



LINK Report:
**LINK member's investigation into
the quality of Home Care
services in North Tyneside**



Second edition, October 2010

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1. Introduction

The issue of home care was raised at the LINK launch events early in 2009. 15 out of the 55 members attending voted for Home Care as one of their top priority issues for LINK to investigate. Their concerns included:

- Housebound issues
- Monitoring of private services
- Strain on voluntary sector.

From members votes at the launch events six main priorities were identified by the LINK Board for immediate action whilst a further four areas, from the top ten identified by members, were to be followed up at a later date. Home care was one of these four areas.

As a result, in September 2009, the LINK Board decided that it wanted to see an investigation into current home care provision, and how adequate service users and their carers feel it is. The Board decided to commission this piece of work and encouraged applications from members. It was advertised on the LINK website and in Stronger Voice. After an interview process, it was decided that Maria Laben would carry out this investigation.

The following is Maria's report for LINK:

The purpose of the report was to investigate the quality of home care services from the perspective of service users in North Tyneside and to collect comments from service providers. The report will identify the good work that exists in home care along with the need to address areas that will ensure the service is improved. It will reflect the experiences of users of the service, their carers and workers in the field of home care services.

This is the second edition of the report and takes into account comments received from North Tyneside Council.

2. Background Information

Home care services are vital to people to enable them to live in their own homes and live their lives as independently as possible with the emphasis on quality of life. The service can provide a range of care services – from domestic tasks within the home to personal care in its entirety. The services provided are based on the assessed needs of the service user.

Although associated with the care of the elderly, many people of all ages have health issues and they have care provision to help them live with their condition.

Once known as 'Home Helps', the home care worker and service of today has changed due to assessment procedures, fair access to care, increasing complexity of service user's needs and the introduction of Direct Payments. Direct Payments give people more choice and control over the services they commission to meet their own personal needs. As the personalisation agenda develops, the home care service may continue to change and develop to reflect the power of the consumer as their individual choices shape the services available.

Prior to 2006 the Local Authority provided the majority of home care services (94%). This was supplemented by 15 independent providers working across the borough. It has now been reduced to six care providers with services being moved into geographical areas of North Tyneside. The Local Authority decided to reduce the number of providers to improve the stability of providers and the continuity of service for the user.

At the time of the change to new service providers, some service users were concerned about the changes. Many have obtained Direct Payments to keep the same care workers and maintain flexibility in their care package.

The Local Authority has moved from providing 94% of care services to a position where they provide 3,000 home care service hours within the existing 'in-house' care service. 750 hours are set for training of care workers, annual leave and travel time. The in-house service has also changed its focus to reablement and people who have complex needs. In addition, an average of 1200 hours per week are provided by six independent care providers.

Understanding the care package has been confusing for some people particularly around the time they are paying for. 30 minutes is the minimum time within the care package. The move to a minimum of 30 minutes was made to ensure dignity and quality of service. Some people have, in the past, opted to pay for 15 minutes care. This has proved to be unrealistic for both the service user and the care worker as it can only give time to enquire if medication has been taken, make a cup of tea and have a very short conversation.

The Personal Social Services Older People's Home Care User Experience Survey 2008/09 was carried out in February 2009 and focused on the experiences of older people receiving home care. At the time 1,220 people aged over 65 were receiving home care. Although the response was low, enough surveys were returned to give a balanced representation of how the service was regarded. 93% of service users were satisfied with the service they received from the council. A crucial aspect of the home care service was the time the care worker arrived and the communication

between care workers and service users and their carers if the care worker was unable to be there. This impacted on the control the service user felt they had over their care package and how they felt about a stranger coming into their home. The survey revealed that 82.8% were happy with the time keeping of their care worker and 8.5% said that their care worker did not arrive on time. The survey generally gave a positive view of home care services for people aged over 65 at that time.

For younger people under the age of 18 years old, there were the same concerns, from a minority of service users, around inconsistent time keeping and continuity of care workers.

Another concern was inappropriate care tasks, for example young female care workers bathing young men with dementia.

