

Care at Home:

A summary of findings from our survey



During 2016, Healthwatch Sheffield heard increasingly from people concerned about the availability, cost and quality of care at home or domiciliary care as it is more formally known.

As the local consumer watchdog for health and social care, we wanted to investigate the situation and gather people's views on home care. This was also timely as the Commissioning Team at Sheffield City Council was in the process of recommissioning the services and they were interested in hearing the views of individuals using the services. The survey was therefore completed very quickly to fit in with these timescales.

In addition to completing this survey, we worked with Age UK, Carers in Sheffield, Disability Sheffield and Stroke Association to share views and suggestions about this whole area. The culmination of the work to date was a successful summit held in February 2017 with these organisations and three commissioners of domiciliary care from Sheffield City Council, which has influenced the new service specification. We will continue to work with commissioners going forward.

Background to care at home

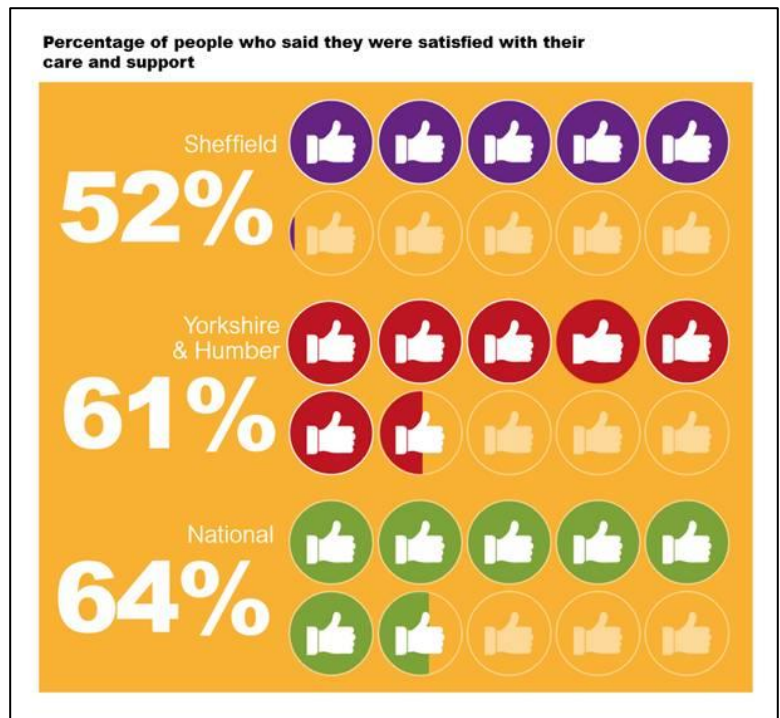
Care at Home includes help with getting in and out of bed, washing, preparing meals, shopping, cleaning and even support with taking medication. It can be the difference between people being able to remain living at home and independent or having to stay in hospital longer than necessary or move to residential care.

It is estimated that approximately 900,000 people in the UK rely on care provided in their own home. While 80% of those receiving this service are 65 or over, many disabled people also rely on this.

Demand for care at home continues to rise as the population ages. However, funding to councils for social care has not kept pace with either the increasing need or the increasing costs of providing this care, which is creating a national crisis in this area.

Depending on a person's financial situation and their need as assessed by a social worker, home care is paid for in different ways. For some, the local council pays all or part of the costs while others have to fund their own care and some are forced rely on family or friends.

In its 2016 report on social care, Sheffield City Council reported that 1 in 20 of Sheffield's population had requested support from the Council and that requests had increased 7% in just one year. The same report, which covered the whole of social care and not just care at home, also highlighted a higher level of dissatisfaction in Sheffield from service users in comparison to the rest of Yorkshire and Humberside and nationally (see right).



What we did in this survey

We devised the survey to give us some quick information on what people value about the care they receive at home, what could be improved and whether there were other things that could be done to improve their quality of life or help them to manage better at home.

The survey was made available online, using Survey Monkey, and on paper and was promoted widely with the help of Age UK, Carers in Sheffield, Disability Sheffield and Stroke Association. We also took the survey to a number of lunch clubs around Sheffield and advertised it through social media and on the Healthwatch website.

