

Home Care charging and payments consultation 2022

Report of consultation responses

1.0 Summary

- 1.1 The consultation focused on current recipients of home care and a central question – whether there should be a change to paying and charging for home care based on *planned* care from *actual* care. Further supporting and supplementary questions were also included in the consultation.
- 1.2 559 postal/phone and on-line responses were received – 87% of which were from people receiving home care and at least 8% from unpaid carers and family members.
- 1.3 Overall, around 46% of all respondents agreed with the proposed change and 16% disagreed with the proposed change. 16% did not mind either way, 22% were unsure.
- 1.4 The main points from the written feedback to this question were that:
 - **There is some qualified support for the change** and less than one in six respondents were opposed to it.
 - Quality of care experience and related factors may only have limited influence on whether people agreed with the change.
 - There is concern that the change could lead to shorter care visits – the contract should consider how this could be monitored and addressed without all the onus being on the home care recipient.
 - There is a need to consider any unintended consequences around flexibility in the new contract – e.g. when people may want/need to cancel a planned visit (which may also generate a saving).
 - There should be an easier process for seeking changes to a care plan.
 - A small but evident minority of respondents who were unsure or said they didn't mind underlines a need to ensure that future communication about any change and what it means for people is as clear as possible.
 - There was some concern that the change may not lead to care worker investment in the way intended.
- 1.5 In response to other consultation questions, feedback also showed that:
 - Around 84% of home care recipients have a care plan in their home.
 - Around 67% of visits by home care workers to people's homes last as long as planned; but 22% end early, (with a lot of feedback about 'rushed' visits).
 - On average, respondents score the quality of home care received 7 out of 10.
 - Around 68% of respondents feel home care has helped to maintain or increase independence.
 - Around 47% of respondents have the same care worker most of the time.

- Around 29% of respondents feel their care workers know them and understands their needs really well, while 45% of respondents feel their care workers know enough about them and their needs.
- Around 76% of respondents have an unpaid carer (e.g. family member), and 48% of respondents feel there is the right amount of contact between the care worker and unpaid carer.

1.6 The feedback to these questions strongly suggests that **the new home care contract should seek to address:**

- Better adherence to care plans
- Monitoring care workers/visits and the accessibility of feedback channels for home care recipients
- Lack of consistency of care workers, multiple care workers and turnover of staff, which has an impact on home care recipients
- Communication between care workers and unpaid carers.

2.0 Method of the consultation

2.1 The consultation ran from 7 March to 17 April 2022.

2.2 It primarily targeted current recipients of home care (and/or named points of contact) via letters, which included a paper survey and stamped addressed envelope, and an option to respond by phone.

2.3 The consultation was also available as an on-line survey on Citizen Space and promoted via a weblink, enabling home care recipients as well as others with an interest to respond.

3.0 Reason for the consultation

3.1 The consultation was driven by the Home Care Transformation Programme and re-procurement of the home care contract to commence in 2023. The new model of care intends to move away from 'time and task' to more outcome-focused support.

3.2 Changing the way home care is paid for and home care recipients' financial contributions are charged for from being based on actual care received to planned care would support the ambitions of the new contract. The consultation aimed to test this.

4.0 Purpose and design of consultation

- 4.1 In-line with the primary audience of the consultation, questions were framed around respondents' current experience of home care as a recipient or as an unpaid carer (e.g. family member). However, respondents could also reply based on a previous experience or more indirect experience.
- 4.2 The consultation was anonymous, although respondents were able to leave comments and contact details if they wished to.
- 4.3 The consultation's principal aim was to ask if respondents agreed with a central question – whether there should be a change to paying and charging for home care based on *planned* care (as set out in people's care plans) from *actual* care (as calculated through care worker timesheets and provider invoices).
- 4.4 The consultation included questions which supported the central question, asking if the respondent:
 - Receives home care, is an unpaid carer and/or has another role
 - Has a care plan
 - Has care worker(s) visits that tend to last for their planned duration or for a longer or shorter time
- 4.5 The consultation also included supplementary questions about:
 - Quality of home care received
 - Independence maintained or increased through home care
 - Continuity of care worker(s)
 - Knowledge and skills of care worker(s)
 - The presence of unpaid carers
 - Contact between unpaid carers and care workers

5.0 Response rate

- 5.1 559 responses to the consultation were received, of which 512 were by post or phone, and 47 were on-line
- 5.2 By comparison, in April 2022 there were approximately 2,645 people recorded as being known to the Council with active home care services.

