was only once or twice a week it would make a difference. I could get to bed + actually relax & sleep - instead of feeling like you're on standby waiting for the alarm to go off. Constantly ready to dive into action.”



3 people mentioned that they are currently relying on professional support – either district nurses or Care on Call.

“Because I can contact the district nurses if I need help and I am normally asleep.”

Other people answered yes and seemed to not currently be getting any support:

“Because I can contact the district nurses if I need help and I am normally asleep.”

Other people answered yes and seemed to not currently be getting any support:

“I have accidents through the night. Need help with toileting and personal care if needed.”

“That's a very good thing to have in place. she fell out of bed a while ago, and a friend climbed through the window to help her.”

“My mum needs night care. had stroke, speech and hand badly affected. My sister and myself in our 70s. I have health issues, lupus APS, 2 types of arthritis, 2 DVTs, heart probs. We have home care daytime 4 visits daily. We cannot continue night care given mums deteriorated health. Mum is 99 years old – she will be 100 years on Boxing day. Still in hospital due to strokes and brain blood clot as cannot get night care.”

The survey concluded by inviting respondents to share their contact details if they wanted to be involved in how care services are delivered in Salford in the future. A total of 19 people gave contact details to Healthwatch Salford, and these details were shared with the Northern Care Alliance so that they can be involved in future developments.

Conclusion and next steps

The feedback has shown that people who receive support are generally happy with their experience of the home care service. This is a credit to the service, particularly taking into account the pandemic, and the subsequent constraints within which it was operating. However, there were many comments which do give cause for concern highlighting some areas where improvements need to be made. These can be grouped into the following themes:

Themes

1. 15-minute visits are adequate for some and not adequate for others. Of the people who responded to the survey, almost half are not satisfied with the length of these visits.
2. Nearly half of respondents said that the care workers do not turn up at the expected time. Unpredictable timings of visits had a negative impact on medication, and also on toileting/personal care, amongst other areas, and there was a negative impact of care workers not turning up at all.
3. Nearly a third of people who responded were not comfortable raising concerns. In many cases, respondents ticked a box indicating that they were happy or unsure on an issue but then went on to make a negative comment, which suggests a reluctance to give their true opinion. The idea that any complaint would affect the care provided was articulated as a concern in some survey responses.
4. Nearly half of people surveyed found office staff unresponsive and unhelpful.
5. Feedback showed that some agencies have higher levels of satisfaction than others, and that the care being delivered by some agencies was below average.
6. Survey responses indicated feelings of powerlessness and a lack of control from people who receive support and family members which, for example, might be caused by a perceived lack of consequences for care workers not turning up at the expected time, or not staying for the allocated time.
7. Over a third of respondents completing the survey were family members/friends. Feedback shows that filling in the gaps in care can have a negative impact on family members/friends.
8. There was a perceived lower standard of care at the weekend.

9. The relationship between the person needing support and the care worker and the consistency of care workers was very important, with those who regularly see the same care worker being more likely to be happy with the service.
10. 40 people responded that they were not involved in the planning of their care and support, which is a requirement of the Care Act 2014.

Recommendations

1. Further work needs to be done to analyse the efficacy of 15-minute visits and allocating them appropriately, taking into account the needs of the person who receives support.
2. It is recommended that further planning work is done around staff rotas and contingencies for staff absences and emergencies occurring at visits. This would result in fewer occasions where care workers are arriving late to visits and enable the high standards to be maintained at the weekend and a consistency in care workers provided.
3. It is essential that people who receive support and their families are encouraged, and feel safe, in voicing any concerns they might have. It would be advised to introduce an easier feedback system so that both people who receive support and friends/family feel empowered to have their voice heard. For example, by encouraging people to contact a neutral organisation such as Healthwatch Salford, they would feel safe in raising concerns, or compliments, and would be reassured in the fact that it would not affect their care. A system should be put in place where feedback is monitored, analysed for themes, and acted upon on a regular basis.
4. Introduce new induction processes and training so that all staff, including office workers, understand the lived experience of people who receive support and their families/friends, and are trained in person-centred care.
5. The commissioner should ensure that all feedback from people receiving support is used as an integral part of the commissioning process, and individual Care Providers should share good practice between each other.
6. Care Providers should identify unpaid carers and offer direct support to them such as carers groups. Where this is not feasible for the Care Provider, they should offer signposting to other relevant support.

7. All relevant agencies to ensure that the requirements of the Care Act 2014 are met, pertaining to people being involved in the planning of their care and support.

Overall response from Salford Adult Social Care

Salford Care Organisation and Salford City Council welcome the report and accept its recommendations. We are committed to working together and with our home care providers to make the recommended changes and improve the services and outcomes for people, families and carers who receive home care in Salford.

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