



Healthwatch Hartlepool Investigation
into Patient Experience of Hartlepool
Borough Council's Direct Care and
Support Service

February 2017

MISSION STATEMENT

"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."

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1. Background

1.1 The Direct Care and Support Service (Hartlepool) is a domiciliary care service which provides reablement support (short term support usually following a hospital discharge), “telecare” response service (responding to technology that helps people live at home longer) and an emergency respite care service for family carers to over 2,000 people in the Hartlepool area.

1.2 The service is based at the Centre for Independent Living (CIL) and is registered with the Care Quality Commission (CQC) and regulated by the Health and Social Care Act (Regulated Activities) Regulation 2014.

1.3 Consequently, the CQC monitors, inspects and regulates the services provided by the Direct Care and Support Service to make sure that they meet fundamental standards of quality and safety. The CQC ensure that health and social care services provide people with safe, effective, compassionate, high quality care and encourage care services to improve.

1.4 In February 2016 the CQC undertook an inspection of the Direct Care and Support Service, with the following rating made –

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well led?	Requires Improvement
Overall rating for the service	Requires Improvement

1.5 In response to the CQC report Hartlepool Borough Council (HBC) put in place an improvement plan to address areas which are “requiring improvement”. It was agreed that as part of this process Healthwatch Hartlepool would conduct interviews with a sample group of people who have had recent experience of using the service. It was hoped that this would give an insight into current service delivery standards from the perspective of service users

following which a short report outlining key finding would be produced.

2. Methodology

2.1 During November and December 2016 Healthwatch representatives met with HBC staff with a view to agreeing the aims, objectives and parameters of the project.

2.2 It was agreed that a core group of four Healthwatch Hartlepool Enter and View representatives would conduct between 10 and 15 structured discussions with recent/current service users during the late January/early February period.

2.3 It was agreed that a covering letter would be drafted by HBC and sent to a sample of intermediate care service users in advance of the planned visits explaining the purpose of the visit and seeking their permission to take part in the project and for information they provide to be shared. This was done in the run up to the Christmas period. A copy of the letter is shown at Appendix 1.

2.4 The Healthwatch team went on to identify key areas of questioning and it was agreed that the visits to the homes of service users would be conducted by pairs of members. Initial contact was to be made by telephoning using numbers provided by HBC and meetings set up at agreed times and dates.

2.5 After some discussion it was agreed that the visitors would not be accompanied by HBC supervisors as there was a strong feeling that this may inhibit the willingness of service users to give full and honest feedback.

2.6 Finally, it was agreed that a short report would be produced by Healthwatch which would outline key findings and make recommendations as appropriate. All information would be shared in full with HBC but individual input and comments would be presented anonymously.

3. Findings

(i) Healthwatch members encountered some difficulties with introductory discussions with service users which took place in January. Many could not remember receiving the initial letter HBC had hand delivered before Christmas and some efforts were needed to in order to recap what would be happening. In total fourteen service users took part in conversations with Healthwatch members and a breakdown by age and sex can be found in the Questionnaire Summary in Appendix 2.

(ii) A further difficulty at this early stage resulted from the limited information (name and telephone number) which HBC provided. Circumstances, conditions and care pathways varied considerably from individual to individual. Members were of the opinion that their task would have been assisted greatly if more information had been available to them from the outset.

(iii) It soon became clear that from the perspective of care service, care pathways had not always been clear, particularly when care had transferred from one provider to another. In some cases the person had initially received a period of NHS provided care on discharge from hospital. This was then followed by care provision via the Direct Care and support team which after six weeks was followed by ongoing support from either Care Watch or Care Line.

(iv) This made it difficult for some care service users to say exactly how long they had received the HBC service, but for most it was in the region of 4 to 6 weeks. Most said they were happy with how their service had been arranged, but several reported problems with the manner in which their discharge from hospital had happened.

“On discharge from hospital no care was available that night”

“Late evening discharge meant my package of care started the next day”

(v) Service users reported receiving a variety of care services including assistance with washing, dressing, showering or bathing and meals being the most frequently reported. Frequency of visits varied from once a day to four times a day with the most frequent length of stay being 15 to 30 minutes. Comments regarding the performance of care workers was extremely positive and most reported being highly satisfied with the services they received.

“Very pleasant carers, kind and caring”

“Carers did whatever was needed, very good”

(vi) Most reported that the frequency and duration of care visits changed over the course of their six week care package as their recovery progressed.

“Have made a good recovery and the need for care has reduced. Now mostly independent but carer is still helping with some light housework and some personal care needs”

(vii) Most people reported that they were happy with the care package and how it had been put together but some were quite vague about whether or not they had been consulted when it was being put together.

“I was happy with my care package”

“Can’t really remember due to the medication”

Some also commented that changes had been made to their package, without any consultation.

“Care stopped without warning, family complained and it was reinstated for 2 weeks”

(viii) 8 care service users reported that the care worker who visited them was often someone they had not met before. However, this was not viewed as being a problem as long as staff introduced themselves and were courteous and polite.

“They change, but am used to them now and they always introduce themselves”

“A lot of different people but all nice”

(ix) 7 care service users reported that they felt they were not always kept informed of changes to visit times and routines. The most frequently occurring issue was failure to notify the care service user if care workers were running late.