6.0 Responses to questions

Question 1 - Please choose one or more of the options to describe yourself

- 6.1 Over 87% of respondents were receiving or had received home care, rising to 90% of postal/phone respondents and falling to 60% of on-line respondents.
- 6.2 The majority of other responses came from unpaid carers (family members) – nearly 8% overall, over 6% postal/phone and 21% on-line.
- 6.3 A further 15% of on-line respondents declared ‘another role or interest’; however their written comments showed that these were almost exclusively family members of a home care recipient. There were two online responses (representing 4%) from people working in health and social care.

	Overall	Post/ phone	On-line
I am an unpaid carer or have been an unpaid carer	7.7%	6.5%	21.3%
I am someone who receives home care or has received home care	87.5%	90.0%	59.6%
I have another role or interest	1.4%	1.6%	14.9%
I work in home care	0.2%	0.2%	0.0%
I work in another part of the health and social care sector	0.4%	0.0%	4.3%
Not Given	1.6%	1.8%	0.0%

Question 2 - Do you have a care plan in your home?

- 6.4 Overall, around 84% of respondents said there was a care plan in the individual’s home; 8% said there was no care plan there.
- 6.5 Feedback covered several themes. Representative comments included:

Flexibility of care plan:

- *My husband’s needs vary from visit to visit so it may take more or less time but the carers log in and out and this plan works very well for him. It is totally flexible and doesn’t need changing.*
- *Not as flexible as I’d like, no late visits to home available.*

Record-keeping can be poor:

- *The time shown on the daily records does not always agree with the amount charged.*
- *There have been instances when the care worker has lied about the time of her visits when completing her records. This has been evidenced by more than one member of the family - i.e. putting that she has been there much longer than she actually has.*

Digitisation:

- *When [provider] went digital all documentation was taken away*
- *The care plan is not updated regularly to cover changes and any changes are not visible in the care providers online portal.*
- *My care plan is online, I can have access*

Care plan not always followed:

- *The care company workers never read it so don't follow it right.*
- *Nobody follows it*
- *Different carers do refer to it*
- *Detailed care plan in place for mum with severe Alzheimer's. Time on each visit has been agreed based on her needs. The carer logs in and out of the premises. BIG issue. Very few carers read it particularly if they have not been in before. The care plan is reviewed on a regular basis.*
- *Carers do not do most things in the care plan*
- *About 10 mins into a 20 mins visit on the care plan I was to have a shower once a week but that doesn't happen, my niece has to come and shower me.*
- *They just play on their phones instead of doing tasks they are supposed to*
- *I go each night to complete tasks that make mum comfortable. Some of which are in a care plan that have either not been completed or the carer has not felt safe to do, e.g. bathing mum.*

Out of date or ununiformed care plans:

- *it is out of date so no good*
- *none of the information is recorded in the care plan*
- *Our care plan has not been updated since we first started with care for my wife in 2017. We were sent a review to which we made our own suggestions for changes but haven't heard anything since we sent it back.*
- *My Mum's care plan at the moment isn't working but we're having to wait until the go ahead from social services meaning that Mum is becoming agitated and asking the carers to leave.*
- *Care plan was set up following an assessment when my point of contact wasn't there so it doesn't cover all my needs because they took the word of a confused 90 year old man.*
- *Care plan was updated July last year without inviting me to be there to support my mum during its completion.... my mum is in her 80s and doesn't always ask for the support she needs.*

6.6 Main points from feedback about care plans:

- Care workers need to know/read/follow the care plan
- Keeping the care plan up to date and involving the right people (including family) in this
- Record-keeping/monitoring and care workers
- Making sure the care plan is available/accessible to people
- The new contract should consider how these issues could be reinforced

Question 3 - Please choose the statement that best describes your care visits for most of the time

6.7 Overall, around 67% of respondents said care visits tended to last for the planned time.

6.8 Postal/phone respondents were more likely to say this, (69% of home care recipients and 60% of unpaid carers), compared to on-line responses (43% and 25% respectively).