It appears that generally the opinion is that Local Authority care is managed better than private care. The delivery of home care by North Tyneside Council has received excellent reviews in inspection reports (Commission for Social Care Inspection 2007 now Care Quality Commission). The service was given a three star excellent rating by the Commission. The standard of service was rated excellent when examined against the National Minimum Standards for Domiciliary Care.

3. Interviews

The interviews were carried out between January and March 2010. All home care providers contracted with North Tyneside Council were contacted. Only Age Concern and North Tyne Home Care Associates Ltd, responded.

North Tyne Home Care Associates Ltd is a Social Enterprise company based in North Shields which delivers home care services and reinvests the profit back into the business. Age Concern is a registered charity. Both organisations state that they have a good retention rate of workers and that they felt their charges are reasonable. They ensure all staff are trained and provide all NVQ qualifications.

North Tyne Home Care Associates Ltd also stated that unlike other companies they do not pay mileage to their staff and the rate of pay is lower than council rates. However, they do feel that often they have to “fight for extra time” for their clients and regularly request that social workers reassess the needs of clients so changes to the care plan can be agreed. This takes time to put in place and there is no authority for the care provider to have any flexibility around this unless an assessment by North Tyneside Council establishes an increase or change in the person’s needs. This time delay can be frustrating for the care provider which states that it is a caring organisation committed to providing a good care service.

Representatives from North Tyneside Council were also contacted during January to March. I was able to speak with planning officers and service managers from Adult Social Care as well as assessment officers and social workers from one of the area teams.

The contract between North Tyneside Council and the care providers encourages a person centred system. It also puts in place important commitments by the providers

to deal with and report on any complaints about their service. Providers are also required by North Tyneside Council to have systems in place to ensure safety of service users, continuity arrangements when service provision fails, communication systems and staff training and support plans. Regular evaluation of the service is also part of the contract requirements.

The social workers views of home care services are mainly positive. The Whitley Bay Community Assessment and Support Team feel that as they now work in local teams and have two independent providers within their area it improves communication and this has given additional flexibility within services. They are happy that their in-house service still provides care for some service users with more complex care packages. They feel that this allows time for the carer, service user and care manager to 'fine tune' the care plan to ensure needs are clearly indentified. They now arrange to meet regularly with the two independent care providers to quickly resolve any issues around procedures and referrals. Again they feel that communication is good and when difficulties arise they can be sorted out to ensure better provision of services for the service user.

They also feel that the feedback they receive from service users regarding their care is mostly positive. They do have some issues but feel that because they have established communication with the two providers they work with, there is a willingness to discuss any issues and look at ways to resolve them. This is a process they all learn from.

4. Method of interviews with service users and carers

The interviews with service users and carers were conducted face to face or on the telephone. I was able to contact them through the member organisations of LINK that were happy to support the project by asking their service users if they would comment on their experience of home care services.

There are common themes identified through the experiences related to me from people interviewed who feel the service needs to be improved.

1. Times that care workers arrive and the length of time they stay to complete tasks.
2. Lack of communication with service users and carers generally but particularly when care workers cannot come that day and concern over who is replacing them.
3. Concerns over the level of training that care workers receive, particularly on specific conditions.
4. Lack of continuity of care.
5. Workers attitude towards the service user and their work.
6. Better adherence to the care package and better recording of information to ensure transparency of care carried out.
7. Better management of the service generally.

The people interviewed tended to fall in the older age group of service users and their carers. This reflects a stereotypical view of home care existing for the elderly who are infirm. This could also reflect that a higher percentage of younger people

are accessing direct payments and employing their own Personal Assistants to ensure they have a quality of life that they determine. This is consistent with the council's move towards personalisation of services and offering people choice and control over how their needs are met. All the people interviewed were white.

Most people interviewed stated that they are generally happy with their home care service. The ongoing theme was the rapport established between care workers and the service user which was an extremely important part of how they felt about the service overall. This was not exclusive to any provider; it was not surprising that people felt that when the care workers demonstrated a good working attitude and their communication was positive, service users and families were happy with the service.

