

Healthwatch Stoke-on-Trent

Home Care Services Project Summary



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Share your health and social care experience

Healthwatch Stoke-on-Trent is the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share the views of the public with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make health and social care better for people.

Please contact us if you have an experience or opinion on health and social care services that you would like to share. To share an experience with us you can do so online through our Website Feedback Centre, email, telephone or via our active social media platforms, Facebook, Twitter, or Instagram.

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Introduction

Healthwatch Stoke-on-Trent are the independent voice of the public in health and social care services. We collect feedback from the public about their experiences of using health and social care services and use that feedback to work with health and social care providers and commissioners to look for service improvements. We collect feedback through priority projects and in 2019/20 of the priority projects for HW Stoke-on-Trent was to gather feedback about homecare services in Stoke-on-Trent. The project aimed to find out about people's experiences of receiving home care services whether through the local authority or through continuing healthcare from the NHS.

Methodology

The methodology for the project was to make use of a survey that could be completed by people receiving care or by carers on their behalf. The survey was designed to be available both in hard copy and as an online survey.

The project began at the start of 2020 and unfortunately the collection of feedback coincided with Coronavirus becoming prevalent in the UK which meant that we were unable to carry out our usual outreach and engagement work. As we were unable to meet people and attend groups the survey became an online only survey and this has impacted upon the numbers of people who have completed the survey. Reaching people who receive care at home is inherently difficult to start with but usual channels of reaching people were closed to us and there was additional pressure on homecare services meaning we were not in a position to request providers distribute surveys on our behalf.

Findings

There were a total of 15 surveys completed and not every respondent answered each question, meaning that there are an even more limited number of responses to each question.

Although we asked respondents a number of questions about their demographic backgrounds, numbers were too low for this to provide meaningful insight or be a representative sample of the population receiving home care services.

Nine of the respondents said that they were unpaid carers; two said that they received care and two said that they were both recipients and providers of care.

Ten respondents said that they received their care through Stoke-on-Trent City Council (the LA) and one from the NHS. Two respondents said that they received care from both the LA and the NHS.

Nine of the respondents said that they paid for their care whilst three did not pay for their care.

All of the respondents had been receiving care for more than six months when they completed the survey with the highest number (5) receiving it for 1-2 years.

Respondents received a range of types of care with the highest number (six) receiving help to get out of bed and three getting help to get ready for bed.

Care Plans

When asked about care plans eight respondents said that they had a care plan, and none said that they did not have a care plan but around half of the respondents to the survey did not answer the question.

Two respondents said that their care plan was up to date, and one said that it was not. The rest of those that had care plans did not answer the question.

Number of carers

Half of the respondents who answered the question (5) said that they had the same carer and half said that they did not (5).

When asked how many carers they had if they did not have the same carer three respondents said that they had seven or more carers. One said that they did not know how many carers they had.

Most respondents (8) said that they could not contact their carer directly; whilst three said that they could.

Number of visits and times

The highest number of respondents (5) said that they had two visits a day from carers. Three said that they had one visit a day and two said that they had more than three visits a day. One respondent said that they had a visit once or twice a week.

Nine of the respondents said that their carers arrived at the right time and two said that they did not.

When asked about the amount of time their carers were supposed to spend with them eight respondents said that their carer was supposed to spend 15-30 minutes with them on each visit. Two said that they were supposed to spend 30-60 minutes with them.

Eight respondents felt that the time their carer spent with them was just right and three that it was too short an amount of time. However, nine respondents said that their needs were met with their care and one said that their needs were not met.

Eight respondents said that the time of their visits were convenient and one said that they were not convenient.

Relationship with carers

When asked about their relationship with their carers most of the respondents (7) said that their relationship with their carer was good and one said it was very good. Four respondents gave a neutral answer and none of the respondents said that their relationship was poor.

All 13 of the respondents who answered the question said that they felt their carer had been trained fully to meet their needs.

10 respondents said that they felt safe with their carer although one said that they did not.

All 11 of the respondents who answered the question said that they felt that they were treated with dignity and respect by their carers.

Compliments, complaints and concerns

Six of the respondents said that they knew how to raise a compliment, complaint or concern about their care but three said that they did not know.

Seven said that they would feel comfortable raising a complaint whilst one said that they would not feel comfortable.

Conclusion

The number of respondents to the survey is too small to draw meaningful conclusions from as it is not representative of the number of people who are receiving homecare services in Stoke-on-Trent.

However, the small number of respondents showed themselves to be generally fairly satisfied with the care that they are receiving. Most said that their needs were being met by the care that they received; they felt safe and that they were treated with dignity and respect.

Most were happy with the times that their carers arrived with carers arriving on time and at convenient times. The time that they spent with them was seen as being adequate for their needs.

However, most said that they could not contact their carers directly and it may be useful to look at whether this would be desirable and manageable.