6.9 Overall, 22% of respondents said the care worker tended to leave earlier than planned. Postal/phone respondents were less likely to say this (21% of home care recipients and 17% of unpaid carers) compared to on-line respondents (39% and 50%).

6.10 Care workers were much less likely to stay beyond the planned time (2% overall), reflecting written comments received (see below). Perhaps not surprisingly, unpaid carers were less sure how long visits lasted.

	Overall	Home care client		Unpaid carer	
		Post/Phone	On-line	Post/Phone	On-line
I tend to ask my care worker to leave earlier than planned most visits	1.3%	1.1%	0.0%	0.0%	12.5%
My care worker tends to leave earlier than planned most visits	21.6%	20.8%	39.3%	16.7%	50.0%
My care worker tends to stay for the planned time most visits	66.5%	69.4%	42.9%	60.0%	25.0%
My care worker tends to stay longer than planned most visits	2.4%	2.0%	7.1%	6.7%	0.0%
I'm not sure	7.7%	6.7%	7.1%	16.7%	12.5%

6.11 Feedback covered several themes. Representative comments included:

Care workers cancelling or not coming:

- *Due to staff shortages care packaging is not effective nor fit for purpose on many occasions staff have not arrived. My sister has been asked to help me but this has not been possible due to her family commitments.*
- *Care workers not always on time or don't turn up*
- *Sometimes they cancel or don't come*

Care workers coming at inappropriate times:

- *Care visits should be 6 hours apart. We often get visits apart under 6 hours. This should be 6 hours for tablet medication. I have spoken to Green Square on numerous times, they say it's noted, nothing changes.*
- *sometimes they might arrive at 3.30 for tea time call :(*
- *The times they come in are very erratic especially in the mornings. They can be early as 7am or later than 10am*
- *Carers change time to suit them. Too early for meals.*
- *The carers that come at the weekend aren't interested in my care and needs.*
- *Number of home care visits is as originally agreed at start of care plan, but agreed timing of home care visits is not adhered to.*

- *We have constantly asked for the carer to visit after a certain time but some carers ignore our request. They arrive much too early so we have to turn them away. Carers who know my wife usually come after the requested time but some carers just want to get home as soon as possible so they're not interested in my wife's needs. There are certain days that we know that we're likely to be told that there's no carer to come in the evening.*

Regular (familiar) care workers make a difference:

- *Regular carer stays. Some other carers do not complete all tasks/ stay. They say I have refused without prompting me to do it to make me comfortable.*
- *The regular carers stay the right amount of time.*
- *My care is not reliable when my main carer is off, sometimes I don't get care.*
- *Yes unless they are stand in carers*
- *When the more regular carer is there, I have some sort of peace that mum is being cared for.*
- *Stand-in carers leave early as a rule*

There is some good experience with care workers:

- *Excellent carers and very good support from them.*
- *The girls and men who came were all lovely but always in a rush! The care company was another matter.*
- *Some older carers tend to just feed me and go or be on their phones. The younger carers seem to do more and talk to me*
- *They stay longer if necessary*
- *Often ask if I need anything else*
- *My carers are very obliging when longer stays are required*
- *I enjoy seeing my carers, we always have a good laugh.*
- *I love them to have a chat*

Care workers are pushed for time:

- *Care workers always in a rush. A 30 minute call is usually 5 minutes.*
- *The morning visit should be 45 mins, other calls 20 mins. My mum feels the call in the morning is rushed, we understand they have other calls, but my mum is not very good first thing.*
- *Lunch time call is often shorter than planned time.*
- *10 minutes at most unless they stay for a coffee*
- *They seem to fly in and out and are always in a rush.*
- *Get done what needs doing then leave*
- *They are usually given a time which is usually not long enough to give the care they want to*
- *Care workers always seem to be in a hurry to leave, tasks/care elements included in the care plan, e.g. emptying commode, application of medication, are sometimes forgotten/missed.*
- *They always leave early, with very limited interaction*
- *The care workers visit me twice a day and do the minimum in the short time they are with me, usually washing and dressing/undressing. This is frequently*

only 10-15 minutes per call, less than the agreed visit duration. My elderly husband is my unpaid full time carer, he has his own health issues but the care workers still leave some agreed care plan tasks to him.