We received a total of 58 responses between 17th January and the closing date of 15th February 2017.

Headline findings from the survey

Good things about care at home:

- People really value the fact that care at home enables them to remain independent and living at home
- It also provides companionship for people and many talked of building a good relationship with their carer
- People value consistency in this service, especially in having the same carer come to them
- Many carers are very friendly, kind, professional and go the extra mile to help their client.

Things that could be improved:

- Improve consistency both in the provision of the same staff for people and in the timing of visits so that people can plan their days and rely on their carers
- Look at improving the flexibility of care in terms of stepping up and stepping down the number of visits and in the content of the visits
- Allow more time for the carers to do their job.

Note: a third of respondents stated that nothing could be improved.

Other help that would improve quality of life or help manage better at home:

- More focus on companionship
- Better communication between provider and individual and between health professionals
- Look at supporting practical needs, for example adding a ramp, stairlift, grab rails, mobility aids etc.

Note: 21% of respondents used this space to make positive comments about their care.

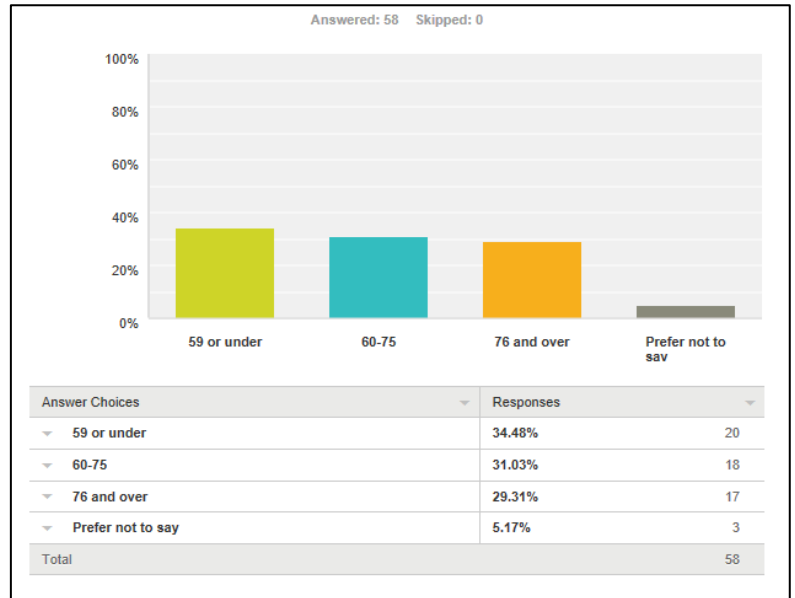
Survey findings in more detail

1. Demographics

We asked people three questions to enable us to see the spread of responses. We asked for the first part of people's postcode and were reasonably satisfied with our coverage of Sheffield.

The overwhelming majority of respondents categorised themselves as White British (86%), which is in line with the Office for National Statistics information. The rest included people of Asian and Afro Caribbean descent and some of mixed descent.

In terms of age, the respondents were fairly evenly split between the three categories of 59 and under; 60-75 and the 76 and over (see right). In part, this reflects the number of disabled people who completed the survey.



