

Personal and Health Services Scrutiny Panel



Follow-Up Review on the Implementation of the Recommendations within the Report of Services to Older People – Home Care Provision from the Carers Perspective

CONTENTS

	Section	Page
<u>Introduction by the Chair</u>	1	1
<u>Summary</u>	2	2
<u>Membership of the Scrutiny Panel</u>	3	3
<u>Terms of Reference</u>	4	3
<u>Methodology</u>	5	4 - 5
<u>Update on the Implementation of the Recommendations Contained in the Initial Report</u>	6	6 - 31
<u>Borough Solicitor's Comments</u>	7	32
<u>Borough Treasurer's Comments</u>	8	32
<u>Conclusions</u>	9	33 - 34
<u>Recommendations</u>	10	34
<u>Appendix - Consultation Report</u>		35 - 43

Personal And Health Services Scrutiny Panel

Follow-Up Review On The Implementation Of The Recommendations Within The Report Of Services To Older People – Home Care Provision From The Carers Perspective

1. Introduction By The Chair

On behalf of the Members of the Personal and Health Services Scrutiny Panel, I have pleasure in presenting the Panel's latest report which is a follow-up of the Panel's previous review on "Home Care Provision from the Carers Perspective."

It has been three years since the Scrutiny Panel's original report was published and the Panel were keen learn whether or not the recommendations contained in the report had been implemented by Social Care and Health Services.



This re-review is a good example of the ways in which Scrutiny Panels can revisit service areas to ensure that any recommendations made in the initial reports are pursued and action for improvement is taken.

I believe that this course of action should be taken following every review by the Scrutiny Panel in order to ensure that the role of scrutiny by frontline councillors, empowers the decision making process.

A handwritten signature in black ink, which appears to read "John S Bell". The signature is written in a cursive style and is underlined.

Councillor John S Bell
Chair of Personal and Health Services Scrutiny Panel

2. Summary

On 25th February 2003, the Personal and Health Services Scrutiny Panel published a report seeking to examine the Council's home care provision for older people, from the perspective of the carer.

Following in-depth discussions and consultations with service users, a number of conclusions and recommendations were made.

In February 2005, the Panel Members agreed to revisit the service, to examine the outcomes of each recommendation, ascertain whether or not they have been implemented, and to determine whether or not home care services have improved.

Each recommendation from the original report has been recorded thematically and an executive update on the current position is included, together with the Panel's findings, within the relevant section. Additional conclusions and recommendations have then been incorporated into the report.

Evidence to support the new recommendations made by the Panel has been sought once again through extensive consultation with the manager of the Carers Centre, officers from Social Care and Health Services and managers of the independent providers.

In order to obtain the views of carers on the care provision supplied by the Council and the independent providers, a detailed joint survey has been undertaken by the Scrutiny Panel and the Carers Centre.

Although the respondents to the survey did not represent a significant proportion of carers in the borough, the Panel were pleased to note that the majority of respondents replied that overall, they were generally "very satisfied" or at least "satisfied" with the standard of care for the person they care for, received from Social Care and Health Services and independent providers.

In order to learn about more specific information on the thoughts of carers regarding the home care service, an advertisement was placed in the Carers Newsletter, to set up appropriate discussions groups. Unfortunately however, there was no take-up from members of the public. Moreover, attempts made to access carers through the Carers Forum, were again, unsuccessful, as no responses were received.

Nevertheless, the Panel feels that the evidence which they did gather, is sufficient to show that adequate progress has been made in improving the service, despite current financial limitations.

3. Membership Of The Scrutiny Panel

Municipal Year 2004-2005

**Councillor J Bell (Chair), Councillor M Smith (Deputy Chair)
Councillors Brierley, Doubleday, Joe Fitzpatrick (suspended from 10th
January 2005), A J Gwynne, Sweeton and Warrington**

Advisory Group: Dr Chand and Messrs Heald, Jenkins and Walker

Municipal Year 2005-2006

**Councillor J Bell (Chair), Councillor M Smith (Deputy Chair)
Councillors Brierley (resignation with effect from 1st March 2006),
Doubleday, Joe Fitzpatrick (from 10th July 2005), Sweeton, Warrington and
Wild**

Advisory Group: Dr Chand and Messrs Heald and Eyres

4. Terms Of Reference

Terms of Reference

Aim of the Scrutiny Review Exercise

“To ascertain whether the recommendations in the Scrutiny Panel’s Report on Home care Provision for Older People from a Carers’ Perspective have been implemented and to examine the outcomes”.

Objectives

- A. To establish what actions have been taken by Social Services in relation to the Scrutiny Panel’s recommendations.
- B. To ascertain from carers whether they feel that the relevant recommendations have been implemented and what have been the outcomes of their implementation.
- C. To ascertain from providers whether they feel that the relevant recommendations have been implemented and what have been the outcomes of their implementation.
- D. To establish how contract and complaint monitoring is used to improve services.