Paying for time not used:

- *We are paying for time that our care workers do not use.*
- *All last year I mainly did [care] myself – the carers never turn up or would come too late ... if it wasn't for me he wouldn't have been dressed but he still had to pay*
- *So we would end up paying more than necessary each month? Care worker rarely stays for the allocated 30 mins. This would be unfair.*

The onus is on the home care recipient to highlight issues:

- *I am not capable of communicating to my son about how long my care worker stays. I don't really know.*
- *They would sometimes only be here for 10 mins and others they would come sign the book and leave as my wife was caring for me.*
- *Don't know as I don't know how long they should stay*
- *It seems the onus is on the clients to negotiate with the care providers for all issues and as I have already found this takes time and causes more stress.*

6.12 Main points from feedback about care visits:

- Based on feedback about current practice, around **two out of three care visits last for the planned time**, suggesting that changing to payments and charging based on planned care from actual care *may* not have a widespread impact for most people.
- However, the feedback also suggests that around **one out of five care visits end before the planned time** – a significant minority.
- The responsibility is on the home care recipient to report short visits – an issue that the new home contract may need to address.
- There was a lot of feedback about rushed visits and insufficient reference to care plans – particularly by 'non-regular' (occasional) care workers.
- Feedback also recorded visits being cancelled or visits at inappropriate times.

Question 4 - Do you agree with the proposed change?

6.13 Respondents were asked the central question if they agreed with the proposed change to paying and charging for home care based on planned care from actual care.

6.14 Overall, where a response was given, around 46% of all respondents agreed with the proposed change and 16% disagreed with the proposed change. 16% did not mind either way, 22% were unsure.

6.15 Postal/phone respondents were more likely to agree with the change and around four times as many postal/phone respondents agreed with the change as disagreed.

6.16 On-line respondents were less likely to agree – home care recipients were evenly split, with one in three both agreeing and disagreeing and one in four being unsure. Unpaid carers were three and a half more likely to disagree than agree on-line.

	Overall	Home care client		Unpaid carer	
		Post/ Phone	On-line	Post/ Phone	On-line
Yes I agree with the change	45.5%	44.9%	32.1%	42.4%	20.0%
No I don't agree with the change	16.1%	12.6%	32.1%	18.2%	70.0%
I don't mind either way	16.3%	16.9%	10.7%	9.1%	0.0%
I'm not sure	22.0%	19.7%	25.0%	30.3%	10.0%

6.17 Responses were analysed to consider if quality of home care received could be an influential factor in whether respondents agreed with the proposed change or not.

6.18 There appeared to be some but limited correlation between respondents' assessment of the quality of care received (see Question 5 below) and whether they agreed with the proposed change. The higher the quality of care score, the more likely respondents were to agree; conversely, the lower the quality of care score, the less likely.

6.19 Of respondents who assessed quality of care lowest (0-3 out of 10), 43% did not agree with the change but 27% did agree.

6.20 Respondents who scored quality of care the highest (9-10) were nearly five times more likely to agree than disagree with the change; however, the percentage who agreed was still under half of respondents (48%). Respondents who scored quality of care the highest were also most ambivalent about the change – 21% did not mind either way.

Quality score out of 10:	0-3	4-6	7-8	9-10
No I don't agree with the change	43.2%	16.6%	14.1%	10.2%
Yes I agree with the change	27.0%	39.6%	46.0%	47.6%
I don't mind either way	8.1%	16.0%	12.3%	21.1%
I'm not sure	16.2%	23.7%	23.3%	16.9%

6.21 There was further analysis to consider correlation between respondents agreeing with the proposed change and the extent to which they had provided positive answers to the questions about a care plan (question 2), home care visits (question 3), having the same care worker (question 7), the

knowledge/skills of care workers (question 8) and whether home care had supported their independence (question 6).

6.22 There was limited correlation:

- 47% of respondents who said they had a care plan in their home agreed with the change.
- 51% of respondents who said their care workers stayed for the full call duration or longer agreed with the change.
- 48% of respondents who said their homecare improved or maintained their independence agreed with the change.
- 48% of respondents who said they had the same care worker most of the time agreed with the change.
- 49% of respondents who said their care workers knew them well enough to provide care agreed with the change.

