

COMPARISON BETWEEN RESULTS OF HOMECARE WORKERS SURVEY & COMMENTS FROM THE HOMECARE WORKERS FORUM AGAINST COMMENTS MADE BY SERVICE USERS DURING HOMECARE QUALITY CHECKS

20 homecare workers attended a forum at Age UK on 19th October 2015. Attendees were asked for their comments on a range of subjects in focus groups and also through a questionnaire. Attendees were representing their profession rather than the agency they worked for.

Responses from the questionnaire and group discussions are outlined below. Responses from the Homecare Quality Check visits are also included.

Qs1 – 2 Regular care

1. Do you have regular clients that you provide homecare to?
2. Do you prefer having regular clients? Please tell us why.

18 homecare workers said that they had regular clients, with only 2 having no preference for this and another 2 saying it depends. The reasons for having a preference are given below

- *Because you get to know them & they get to know you, and they trust you*
- *So I can support & deliver home care to those who need it*
- *I am ready for my regulars and for replacements, no big difference to me*
- *I prefer having regular clients who live in my area, but for me, it's better to have different clients and give them a super service*
- *For continuity and the general wellbeing of the client*
- *It makes my work easier because I can make my own hours meet client's needs*
- *Continuity of care & a regular income*
- *You get to know the clients well*
- *It's better knowing you have stable clients that you're going to every day*
- *You know what you are doing and it provides continuity to service users*
- *I like learning more about my regular clients but when they go into hospital, you are left without a job and no money*
- *I prefer regular clients to support them better*
- *Regular clients makes it easier to get to know them, their needs and there's also more interaction – I like to build good relationships with my clients*
- *It gives you the ability to cater to their needs*

A comment made during the closing discussion of the forum that wasn't included in the survey was about a **disincentive** of having regular clients who are admitted to hospital – when this happens, the care worker loses those hours for the duration of the hospital admission.

Qs 3 – 4 Replacement cover & handovers

3. Do you often have to provide replacement cover for other carer's annual leave / sick leave?

Although only 2 homecare workers said that they did not provide any replacement cover, it is noteworthy that 1 person said that they were sometimes placed unknowingly on the rota.

4. Do you receive a sufficiently detailed handover when you provide replacement cover? If not, please tell us what's missing

In terms of receiving a sufficiently detailed handover when providing replacement cover, 8 people said that they **did not**, 1 said it depends, with the remaining 11 stating that they **did** receive a sufficiently detailed handover.

Their comments about handovers are listed below

- *Only sometimes you get a handover but handovers make a great difference to the carer and the customer*
- *Usually my office calls to inform me of any issues*
- *Usually my supervisor calls me and explains what I have to do*
- *You need to read the client's records*
- *Medical status details missing*
- *Key issues such as deafness, medication & key safe numbers*
- *Very often we don't receive all relevant information regarding clients below*

This is an interesting response in that it is totally **contrary** to what service users said in the Homecare Quality Checks. Having regular carers was by far the most important thing cited by service users (82%). Whilst many service users do have regular carers most of the time, it is the problems they experience with replacement carers and the associated lack of handovers that is the issue.

Problems cited by service users include no prior notification, too many different replacement carers, lack of consistency between different replacement carers and having to explain what needs doing and how, as well as having to show carers where things are kept, sometimes on several different occasions. One service user said she felt so physically exhausted having to show a carer where things were kept in the kitchen and how to do things that she felt there was no point in having a replacement carer when essentially she was practically doing it herself .

Whilst one of the comments from the survey states that you need to read the client's records, I found no evidence in any of the files accessed of anything other than generalised schedules of tasks; these do not include any of the personalised details that would be relevant.

In the group discussions, it was noted that the best way to do a handover is face to face with the regular carer, who could then show the replacement how the client would like things done , not just what needs to be done

Given that issues with replacement carers was by far the most common problem experienced by service users and certainly the issue that caused most distress, it is recommended that sufficiently detailed handovers must take place.