Those service users who had previously received their service from North Tyneside council in-house care services before transferring to one of the contracted care service providers also stated that they were mostly happy with their new provider. 2% of people interviewed commented that the service that replaced the council's was even better.

One service user, who was interviewed, has responded to a draft of this report and asked that we carry his response, which is attached to the report as Appendix 1.

5. Recommendations

Recommendations to improve home care provision:

1. When assessing needs and agreeing a care plan with service users a realistic view of what can be delivered within a given timescale should be communicated clearly to the service user and their understanding confirmed.
2. Care plans, and the system to review them, should promote inclusiveness between social workers, care workers, any involved community and voluntary sector supporting services, service users and their families with transparency about the care carried out.
3. Home care provision should also incorporate befriending, mentorship and respite to make better use of the service.
4. Care workers need to be regarded as valued workers with good working conditions and rate of pay.
5. All contracted providers of home care should liaise more closely with the Local Authority and other home care providers with an emphasis on co-operation and sharing good practice. The Local Authority should lead on this.
6. Technical training on personal care is important but the need to incorporate training around attitudes, values and good communication skills should be

part of induction training and should be regularly monitored and evaluated by the Local Authority.

7. Regular specialist training focusing on specific conditions and skills such as Alzheimer's, Parkinson's disease and the use of medication, should be available to all care workers.
8. External evaluation should include an opportunity for care workers to address any concerns they have about their work.
9. External evaluation should include an opportunity on a regular basis for direct feedback from service users and their family members on the service they experience.

Although there are many areas of concern for some service users and their carers about home care provision, there is also a lot of extremely good work being carried out. There are good working practices in place across much of the sector along with good management arrangements and organisational systems. Sharing these areas of good working practice between service providers, and the ability to also share mistakes that can be learnt from, should be an extremely important of improving the service overall.

5. Thanks and acknowledgements:

Many thanks to the following people and organisations for their time and support:

North Tyneside Council: Eleanor Binks, Susan Meins, Fiona Robson, Theresa Lockhart, Sheila Watson, Sandra Pattinson and her team of Social Workers (Whitley Bay)

Alzheimer's Society: Elaine Stuart, Ruth Hegarty

Age Concern: Sandra Gray, Ann Lough, Angie McDine, Kerry Parker

North Tyneside Carers' Centre: Claire Easton

North Tyneside Home Care Associates Ltd.: Meg Halliwell and her team

Northumbria Healthcare NHS Foundation Trust: Elaine Coombes

North Tyneside Community and Health Care Forum: Michelle Spencer

North Tyneside LINK: Johanne Mears, Amy Rudd

My utmost thanks and gratitude go to all those people using the home care service, and their carers, who gave their time to talk about their experiences of home care provision.

Mary Laben
On behalf of North Tyneside LINK

Appendix 1
Service User response to LINK's Home Care Report.
May 2010

My experiences are very different to those stated in the report; the information may be what the company hopes to provide but in my experience they do not meet these standards.

Timing and continuity of care

I have used one of the Home Care providers contracted with North Tyneside Council since January 2009, prior to this care was provided by North Tyneside Council directly. I was promised a regular carer, to come at a time that was convenient to us. In practice, most days I do not know who is coming to do my personal care, and they do not come at my choice of time, they come at the time that is convenient for the provider, and this can differ from day to day. I requested an 8.00am call, this was not possible, so I agreed to 8.30am, the earliest the carers have come is 7.20am, and the latest 9.45am! The usual time is between 8.15am – 8.45am, this is a long time to sit and wait in the bathroom. I am reluctant to make any arrangements for a morning because I cannot guarantee what time I can be ready. The carers change without any notice, and only very lately after many complaints to the company have they started to ring to let me know the time the carers are to come when they change things – the phone rings several times each week.

They are not allowed travelling time, so each client is having time clipped off the time they pay for to allow the carer to be at the next client on time.

According to the report, the company has a good retention rate of staff, this is not my experience, in the 18 months I have been receiving care from them I have lost count of the number of carers I have had who have left the company.