6.23 Feedback suggested there was **qualified support for the change**.

Representative comments included:

- *Prefer to know exactly how much I need to pay based on care plan as carers do not stay allocated time*
- *Yes the change is ok provided that carers stay and provide for the planned time*
- *I agree with the change as long as I can get all of the calls needed and that no call is cancelled, and as long as at each visit/call everything that needs to be done is done and that they are not rushing to just get finished early, meaning they are not giving the full care that would be needed.*
- *Simplifying a complex system*
- *I hope this would be a fairer system*
- *I don't think the planned care/time ratio is relevant. It is more about doing the actual care that is stated in the plan.*

There were concerns that the change might increase the likelihood of **shortened care visits and paying for care not provided**. Representative comments included:

- *If the care company are to be paid the same regardless of the amount of time spend they will have an incentive to spend less time but I will be charged the same regardless.*
- *I think the carers would be clock watching if he went over the plan time and he would worry about asking them to do extra.*
- *Why should my Dad be paying for something he is not receiving.*
- *If you change the way that we pay then we will be paying for care that we're not getting.*
- *At least there is a level of challenge with allocated time.*
- *I want to pay for what I use, that is fair, I don't want to pay for what I don't use, that isn't fair and I can't afford it. There will be no incentive (and actually a disincentive) for care workers to spend more time with me on a day if I need it on very rare occasions. I don't need or want the same amount each month, especially if it is at the cost of me paying for time that I don't need. Changing my care plan is a very difficult process.*

There is a need to **monitor care workers and service quality**:

- *The cost is extortionate when the care company does so little to monitor their staff and quality of service*
- *My concern is around who will monitor whether the task is completed. At least if they are allocated a specific time there is a some sort of challenge available that is hoped the care provider will investigate.*

There was some concern that **the change might inhibit flexibility**. Representative comments included:

- *My husband's needs vary from visit to visit so the care plan times can be longer or shorter, it's unpredictable so I cannot see how a set payment would benefit us or those like us, in fact it would be worse because if carers stayed longer they would lose out money wise and if they spent less time we would have to pay for time not used.*
- *You say the plan is more flexible but it seems to be less flexible and would not encourage more attention to varying needs.*
- *Mum may have different needs on different days, it would be good to know the carer is coming for a certain amount of time so that we can tell the carer what needs to be done.*
- *Dad's needs differ, it is difficult to know requirements. Sometimes he is asleep for example. Prescribing times in advance may not work, it needs to average out across the day. Otherwise the service may diminish.*
- *From past experience when additional time/ or double handling has been required due to unforeseen circumstances the care company have really stepped up and delivered*
- *This would depend on whether this charge would be flexible. Someone may need a lot of care initially and then need less later as they adapt to their change in circumstances (or vice versa). This could mean they are paying for more care than they need.*
- *I arrange and pay for my dad's carers on his behalf. I sometimes cancel care visits if I can be there and it isn't always the same days every week. If we always pay the same I'm afraid we would be paying for care visits that we don't have.*
- *I frequently cancel visits for hospital visits and/ or social days out with family / friends that I don't think I should pay for. I sometimes stay with family overnight on special occasions also.*

There was some **support for the principle of enabling staff investment** but there were concerns that the change might not achieve this. Representative comments included:

- *The idea of releasing the admin burden so that more can be channelled onto actually improving service delivery makes total sense*
- *There is an incentive for care companies to cut short visits (and the care workers salary) and assumes that service users don't go on holiday etc.*
- *I can see no advantage for the care workers. They are already working VERY LONG hours, with no travelling time between clients and precious little breaks.*

- *As the time allocated is not long enough and therefore care workers will not receive the pay entitled and this will result in being cut and insufficient care.*
- *I think your wishes are honourable, but with the difficulty of recruiting new carers and the current shortage they may be impractical.*
- *Unless staffing shortages are addressed I feel the quality of care won't improve. Weekends seem to be the times when less staff are available.*

Several respondents said they already pay a fixed amount each time. Other comments queried if the change would have any **impact on contributions**, for example:

- *It all sounds good in principle but at what cost.*
- *Yes providing there will not be a big increase in the care costs.*
- *The main problem voiced by most people is not being able to pay the contributions because they feel they are too high and the method used to calculate them is unfair and unrealistic.... It's not a matter of being able to budget better, it's that they feel they don't have enough money to pay the contributions without reducing other essential expenses like food and power. That is why so many people refuse to accept all or part of the care they are assessed as needing.*