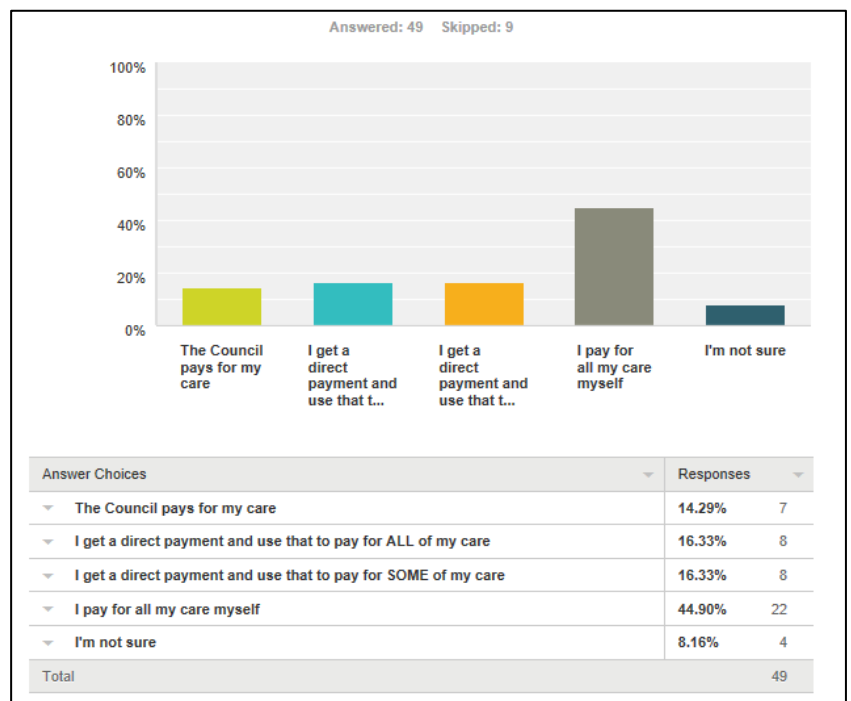
A third of respondents completed the survey themselves (33%) while nearly a quarter (22%) were completed by someone on behalf of a friend or relative. The remaining questionnaires (43%) were completed by the person receiving care at home helped by someone else.

2. Paying for care at home

Respondents were asked how their care was paid for and a total of 49 people responded to this question (see right).

Almost half of those who answered this question pay directly for their own care and just 14% have all their care paid for directly by the Council.

A third of all respondents who answered this question say that they receive a direct payment from the Council. Half of these use this to pay for all their care while the other need to supplement this direct payment to get the level of care they require.




3. What's good about the care you receive?

The following main areas were identified as being good about the care received at home:


- It enables people to remain independent in their own home
- Consistency is important, for example always having the same carers
- Carers are very friendly, kind, professional, and go the extra mile
- It provides companionship.

People also said that good things were:


- That without that care they would not be able to get out
- It acts as a prompt to take medication.




“It enables me to lead a reasonable life within the safety of my own home with my immediate family”




“It enlarges my connections with the community, ensure I am safe and well”



“Carers are good and always have a cup of tea with me and the carers are always the same and not strangers”



“There are some dedicated carers who go above and beyond the care plan and are flexible. This makes a big difference to my wellbeing”



“Some carers are very good and go the extra mile for me”

4. What could be improved about the care you receive at home?

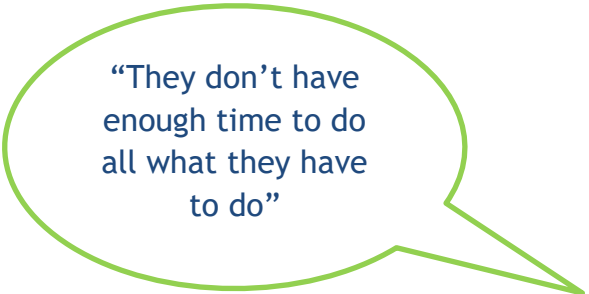
The areas of improvement essentially fall into three areas: consistency, flexibility and more time allocated. One third of those who responded to this question said that nothing could be improved and they were happy with their care.

Looking more closely at this information, it was clear that those who self-funded, or paid entirely for their care, were more satisfied with the care they receive. A total of 64% of those who self-funded responded to this question with 'nothing' or a similar comment showing the extent of their satisfaction and no-one left this question blank.


However, just 15% of all other responses wrote something like this and the total only rises to 48% when adding in those who left this question blank, so could be assumed to be happy with their service.

People said that the following things could be improved:


- Consistency in the staff sent
- Staff that visit
- Regular time of visits
- More flexibility: the content and timing of visits can be too prescriptive and controlling
- Phone if the carers or the time of the visit changes
- More visits required
- More time allowed so that carers are less rushed
- Better training for carers
- Person centred care
- Provision of a female carer for personal needs
- The quality of carers
- Communication between carers and relatives
- The complaints procedure, it is hard to complain when one feels vulnerable, and complaints are not always dealt with effectively
- Package of care after discharge from hospital.