5. Methodology

- 5.1 Initially, the Scrutiny Panel met with Mr Ray Slamon, who represented the Carers Centre, Ms S Butterworth, the Assistant Executive Director (Adult Services) and Mr M Garnett, the Service Unit Manager for Adult Services. Mr Slamon updated the Panel with the work of the Carers Centre, and Ms Butterworth and Mr Garnett, reported on the recommendations which had been implemented to date, that had arisen from the Executive Response to the original Review.
- 5.2 On the 11th April 2005, Councillor Bell Chair of the Panel, Councillor M Smith Deputy Chair of the Panel, Mr H Boots Head of Scrutiny, Miss D Paver Designated Research Officer and Mrs M Clough Senior Scrutiny Panel Co-ordinator met with Ms Carolyn Brierley Young Carers Officer and Ms Janet Cooper Young Carers Project Manager. The purpose of the meeting was to ascertain whether or not the recommendations contained in the Panel's report on Services to Older People – Home care Provision from the Carers Perspective which referred to young carers, had been implemented.
- 5.3 On the 14th April 2005, Councillor Bell Chair of the Panel, Mr H Boots Head of Scrutiny and Mrs M Clough Senior Scrutiny Panel Co-ordinator, met with Councillor Holland (Droylsden West Ward Councillor), Mrs Deidre Moore Manager of Trenchard Court, Droylsden and Ms Carole Williams Area Manager of Johnnie Johnson Housing Trust Limited. The purpose of the meeting was to discuss issues regarding care packages provided by Tameside Social Care and Health Services.
- 5.4 On the 18th April 2005, Councillor Bell the Chair of the Panel, Mr Boots Head of Scrutiny and Mrs Clough, Senior Scrutiny Panel Co-ordinator, met with Mr Martin Garnett Service Unit Manager, Ms Lesley Smethurst Contract Monitoring Officer and Ms Sandra Whitehead Commissioning Officer, in order to discuss procedures and issues regarding Contract Monitoring and the implementation of the recommendations contained in the Panel's report on Services to Older People – Home Care Provision from the Carers Perspective.
- 5.5 A joint consultation exercise was undertaken between the Carers Council and Tameside Council's Personal and Health Services Scrutiny Panel. A survey was mailed to all carers registered on the Carers Register. The questionnaire was aimed at carers of people who were currently receiving home care through a care package or alternatively, carers of people who had recently received a care package. Around 1200 questionnaires were distributed in total. Please refer to the Appendix for further information.

5.6 During the course of the review, Councillor Bell the Chair of the Panel and Miss Paver, Designated Research Officer, met with the managers of Medgal Care Limited, Direct Care North West and Access Home Care Limited to discuss issues facing private providers around home care provision.

6. Update On The Implementation Of The Recommendations Contained In The Initial Report

6.1 Original Recommendation 1

That the Council continues to make home care provision, at least at its current level, utilising both in-house and private suppliers.

Executive Response Update:

The Council continues to provide Homecare as an integral support for Adults assessed as eligible and their carers. Level of service remain high, however mounting capacity problems are likely to provide a challenge in 2005/06.

Panel Findings:

General Information on the Provision of Home Care Services in Tameside

- 6.1.1 Despite having experienced a reduction in the budget for elderly people in order to accommodate budget issues regarding children's services, Social Care and Health Services report that this has not had a negative impact on home care services and consequently the Council continues to provide home care as an integral support service for eligible adults and their carers.
- 6.1.2 In Tameside, the home care market remains divided between the Council's in-house service which provides approximately 20-25% of the market, and the services of the independent providers who provide the remaining 75-80%.
- 6.1.3 As all service providers are required to implement a risk assessment for each individual care package, this can very often limit the type of work undertaken by the home care worker for the service user.
- 6.1.4 In this regard, the Council has experienced difficulties regarding the very different home care demands required of its in-house service and the services offered by the independent providers, and consequently, there are approximately 40 people for whom both services can only provide certain elements of their care package.
- 6.1.5 In recent years, there has been a significant reduction in the number of home care agencies operating in the borough due to agencies

ceasing to trade, and in one case an agency being removed from the list due to poor quality. At the time of writing this report, there are only six agencies in the borough that are able to fulfil contracts for Social Care and Health Services.

- 6.1.6 Following consultation, the Scrutiny Panel and officers from Social Care and Health Services agree that although increasing the in-house service would be extremely beneficial, this would require a political, rather than an officer decision.
- 6.1.7 Both the Council's in-house service and the independent providers experience difficulties with the recruitment and retention of care workers. It is believed that these problems arise because of competition from local employers such as supermarkets, who offer higher rates of pay for less physically demanding work.
- 6.1.8 To add to this problem, it is understood that adjoining local authorities, such as Stockport and Manchester, offer better rates of pay than those offered in Tameside. For example, a care worker in Denton would be paid more if s/he worked across the border in Stockport. Consequently, home care workers are likely to work in the area where they will be paid more money.