There is a need to **monitor the change**:

- *Any system implemented should be subject to a periodic review.*

6.24 **Main points from feedback about the proposal to change:**

- There is some qualified support for the change and only one in seven respondents were opposed to it.
- Quality of care experience and related factors may only have limited influence on whether people agreed with the change.
- There is concern that the change could lead to shorter care visits – the contract should consider how this could be monitored and addressed without all the onus being on the home care recipient.
- There is a need to consider any unintended consequences around flexibility in the new contract – e.g. when people may want/need to cancel a planned visit (which may also generate a saving).
- There should be an easier process for seeking changes to a care plan.
- A small but evident minority of respondents who were unsure or said they didn't mind underlines a need to ensure that future communication about any change and what it means for people is as clear as possible.
- There was some concern that the change may not lead to care worker investment in the way intended.

Question 5 - On a scale of 0 to 10, how do you feel about the quality of the home care service you have experience of?

6.25 Average overall score was 7.0
Average postal/phone score 7.0

Average on-line score was 6.2

Question 6 - Do you feel home care has helped you to maintain or increase your independence?

6.26 Overall, around 68% of respondents said home care had helped to maintain or increase independence.

6.27 Postal/phone respondents were most likely to agree with this statement (72% of home care recipients and 49% of unpaid carers) compared to on-line respondents (46% and 30% respectively).

	Overall	Home care client		Unpaid carer	
		Post/Phone	On-line	Post/Phone	On-line
Yes	67.8%	72.2%	46.4%	48.5%	30.0%
No	11.3%	10.0%	25.0%	12.1%	30.0%
I'm not sure	10.7%	10.6%	17.9%	6.1%	10.0%
It's not relevant to me	6.6%	3.5%	10.7%	24.2%	30.0%

6.28 There was some correlation between responses to this other questions:

- 90% of respondents who scored quality at 7 or higher said they had a care plan in their home.
- 81% of respondents who scored quality at 7 or higher said their care workers stayed for the full call duration or longer.
- 87% of respondents who scored care quality at 7 or higher said their homecare has improved or maintained their independence.
- 59% of respondents who scored quality at 7 or higher said they regularly have the same care workers.
- 92% of respondents who scored quality at 7 or higher said their care workers knew them well enough to provide care.

6.29 Feedback covered broad themes. Representative comments included:

Variation between care workers and quality of care:

- *Carers above 5 rating, let down by irregular attending times, not informed by head office when late or change.*
- *Care quality is not consistent. Shortage of carers, sometimes with no training, sometimes they do things for my relative rather than help him do it himself, this deskilling him. Others are excellent.*
- *Quality of care all depends on who you get for your visits. Quality of carers is very different depending on the carer, some are excellent and go beyond expectations, others are almost useless.*
- *When I get the regular carers who have been coming in for over 2 years they know my husband and are very caring to him.*

- *The only time problems occur is when my regular carer is unavailable.*

Some support for maintaining/increasing independence:

- *Definitely allowed me to stay in my own home.*
- *Having dementia I have lost my independence. The carer assists me with my day to day living.*
- *Some carers are better than others, some warrant a 10, others a 3 or 4. I have kept my independence and not had to go into a care home.*
- *It's the support from family that has maintained mum's independence.*

6.30 Main points from feedback about quality of care and support for independence:

- As reflected throughout the consultation feedback, consistent ('regular') care workers are said to have a generally more positive impact on the support and experience for home care recipients, in contrast to home care with multiple, inexperienced or changing care workers.
- Through the data response and written comments, there is some evidence that home care in its current contract/model is helping to maintain or increase people's independence to some degree.

Question 7 - Do you have the same care worker most of the time?

6.31 Overall, there was an even split between respondents who had the same care worker most of the time and those who did not. On-line respondents were less likely to say this.

	Overall	Home care client		Unpaid carer	
		Post/Phone	On-line	Post/Phone	On-line
Yes	46.5%	47.5%	39.3%	60.6%	30.0%
No	46.9%	46.9%	60.7%	27.3%	70.0%
I'm not sure	2.2%	2.2%	0.0%	0.0%	0.0%

Question 8 - How well do you feel your care worker(s) knows you and understands your care and support needs?

