

healthwatch

Blackburn with Darwen

Transcript of the Home Care Open Forum 20th August 2019

During the course of our previous work year, 2018/19, people told us about their home care experiences and some issues they were having through our sign posting and project activities.

Acting on what the public have told us, Healthwatch BwD have chosen to focus on home care provision across the borough by facilitating four open forums, inviting service users, family carers, service providers, and commissioners to attend and talk about the issues raised which will be given to commissioners to inform and challenge where necessary service improvement and quality.

Our first forum included representatives from the NHS Clinical Commissioning Group (CCG), Blackburn with Darwen (BwD) Borough Council, East Lancashire Hospital Trust, The Old Peoples Forum, Carers Services, and Home Instead Senior Care.

It was less well attended by service users and providers; however, some comments and stories were received by Healthwatch BwD from people who experience home care services prior to the forum. We hope that attendance and feedback will improve as the forums progress.





This first forum focused on three themes, Time, Communication and Management, safe and Effective, which were issues that had been raised prior to the event. Additional time was given for any other questions from the audience. The following comments were received from carers.

Time

- When visits are late it can affect the administration of medication and meals being provided too close together or too late. (sign posting complaint)
- “Care Staff need to be given enough time to deliver the care identified. A 30 min time visit, once travel time is deducted, can be as little as 15-20min and they have to write their notes before they leave”.
- “Care workers are rarely on time, act really uninterested and don’t even take their coat off and don’t stay for long”.
- “Care staff need better training and more time allocated to a visit when supporting someone with dementia. Rushed visits increase agitation which then leads to poor cooperation and impacts on effective care provided”.

Discussion that followed:

One member of the audience who stated that they were very happy with the care they were receiving said that,

“The timing of visits and the fact that they’re late isn’t the fault of the carers.”

Peter Catlow (PC) from Home Instead pointed out that there should be good training for staff in head offices so that they provide better scheduling of visits. It can be dangerous if offices rush scheduling, leaving care recipients without the care they need. He also said that office staff should go out to meet clients to understand their needs.



Mike Banks (MB) Commissioner for Peoples services Blackburn with Darwen Council (BWDC) reported that the borough currently provides 8000 hours a week of domiciliary care through its framework providers. The average care package is usually around 13hrs per week.

MB stated that although timing of visits is important feedback to the commissioning surveys indicated that ‘reliability’ and ‘continuity of care’ is more important to service users.

He said that at the beginning it can take a few days to get the right level of support needed and there is a tendency to put in a higher level of care.

“There are opportunities to look at “waste” in the system to ensure that care staff’ time is maximised. MB stated that often they are slow to reduce care staff hours for people who initially needed them due to a fall, for example, so that this time could be recycled back into the system.

MB explained that care provision was based on a needs assessment and that this is reviewed in the first 4 weeks.

One member of the audience stated that it was important that people receiving care should also take responsibility for letting the agency know if they are going to be out when their visit is scheduled as this also adds to wasted carer time and cost to the council.

PC said that residents might be nervous about cancelling a visit in case this impacts on future visits, but they should be reassured that agencies would always go out as normal. This was supported by the commissioner who said that visits would not be cancelled unless a further assessment/review had taken place indicating the care was no longer needed.

Management & Communication

- “There needs to be advanced notice from head office when staff are going to be late and also when there are changes to staff who will be attending to my relative”.
- “My dad has emphysema and struggles to breathe. There’s one care worker who is lovely as a person but she smokes. I’ve asked the care agency not to send her

because her clothes smell of cigarettes and it sets an attack off for dad, but they keep sending her. I don't want to be mean but his care worker is actually making his health worse and my requests for her not to be sent to dad are continuously ignored".

Discussion that followed:



A service user in the audience asked how you would make a complaint if you were not happy with the provider or the care you were receiving. MB stated that if someone is unhappy with their care that they should follow the complaints procedure of the care agency and that it is important that you also express how you 'feel' in the complaint as well as the facts. He felt that this was the most appropriate way of addressing complaints rather than going straight to adult social care because it is important to give the agency the opportunity to respond and act on your concerns.

Clare Hobley (CH) pointed out that carers and people who receive home care may not always feel confident to make a complaint.

PC stated that it was important for service users to give feedback to the care agencies as people do not always develop a good relationship with their care workers. 'Care staff will be no use to a client if the relationship is not there'. He emphasised the importance of introductions and shadowing as part of training of staff.

A service user in the audience commented that agencies that provide business to private paying customers may follow this good practice but that the council commissioned contracts do not always provide this level of service. She said that people who cannot afford to pay these higher rates or 'top up fees', had to rely on the council commissioned services.

PC said that personal budgets may give people more choice going forward. It was noted that good communication and practice does not necessarily cost any more.

MB said that commissioning stipulates that providers must fulfil the criteria set out in their contracts.

The Care Quality Commission (CQC) can also be contacted if the public, carers and relatives wanted to raise a concern about a provider.

Healthwatch will also signpost people who want to make a complaint about the service they have received.



Safe & Effective

“My 98-year-old aunt’s care worker didn’t administer her medication for about 3 or 4 continuous days for no apparent reason ...This could’ve killed her.

When I complained I felt I was dismissed and treated like I was over-anxious. The agency said they’d look into it and I got a really indifferent reply.

A couple of my aunt’s workers are great but others are the opposite; on another occasion a carer visited and didn’t even realise my aunt had slipped into a coma.

It would be interesting to know if commissioners would allow their vulnerable relatives to receive the same ‘care’ from the agencies they commission?”