“Up to 30 minutes late sometimes, but not a problem”

“One carer turned up when I didn’t know they were coming, wasn’t a problem apart from she let herself into the house”

(x) With only one exception, care service users reported that staff always wore their uniform and ID badge and all respondents said that they felt that they were treated with dignity and respect.

“Always been fantastic, really good care workers”.

“Always been kind and caring”

However, on a less positive note, the wife of a man receiving care reported that one of the carers who visited did not help with lifting her husband who was obese and had poor mobility. This task was left to her.

(xi) Most care service users said that care workers had been allocated enough time, although some did add that if more time was needed to complete care tasks staff would stay longer.

“They stayed longer if needed to, sometimes my shower took longer than 30 minutes”.

“They stayed as long as necessary and always ask if there is anything else I need”

This clearly demonstrates a desire to provide an excellent service on the part of staff but could lead to late arrival at following visits.

(xii) Most said that they felt listened to and that changes were made when care service users or family members had commented or made suggestions.

“They listen and change as necessary”

(xiii) 5 care service users reported that they did not know how to make a complaint and were unaware of where information explaining how to do so could be found. Only 1 person said they had actually made a complaint and that the issue had been dealt with to their satisfaction.

“Complained regarding the attitude of 1 carer, telephoned someone at HBC and they dealt with the situation to my satisfaction”

(xiv) Everyone who was interviewed said that they felt safe and secure when a care worker was in their home. However, practice varied considerably when it came to care workers entering homes. Some people reported that they let the carer in, and others said that the carer had a key or there was a key in a key safe and that the carer was able to let themselves in. On a more worrying note, several people reported leaving the door open all day so that carers could let themselves in and out.

“They have a key, but my daughter sometimes lets them in”

“I leave the door open all day”

(xv) Overall, care service users were very satisfied with the care they received and were positive about the experience and care staff who had delivered the service.

“Council care has been more than good. I could not get better help and kindness from any other person. First class!”

“Very happy with the help and support and the girls who come to help me look after my husband. They always ask if there is anything more they can do to help”

(xvi) On a less positive note several of the people we interviewed had moved on to receive their care provision from Care Line and Care Watch and concerns were raised regarding the experience of care provision particularly from Care Line.

“HBC have been good, but Care Line don’t stay for the full 30 minutes for which I am paying”.

“Should have 30 minutes but Care Line carer often only stays 10 minutes. Care is often rushed and I feel made to fit in around their needs”

One person also commented that their care plan had been incorrectly updated by a carer from Care Line and some indicated that they would be reducing the care they received because of the cost attached to Care Watch and Care Line services.

“What the Care Line carer puts in the care plan is not always true, they said I was ok when I wasn’t.

(xvii) Care service users who had progressed on to Care Watch and Care Line all expressed concerns about the cost of their care and several had chosen to reduce the level of their care package because of the cost.

(xviii) Finally, some concerns were raised about hospital discharge procedures. These included ambulances not being available to take patients home and several reported arriving home after 8pm. In such cases care service users often found that their care package was not activated until the following day and consequently often struggled on the evening of their discharge.

4. Conclusions

4.1 Overall, the feedback received from users of the Direct Care and Support service was extremely positive. Those interviewed were appreciative of the quality of care they had received and complimentary about the performance and attitude of the staff who provide the service.

4.2 Some confusion was evident however regarding progression through the care pathway and some of those interviewed were unclear about which organisation had been responsible for the provision of their care at different stages.

4.3 There was clear evidence that people felt involved in the planning and development of their care but on some occasions care users are not being made aware that their carer is running late. Also, some care service users reported that changes to service delivery frequency and patterns were not always made clear.

4.4 Most service users reported that they were regularly visited by different carers but this did not appear to be a problem providing care staff were courteous, polite and introduced themselves properly at the start of the visit.

4.5 Those interviewed were generally happy with the amount of carer time they received, but several did report that carers frequently went over their time allocations in order to complete tasks. If this is happening on a regular basis care workers should be reporting back to supervisors with a view to reviewing allocations.

4.6 A significant number of people were unaware of complaints/compliments procedures and where to find instruction on what to do. This indicates that on some occasions new care service users are not being told about where to find them, or that current methods of passing on information are failing in some cases.

4.7 Whilst appreciating that the method by which care workers gain access to individual properties will vary, it was worrying to note that some people are leaving doors unlocked all day in order for their carer to enter. This practice clearly should not be encouraged and alternative mutually convenient solutions found.

4.8 Issues raised regarding the performance of commissioned care providers which were raised during the interviews are cause for concern (lateness, care time cut short and incorrect entries in care records) and should be relayed to monitoring and commissioning

colleagues for further investigation. Individuals choosing to cut care packages for financial reasons is also worrying and needs further consideration.

4.9 Despite assurances to the contrary, it would appear that inappropriately late hospital discharges are still occurring and having a detrimental impact on the person's wellbeing. This should be raised with the Hospital Trust at the earliest opportunity and at no time should a patient be discharged from hospital until there is certainty that their care package will be in place from the moment they arrive home.

5. Recommendations

5.1 That the findings and conclusions above are noted and acted upon by all relevant parties and that Healthwatch Hartlepool continues to monitor the ongoing development of care service user experience in this area.

6. Acknowledgements

Healthwatch Hartlepool would like to thank everyone who welcomed visitors into their homes and provided our members with information and hospitality during the course of this investigation; their help has been invaluable.