The care plans are produced initially on the commencement of service. I have yet to see a carer consulting it! Each new carer coming in lets me guide them through my daily routine – what if I was not able to do this?

I have used homecare for 11 years, the first nine of these years I had just four weekday carers, we had the same carer for five years, and if I can remember correctly, eight weekend carers. Now I regularly have four carers in a week, where is the continuity in that?

Complaints

Complaints are dealt with, with little success. I have complained and received many excuses as to why things cannot be done the way I would like it. At times the staff can be very abrupt in the way they respond to complaints. Trying to speak to the manager is difficult, as they are never available, and messages left asking them to contact me are ignored until I become persistent.

Cover for days off is missed quite regularly which means I have to ring the office, and a carer is found at short notice – crisis management.

The care I receive from the individuals who come into my home each morning is generally good. I am not complaining about the carers.

What really concerns me though is what is the standard of care that those clients who cannot complain?

Appendix 2
Response from North Tyneside Council

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16th July 2010

Dear Johanne

Re: LINK Report – LINK member's investigation into the quality of Home Care services in North Tyneside

Thank you for the opportunity to review and respond to the report on the quality of Home Care services in the Borough. As you know some of the team from within Adult Social Care did take time to comment upon an earlier draft of the report and I am pleased to see that some of that feedback has been included within the final report. However, some of the points we raised were around inaccuracies and it would appear that these have not been corrected, for example the references to the numbers of hours of home care provided by the In-House service and the shift in focus of the In-House service.

Overall, however, it is positive to note that whilst the report highlights a number of concerns it also acknowledges that there is a lot of good work being undertaken across all sectors in terms of the provision of domiciliary care services in North Tyneside.

As commissioners of the service my team regularly host provider forums and I will ensure that the report and its contents are shared with our providers. I am however disappointed that only two out of the six contracted providers contacted Mary to provide her with information; I will ask the team to raise this with providers and to emphasise the importance of the role that the LINK plays in terms of representing the views of those who use Health and Social Care services.

The author makes a number of recommendations, 9 in total, which address concerns highlighted within the body of the report. Rather than respond to each directly, I hope that I can seek to reassure the LINK Board of the importance that we place upon ensuring the quality of the services that we commission. Both yourself and the Board are aware of our current monitoring arrangements for residential care and how we are seeking to strengthen and enhance these further by developing a mechanism to obtain direct feedback from those

people using services and their carers about their views of the quality of the service provided. The same systems of rigorous quality monitoring checks are also in place for domiciliary care, and are undertaken on an annual basis. We are similarly seeking to strengthen customer feedback systems in this service area too.

In respect of the concerns raised about 15 minute calls, I can confirm that in 2007 when the Council re-tendered the service we took a conscious decision that the minimum length of call commissioned would be 30 minutes in duration; this was to allow both the cared for and the home carer sufficient time to complete the assessed tasks in a way that ensured dignity for the individual. Since that time we subsequently received a number of complaints from service users, especially those who required only medication prompts, or TED Stockings and who were insistent that a 15-minute call would suffice. We therefore reluctantly agreed in such circumstances that 15-minute calls could be re-instated. However, it has become apparent that a number of our customers are increasingly expecting more and more tasks to be undertaken within a 15 minute slot, than is possible and we are actively working with providers to identify such cases and to request a review of their assessed needs.

In terms of the recommendations made in the report of sharing of best practice across the sector, the LINK Board will be pleased to hear that both our in-house and staff from the independent sector have recently undertaken a range joint training in terms of re-ablement and promoting independence. The In-House provider has also worked with the PCT Pharmacists in terms of developing a new medication policy, which is to be rolled-out across all providers. Both of these provide excellent examples of joint working across the sector in order to improve the quality of services provided.

The case study attached to the report does however give me cause for concern and I would like, if possible to be provided with the details of the customer, in order that I can undertake an investigation of the concerns that he has raised. Please let me know if this is possible?

I hope that the information in this letter is helpful to the LINK and in particular to those who have given up their time to produce the report.

Once again thank you for the opportunity to review and comment upon the report.

Yours sincerely

Sheila Watson

Manager Business Assurance



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