Qs 5-6 New clients and client information

5. Do you have enough information about **new** clients and what needs to be done for them?

Only 5 out of 20 homecare workers stated that they **did not** receive enough information about new clients. Comments are listed below

- *By reading the care plans & history*
- *If there isn't enough information, I call the regular carer or I read the care plan*
- *It's up to you to read the client's notes / records*
- *Not enough information is usually given*
- *What's missing is background, history, health conditions, relevant contacts; hospital discharge information isn't always available promptly*

Whilst most files did contain a schedule of tasks, most did not contain a care plan or client details; the schedule of tasks is very generalised and not at all person centred.

6. Do you have any information given to you about client preferences ie **how** they would like things done, rather than just what needs doing?

11 Homecare workers stated that they do have information given to them about client preferences and 9 said that they do not. Comments are listed below

- It pays to talk to the clients about this
- I sometimes have to phone up the office about this
- No information given on this
- The client gives instructions

Very infrequently was any information seen in any files about this; from this we can infer that Homecare workers have to get this information from clients and/or their family members.

Given that information about clients and how they would like things done is not handed over to replacement carers, it would be good practice to have this personalised information contained in the front of all client files eg "Who I am & how I like things" – this very effective tool is going to be looked at and developed in the last service user & family carer focus group on 4th December.

Qs 7 - 8 Phone calls & protective equipment

7. Are your work related phone calls paid for by the care agency?

Only 3 homecare workers said that their agency paid for their work related phone calls

8. Are you supplied with adequate protective equipment such as gloves?

Although 18 homecare workers said that this was supplied by their agency, 3 of those commented on the quality being poor.

Qs 9 - 10 Travel time & rushing

9. Is your travel time paid for by the agency?

Only 6 homecare workers said their travel time was paid for by their agency. The only comments we received about travel time are listed below

- *No, because I'm on a zero hours contract*
- *Paying this will be very good*
- *It is now*
- *Partially*

It must be noted here that in the group discussions, it was pointed out that Home Care Co-ordinators need to get a better understanding of the physical proximity (or not) of post codes and of public transport routes (or lack of) e.g. getting to SE21 from SE22 is not as easy as it sounds on paper! It was also pointed out that it is poor organisation and very unfair when workers have to hang around for 2 hours in between jobs.

10. Do you feel that you have to rush to complete the specified tasks in the allocated time? If yes, please state why in the comments column

11 homecare workers said that they had to rush to complete tasks in the allotted time. 8 did not feel rushed and 1 didn't indicate either way. Comments are listed below.

- *Sometimes you really have to take your time with some clients, like those with dementia and then that makes you late with the next*
- *Rushed because I don't want a backlog of things left undone*
- *Our client's needs come first and are paramount*
- *Sometimes, especially on Sunday, there's not enough time for travelling between clients*
- *It depends on the time allocation for your next visit*
- *Time is just too short to travel to another client because of the double time sheet*
- *We often end up overstaying in order to leave clients safe & comfortable*
- *Yes sometimes because time is very limited*
- *Sometimes the allocated time isn't enough so you run out of time; if more time was allocated, there's no need to rush*

Qs 11 – 19 Induction & training

11. Did you receive induction training when you started the job?

All 20 homecare workers said they had received induction training. The only comment we received about this is below

- *Yes but at another agency which was excellent*

12. Did you feel that your induction training was sufficient for your job?

Only 3 homecare workers felt that their induction was insufficient. The only comment we received was

- *We should be given more and regularly*

13. How long did your induction training last and what subjects did it cover? Please put your answer in the comments column

We got 14 responses to this question, with inductions lasting from 3 hours to 2 weeks. The responses are given below

- *3 – 4 days on the job training, which covered all aspects of care, clients, domestics, emergencies etc*
- *1 week*
- *3 days*
- *1 week, which covered manual handling, food & hygiene, medication*
- *4 hours in total, which covered health & safety, first aid, food & nutrition, safeguarding*
- *Health & safety, infection control, food hygiene, first aid, POVA, dementia*
- *1 week which covered meds, handling, hoisting, stroke, dementia recognition & behaviours*
- *5 days*
- *1 week*
- *2 weeks*
- *1 week*
- *3 hours – moving & handling, infection control, mental health, understanding the care plan*
- *2 weeks*
- *3 days*

It would be good practice to have minimum standards for induction training, consistency and quality in the subjects covered.