6.32 Overall, 29% of all respondents said the care worker knows the home care recipient really well, (this was despite over 46% of respondents saying in Question 6 that there was consistency of same care worker).

6.33 Over 45% of all respondents said their care workers know them well enough to provide care. Post/phone respondents were most likely to say this.

	Overall	Home care client		Unpaid carer	
		Post/Phone	On-line	Post/Phone	On-line
My care worker(s) knows me and understands my needs really well	29.0%	31.2%	28.6%	15.2%	10.0%
My care worker(s) knows enough about me and my needs to provide care	45.4%	47.7%	32.1%	48.5%	20.0%
My care worker(s) doesn't know me and doesn't understand my needs well enough	14.1%	12.2%	32.1%	18.2%	40.0%
I'm not sure	4.7%	4.1%	7.1%	0.0%	0.0%

6.34 Feedback showed a very mixed experience of care workers and their knowledge. Representative comments include:

Some good experience with care workers:

- *My staff team know me well*
- *I have a great relationship with my care workers*
- *She is the most amazing carer I could wish for.*
- *My main few carers are fantastic but if we have one of the others to cover they might not be as good.*

Variability/inconsistency:

- *Depends on who attends*
- *2 of the girls really took time to get to know us but the others didn't attend often though.*
- *It differs with each care worker. Some just focus on tasks required whilst others make a connection*
- *If the worker has a day off it is completely different and disorganised*

Missing health and wellbeing support needs:

- *Sometimes eating and drinking is ignored. Dehydration is a major issue.*
- *Some care workers are not aware I am profoundly deaf.*
- *Support plan done by someone who does not know me and how I live*
- *don't understand my mental illness and basic needs*
- *Care worker should know each patient i.e. what's needed. Mum's care is medication, they should know it's 6 hours apart.*
- *competence of some carers leaves a lot to be desired - many are young and do not know how to make some basic meals.*

Multiple and changing care workers:

- *Too many different care workers*

- *Got a new care company and still getting to know each other*
- *Certain carers my mum cannot understand, this results in limited communication.*
- *Multiple carers, don't keep note well, poor understanding of English*
- *Turnover of staff is a big problem.*
- *The workers change all the time so every time I get used to someone they don't come again. I don't like this.*
- *My care co. has a large turnover of staff and can have as many as ten different carers in any period of seven days*

6.35 Main points from feedback about quality of care and support for independence:

- Positive feedback about the qualities of care workers should be harnessed if possible within the new contract. However, the contract should also consider the lack of consistency of care workers, multiple care workers and turnover of staff, which were reported issues and have an impact on the care and experience that home care recipients have.
- For some respondents, this manifests itself in basic gaps in care around food or medication.

Question 9 - Do you have support from a family member or friend as an unpaid carer?

6.36 Overall, around 76% of respondents said there was an unpaid carer.

6.37 Home care recipients were more likely to say they had an unpaid carer if they responded on-line (82%) than if they responded by post or phone (nearly 75%). But unpaid carers were much more likely to identify themselves in that role if they replied by post/phone (85%) compared to on-line (60%).

	Overall	Home care client		Unpaid carer	
		Post/ Phone	On-line	Post/ Phone	On-line
Yes	75.7%	74.8%	82.1%	84.9%	60.0%
No	17.7%	20.0%	10.7%	6.1%	10.0%
I'm not sure	1.4%	1.5%	3.6%	0.0%	0.0%
It's not relevant to me	2.7%	0.5%	3.6%	9.1%	30.0%

Question 10 - How much contact does your care worker(s) have with your unpaid carer(s)?

6.38 Overall, nearly half (48%) of all respondents said there was the right amount of contact between carer workers and unpaid carers.

6.39 Relative to other questions, there was also some consistency between the responses from home care recipients both by post/phone and on-line. However, unpaid carers were much more likely to say they had the right amount of contact if they responded by post/phone (58%) compared to on-line (40%).