Discussion that followed:

The Chair of the Old Peoples Forum Brian Todd (BT) asked about the criteria for receiving a social care assessment, the quality of service provision and the privatisation of care contracts ensured a lively if not challenging debate.

BT highlighted that the number of hours (8000) a week delivered by BWD CC seemed quite low compared with the size of the elderly population in the borough. When asked about the criteria for assessing eligibility for home care MB said that this was guided by the Care Act and assessed on an individual basis depending on need. In terms of eligibility for assessment the council would explore the impact of disability or frailty on the person being referred.

Clare Hopley (CH) from BWD Carers Services said that many hours of unpaid care were delivered by family members.

BT shared with the forum that people reported ringing up for support only to be told that they were not ‘eligible’ at the triage stage of assessment.

Commissioning of Home Care Providers and Quality Assurance

MB explained that at the start of Community Care in 1993, the council were required to spend the vast proportion of money in the private sector. There is now a greater expectation that there is a mixture of provision under the 2012 Care Act. The cost of in-house provision in terms of workers terms and conditions has previously made some provision less affordable to provide in-house. However, with increases in the National Living Wage, pension scheme requirements etc., the gap between the cost of in-house versus independent provider provision is narrowing.



A member of the audience raised concerns about staff being underqualified and paid minimum wage. MB responded that they require staff employed by framework agencies to have NVQ qualifications and that there is free mandatory council training for agency staff. He added that they are working with the NHS on joint training. Part of the council's quality and monitoring checks are to ensure that care staff are adequately trained. MB said that it is the responsibility of the providers to determine the rates of pay given to care staff.

PC accepted that there is a high turnover of staff in the sector particularly in the first 18 months. This is down to new members of staff not realising how the impact of shift working affects their lives and lack of knowledge of the nature of the work. He stated that in their agency, Home Instead, there are quite a few older members of staff who have gone into care because they want to give back and these are really effective carers who stay longer with the agency. He also stated that he pays his staff the National Living Wage and travel expenses which he feels makes a difference to staff retention.

PC agreed that good training is essential and there was a need to encourage people to come into the care sector who want to do the job and giving them the tools and recognition to do it. He said that the council could help with a recruitment drive for more mature people wanting to come into the care sector.

The panel spoke of the need for better joint working between the NHS and social care including sharing of resources. It was discussed there needs to be a shift in views of the domiciliary care sector, especially by other professionals, who are often criticised and 'looked down on'. It was discussed that there needs to be an 'integrated team' approach where organisations are partners in care.

Everybody agreed that care workers do a very important job that should be better rewarded and respected.

Open Floor Discussion

Role of technology

The panel commented on the impact of technology on care e.g. passive sensors in houses, pressure sensors, enuresis sensors, video doorbells, amazon echo which may help to people to maintain their independence for longer and with the minimum of support needed. The council employs an officer that looks at the best assistive technology to help with care assessments and ensuring the least intrusive options are implemented in care packages for people who want to remain independent in their



own homes. MB said that this will be maximised in any new assisted living schemes.

The Integrated Care Neighbourhood teams

PC said that there is a need to focus more on prevention rather than crisis intervention. There is a need for joined up health and social care and better planning.

MB said that the new Integrated Neighbourhood Teams (INTs) will provide more joined up care and that carers should play a vital role as the “eyes and ears” of service users in receipt of home care. However, he said there was a need to build health and social care relationships within these teams so that care staff are valued and listened to by health professionals. He said that care agencies needed to feel part of the review process and given more status and acknowledgement.

Privatisation

BT stated that the ‘privatisation’ (commissioning) of social care has had a negative impact on quality since the councils were no longer in control of delivering it. He believes that the vast majority of private companies who are not on the council’s framework are not supervised or adequately regulated. He feels that privatisation is ‘bad for people using them’. He maintains that local authorities, before the changes in the Social Care Act ensured that the service was properly regulated, delivered proper training to staff and gave care workers favourable terms and conditions. MB confirmed that when an agency was providing regulated activity i.e. personal care, they had to be registered with the Care Quality Commission and be inspected against their regulated standards. The commissioning team do not have a responsibility to monitor the quality of service for an organisation they are not contracted with. However, if we became aware of concerns around potential harm to service users, we would of course intervene with other agencies through our Safeguarding team.

The Healthwatch facilitator considered that this topic could not be addressed fully at the first forum due to the lack of feedback from service users to support it on this occasion.

And Finally

Our guest panel managed some difficult questions but our feedback forms told us that participants wanted their questions to be addressed more fully and challenged where necessary.

Out of the six feedback forms following the Forum three indicated that questions were not addressed fully. One feedback form suggested that some topics were ‘controlled’.

It was considered that this could be improved at the next forum to focus more on specific areas to be discussed and in more depth.

It should be noted however that the forums are only one way of service users and their family providing feedback to Healthwatch as our focus on home care will continue until next year. Healthwatch representatives can be contacted by phone email and through any of the carers services signposting. We welcome more feedback from people who use these services and loved ones.

NEXT FORUM 12th November, 1pm -2:30pm at St Johns Ambulance St George Street, Darwen

healthwatch
Blackburn with Darwen



Tell us about the care services you and your loved ones receive at home

Care at Home Forum



Come and join us

St John Ambulance George Street, Darwen

12th November
1pm-2:30pm

Refreshments will be provided

To confirm your attendance call the office on 01254 292686 or e-mail on info@healthwatchbwd.co.uk