14. What subjects have you had further ongoing training in? Please list in the comments column

We had 12 responses to this, ranging from none to those listed below

- *Risk assessments, person centred care, health & safety, first aid*
- *None*
- *Dementia, handling medicines, manual handling, infection control, safeguarding, managing challenging behaviour*
- *Administering medication, dementia awareness, manual handling, risk assessment*
- *NVQ level 3*
- *Meds & moving & handling*
- *Health & safety, manual handling, fire drills, POVA*
- *Medication*
- *Safeguarding, health & safety, violence & aggression*
- *NVQ 3*
- *Moving & handling*
- *Medication*

In the discussions, cultural needs were cited as a training issue, especially in terms of culinary needs e.g. how to make sandwiches. This issue had cropped up several times in the Homecare Quality Check visits – service users saying that their homecare workers did not know how to make a sandwich.

In terms of skills needed, there was also discussion around interpersonal communication skills, patience and listening skills. Given that the attitude of carers was the second most important thing cited by service users, this has to be an area for development and should be addressed in recruitment, induction, ongoing training, supervision and client satisfaction consultation.

15. Have you had training in working with people who have dementia?

15 homecare workers said that they had received training in this. The only comment we got is listed below

- *Yes but needs to be ongoing & regular*

Given that the prevalence of dementia increases with age, it would be good practice if this training was mandatory for those working with the elderly.

16. Have you had training in working with people who have had strokes?

11 homecare workers said they had received training in this. No comments were given about this

Given that strokes are common in the elderly and also very much associated with vascular dementia, it would be good practice if this training was mandatory

17. Have you had training in person centred care?

17 homecare workers said they had received training in this. This was a **very surprising** response as **no person centred information** was found in any of the files accessed by the Homecare Quality Check Project

18. How do you receive training eg from someone in the care agency, an external trainer, e training on the internet, policy & procedure manual. Please give details in the comments box

16 homecare workers responded to this question

- *Agency manager*
- *External trainer, Response Training*
- *Both internal & external*
- *Internally by the agency*
- *External & internal*
- *Internal*
- *Both*
- *External trainer*
- *In house trainer – it wasn't very good*
- *From the agency and from the internet*
- *Someone from the care agency and from the policy & procedure manual*
- *Watching a documentary*
- *Internally from someone in the agency*
- *Internal from agency*
- *Internal*
- *Care agency*

Where training is not provided by an approved training provider, but provided internally, internal trainers should at least have attended a “train the trainers” training course. Training is a specialist skill and should not be provided by those who do not know how to do it. Training should not be a tick exercise and the quality of training should be monitored.

Shadowing an experienced worker was also cited as a good method of training in the group discussions.

19. What further training would you like to get? Please list the subjects in the comments column

13 homecare workers responded to this question

- *Specialised training such as peg feeding and catheters, also stress management and work & life balance*
- *Basic health & social care updates*
- *NVQ levels 3 & 4*
- *Dementia awareness & moving & handling*
- *First aid, manual handling*
- *Stroke awareness*
- *Dementia & career pathways*
- *Cardiac training, data protection & fire safety*
- *Managing dementia*
- *Health & social care level 3*
- *NVQ 4*
- *Palliative care*
- *Always good to get more refreshers*

Qs 20 – 23 Supervision & support

20. Do you receive regular supervision? How often do you receive supervision? Please say in the comments column

18 homecare workers said that they did receive regular supervision, 1 said that they did not and another 1 didn't indicate either way.

From the 11 responses we got, it can be seen that regular can vary from monthly to every 6 months.

- *Every few months*
- *Every 6 – 8 weeks*
- *Twice a year*
- *Every 2 months*
- *When they remember*
- *Every month*
- *Every 6 months*
- *Monthly*
- *3-6 months*
- *Double up sometimes*
- *Once a month*

21. Do you think you receive supervision often enough?

18 homecare workers said that they did receive regular supervision, 1 said that they did not and another 1 didn't indicate either way. Presumably then, with so many respondents

saying that their supervision was regular enough, infrequent supervisions are seen as enough by some.