	Overall	Home care client		Unpaid carer	
		Post/Phone	On-line	Post/Phone	On-line
There's the right amount of contact between my care worker(s) and unpaid carer(s)	47.9%	49.0%	46.4%	57.6%	40.0%
There's not enough contact between my care worker(s) and unpaid carer(s)	16.3%	13.7%	35.7%	18.2%	20.0%
There's too much contact between my care worker(s) and unpaid carer(s)	2.2%	2.4%	0.0%	3.0%	0.0%
I'm not sure	7.2%	6.7%	3.6%	9.1%	10.0%
It's not relevant to me	15.7%	15.8%	14.3%	9.1%	20.0%

6.40 Feedback showed a very mixed experience of care workers and their knowledge. Representative comments include:

Written communication could be improved:

- *We think that a written daily log would be a benefit to us, rather than an app that we do not have access to.*
- *No MAR sheets or care plan. My daughters have no idea what the carers do.*
- *My daughter will write notes as contact with my care workers.*
- *Carers record info in the case record, anything important would have to pass through office, sometimes I don't hear of important info / events*

Contact is limited by the timing of the care visits:

- *Dad's carers are only there when I can't be so I rarely see them.*
- *Because the care worker comes first thing in the morning there is very little contact with the carers. Contact is made if we need to cancel carers visits i.e. hospital appointments.*
- *when me and my sister go to my mums, we very rarely see the carers*

Lack of contact is a problem form some respondents:

- *There's no contact at all!! I have to rely on my mum telling me if she has any obvious health problems as the care company relay nothing to me.*

- *3 or 4 short phone calls in 2 years.*
- *They never seem to have enough staff so you never know who is coming.*
- *My mum has to be there to make sure the carers meet my needs otherwise they don't.*

Limited contact works better for some people than others:

- *Mum's care workers are very good and understand her very well and only contact me if they cannot resolve things themselves.*
- *1 member of staff is very good at contacting my family if there are any issues, others don't.*
- *There's no contact really, there's no need for any*
- *Works well with communication*
- *We have an excellent relationship with the workers and none are strangers to us*

Families may initiate contact with care workers / providers more than the other way round:

- *Usually only contact is made if my family contact the carers.*
- *I feel I don't see the carers often enough, I only speak to them when I make a complaint*

There are some difficulties with relationships/roles:

- *Unpaid carers don't know what they can do to make carers do their job right*
- *The carers treat my family as interfering busy bodies*
- *My husband is my unpaid carer and feels alienated, they don't consult him.*
- *My niece does my shopping, cleaning washing and everything. They don't have enough contact with each other.*
- *Would be good if informed of things*

6.41 Main points from feedback about unpaid carers and care workers:

- While there is feedback showing that written and verbal communication between care workers and unpaid carers is taking place, responses highlight this should be improved, and the new contact may want to consider this.
- Feedback suggests more could be done by care workers (and home care providers) to initiate and maintain this communication with unpaid carers.
- There is some evidence of a lack of knowledge of each other's roles, which can only be to the detriment of the home care recipient.

7.0 Conclusions based on the consultation feedback

7.1 Based on the consultation feedback:

There is some **qualified support for the change** to paying and charging on planned care. However:

- There are concerns that the change could lead to shorter care visits and *less* flexibility (e.g. to change arrangements or ask for care over what is planned).

- The new contract should consider how this could be monitored and addressed without all the onus being on the home care recipient.
- There was some concern that the change may not lead to care worker investment in the way intended.
- The reasons and implications of the change may not be fully understood by a minority of people, which should be addressed through future communications and processes.

Improvements to care plans are needed through the new contract to help ensure:

- Care workers know/read/follow the care plan.
- The care plan up is to date and involves the right people (including family).
- The care plan is available/accessible to people.
- There is an easier process for seeking changes to a care plan.

Monitoring and accessible feedback channels are needed to help ensure:

- There is not a shortening in care visit time (as many respondents fear).
- Care visits become less rushed than is currently reported, not more rushed.
- There is a reduction in care workers not visiting or cancelling, or visiting at times that are inappropriate to the purpose of the care.

Current home care arrangements score 7 out of 10 on quality of care and support for independence:

- The new contract should consider those elements that home care recipients consider successful within the current arrangements.

Lack of consistency of care workers, multiple care workers and turnover of staff have an impact on the care and experience of home care recipients:

- The new contract should consider care worker investment.

Communication between care workers and unpaid carers should be improved:

- The new contact should consider this, in particular expecting more of care workers (and home care providers) to initiate and maintain this.

Ed Sexton and Jason Smart

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