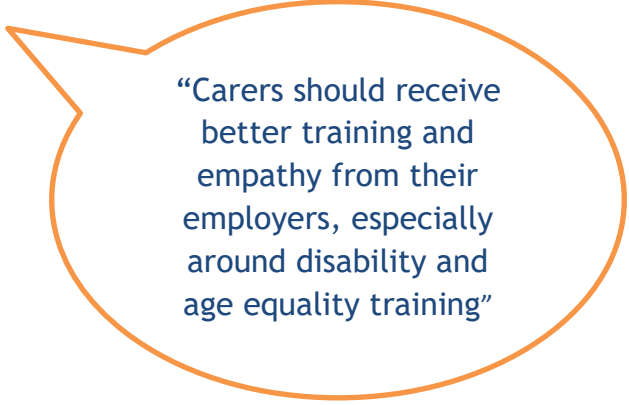
“They don't have enough time to do all what they have to do”



“I feel frightened when the carers don't come on time and want them to phone me when they will be late”



“That the carers come on time - sometimes I am still waiting at 11am for my breakfast and then someone else comes at 12 to give me my lunch”




“Carers should receive better training and empathy from their employers, especially around disability and age equality training”

5. What other help do you need that would help improve your quality of life or to help you manage better at home?


There were three main areas mentioned that would help improve the quality of people’s lives. These were more companionship, improved communication (especially between providers and individuals, and between health professionals and individuals) and a range of practical support measures including a ramp, stair lift, grab rails and other mobility aids.

People said that the following things would help;


- To have regular discussions and reviews of care plan
- To have a Care Record that can be shared with all health professionals and that can be taken to appointments
- A summary of care plan that is easier to read and access
- Befriending service
- Provision of mobility devices
- Longer visits both to help with tasks and to alleviate loneliness
- Help to go out and about to social engagements and activities
- Help with understanding benefits
- Help with small tasks
- Someone who can cook culturally appropriate food.



“I would like help to go to a lunch club or dementia cafe”



“I’m lonely and want longer visits”



“Would be good to have a brief plan at the front of the care record which could be taken to the hospital”

“All involved in her care who visit should write in the care record detailing any actions taken”

“Discussions with me regularly to check that I am happy”

“Some form of mobility device for the bad days when I can't get about”

6. Is there anything else that you would like to tell us about your care at home?

21% of respondents used this space to make positive comments about their care. Comments about improvements included:

- The quick turn-over of carers is not good
- Not enough time allowed for a visit
- Safeguarding issue with medication being given early and not at night
- Help to get out more
- Difficulty with getting a night sitter
- Not all professionals are reading / writing in the Care Record
- Do not have a Care Plan, no proper file or risk assessment
- Pressure on family carers who work full time, or on other elderly carers
- Finding an agency when on Direct Payments is stressful.

“Some carers don't have a very good bedside manner and make you feel like a job, rather than a person”

“The time allowed for the care plan is often not doable. I find that with my carers, we try to do a different job each day. Not all in care plan on one day. That system seems to work for me”

“The staff need to be trained in care not just manual handling and medication giving”

“After my fall, I was very lonely and scared but I'm very happy with the company and care I now get”

Finally, we asked people if they were willing to discuss the care they had received at home in more detail with a member of the Healthwatch Sheffield team. A total of 10 people who used care at home services and 3 friends or relatives of people who had care at home indicated that they would like to do this.

This gives us an opportunity to involve these people in any further work in this area.

Acknowledgements

We are very grateful to Age UK, Carers in Sheffield, Disability Sheffield and Sheffield Stroke Association for their support with this survey and other work in this area.



To share your views on care at home or any other area of health or social care in Sheffield, please contact us on:

Email: info@healthwatchsheffield.co.uk

Website: www.healthwatchsheffield.co.uk

Phone: 0114 253 6688

Text message: 07415 249657

Post: Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield S1 4FW

You can review all health and care services and see what others have said about local services on the 'rate and review' function on our website visit:

<http://www.healthwatchsheffield.co.uk/services/>.

If you would prefer to review on paper, please contact the office and we will send you feedback forms.