22. Do you think you get enough support from your manager outside of supervision?

14 homecare workers felt that they did get enough support outside of supervision, 4 said they did not and 2 didn't indicate either way.

23. Do you have regular meetings with other home care workers? If so, how often?

11 homecare workers said that they did have regular meetings with other homecare workers and 9 said that they did not. Comments about the frequency of those meetings are listed below:-

- *Twice a year*
- *Twice a year*
- *Not regular but about every quarter*
- *Once a year*
- *Every 3 months*
- *Every 6 – 9 months*
- *3 times a year*
- *4 times a year*

Given the isolated nature of homecare work, it is not good practice that 9 out of 20 homecare workers do not meet with their colleagues to share issues, problems and good practice.

Q 24 Hours worked

24. Do you work enough hours? Please say in the comments column whether you'd like to work more or less hours and why

11 homecare workers said that they worked enough hours and 9 said that they did not. Comments about this are listed below:-

- *I'd like to work at least 30 hours a week because if you don't, it's working for nothing once the bills are paid*
- *No I don't have enough customers*
- *I'd prefer to have more hours due to child care fees*
- *Hours seem to be given out on favouritism*
- *I sometimes beg for more hours without getting any and sometimes it's work overload*

Q 25 Most important aspects of the job

25. What are the most important things to you in your job?

We got 17 responses to this question, which are listed below

- *To look after clients to the best of my ability*
- *Attitude*
- *Trying to do everything for my clients to make them happy*
- *To ensure I provide quality care to the service user*
- *Assisting with proper hygiene*
- *Communication & punctuality*
- *Taking good care of my clients*
- *Seeing that my clients are happy*
- *The clients*
- *That the service users are properly cared for by carers who are reliable & take their time*
- *My clients*
- *Training & updated information available when needed*
- *Being respected as a professional*
- *Getting to the client on time and doing the right thing by interacting more with the client and getting to know them more*
- *Building up a good relationship with my client so that they can live at home comfortably*
- *Client safety & satisfaction*
- *Making a difference*

Qs 26 -27 Difficulties

26. What are the most difficult things in your job?

We got 19 responses to this question, which are listed below

- *Communication*
- *Meeting new clients and wondering what they'll be like*
- *Communication*
- *Travel time*
- *The managers always believe the client's lies without investigating and also service user's family members shouting down on me*
- *Managing care & hygiene of a very fat client*
- *Transportation system*
- *Lack of communication with the client's family*
- *Working with people who have lower standards of working*
- *Working with managers who know less than you*
- *Time management – sometimes there are too many calls for the allocated times*
- *Travelling between jobs*
- *Time limitations & travel time*

- *Miscommunication, travelling, low rate of pay & miscommunication*
- *Being relegated as seen merely as a house help*
- *Clients' relatives*
- *Sometimes unpredictable clients*
- *Working with new people who don't have enough knowledge about the job*
- *When one of my clients dies*

27. What would make your job easier to carry out?

We got 19 responses to this question, which are listed below

- *More time with clients*
- *Communication*
- *Better communication*
- *Having to spend less time travelling & more time with clients*
- *Proper assessments on service users*
- *Proper stair lift for fat clients rather than doing the stairs with the aid of a stick*
- *More training & being kept up to date with things*
- *Enough salary because it's not an easy job*
- *A change in office staff!?*
- *If my clients were located closer to one another*
- *Managers having a better knowledge of post codes; some sound as if they might be close together but aren't*
- *The way rotas are done*
- *Paid travel time*
- *Good pay, good equipment & information*
- *Being given more information about the client*
- *A set amount of hours to work*
- *Not having to travel long distances*
- *Availability of training via the Council and the company*
- *Better pay & more recognition*

In the discussions, the issue of lack of respect for care workers from other professionals such as GPs, District Nurses and Social Workers was discussed at length. A need to change those attitudes was discussed as well as a hope that being part of the Local Care Networks might bring about that change. Whilst being looked down upon as unqualified staff, home care workers are often the first to notice any changes in their clients; where clients don't have family members around and cannot contact GPs etc themselves, homecare workers might be the only professionals to act upon such changes. A facility to regularly feed back about clients' progress to Social Workers and other professionals was also cited as good practice