Follow-Up Conclusion

- 1. **That apart from the Council's own in-house home care service, there are only six agencies in the borough who provide contracts for Social Care and Health Services. Consequently, the Council has limited choice when considering which independent providers should be used for each case.**

Follow-Up Recommendation

- 1. **That consideration be given to increase the in-house service when resources allow.**

Social Services (In-House) Home Care Provision

- 6.1.9 Overall, the respondents to a joint survey undertaken by the Carers Council and the Scrutiny Panel with all the registered carers in the borough report that generally, they are positive about the home care services provided by Social Care and Health Services in-house home care workers. Some respondents however, are not happy about the services provided.

- 6.1.10 A small minority of respondents report that they are not very often or are never confident that Social Care and Health Services in-house home care workers understand the needs of the person they care for, or are familiar with the care plan.
- 6.1.11 Nevertheless, on the whole respondents do report levels of overall satisfaction with the standard of care provided by Social Care and Health in house home care services.

Home Care Provision by the Independent Providers

- 6.1.12 In Tameside, as well as commissioning home care from the council's in-house service, the following independent providers are on the council's approved list for the commissioning of home care for adults services:-

Access Home Care, Claimar, Medico, Direct Care, Laurel Bank, and Medgal.

- 6.1.13 Manchester Care & Anchor Housing Association provide facilities for care in two of the Extra Care Housing schemes, but these are on a tender basis. Age Concern & Claimar provide a sitting & support service and their services are also subject to the tendering procedure.
- 6.1.14 During consultations, one independent provider did not regard differences in pay between local authorities as an issue that affected the decision of a home care worker to apply for a position with the council or with an independent provider. Generally, the independent provider thought that the priority of most home care workers was to work as close to home as possible. The Scrutiny Panel however, believes that wages/salaries are an important factor for an employee when considering a potential employer.
- 6.1.15 Despite the comments above, the remaining independent providers, agree that the recruitment and retention of home care workers is very difficult and cite the following two main reasons for this:- low rates of pay and the need for zoning (referred to later in the report).
- 6.1.16 The independent providers have reported that the care workers complain about the lack of continuity of work, the varying weekly hours, and the inconsistent wages received each week. For example, if a service user goes into hospital the independent provider will obviously not be paid for the duration of the hospital stay. Consequently, the independent provider's income reduction is passed to the home care worker as a reduction in their wages.
- 6.1.17 One independent provider referred to problems regarding the Criminal Records Bureau check that workers have to undergo prior to starting work. Presently, prospective employees have to wait 2 to 3

weeks for a Criminal Records Bureau check before they can start working, and it is their responsibility to pay the fees associated with this examination. This tends to deter prospective care workers.

- 6.1.18 Currently, employers ask care workers to provide their own transport, due to the fact that clients are dispersed across the borough. Commuting to clients homes during peak traffic times together with the cost of petrol, is a factor which contributes to the large numbers of employees who resign from the profession, and the limited numbers of people willing to take care worker vocations.
- 6.1.19 During consultation, one independent provider reported that they have been attempting to widen their pool of employees, to include individuals who don't have cars. It is understood that there is a group of people who are willing and able to work as home care workers but are restricted because they don't own their own transport. This independent provider believes that the answer to the recruitment problems is not just to pay the care workers more money, but to commission services differently so non-car owners are able to work in areas near to their homes.
- 6.1.20 Respondents to the joint survey are generally positive about the home care services provided by the independent providers. However, not all respondents are happy about all the services provided.
- 6.1.21 A number of respondents report that they are not very often or are never confident that independent home care workers understand the needs of the person they care for, are familiar with the care plan, or are providing the services specified in the care plan at all.
- 6.1.22 On the whole however, respondents reported levels of overall satisfaction with the standard of care provided by the independent providers.

Additional Services

- 6.1.23 It is recognised, that many service users will have difficulty with general cleaning duties. Unfortunately, within the current regulations, cleaning facilities can only be provided by the home care worker, if this element of care is identified and clearly defined in the care package as an essential element of care.
- 6.1.24 If cleaning is not identified in the care package, the service user is expected to purchase cleaning services privately. Although Social Care and Health Services acknowledge that this could prove costly for the service user, many service users are in receipt of attendance allowance, which would give them a little additional financial assistance.

- 6.1.25 For service users who might struggle to pay for private cleaning facilities, additional assistance for this element of care might possibly be available from the Social Services Sub-Threshold Service. Sub-Threshold Services are accessed by those people with low level needs who fall outside of the Council's eligibility criteria for Social Care (Level 2, critical and substantial). Examples of these types of services include shopping, sitting and support, bathing services, gardening, handyman and befriending schemes. At the time of writing this report, Social Care and Health Services report that a joint initiative is being considered with Housing Renewal seeking to establish a self financing organisation, which would provide shopping and gardening services (ie. referred to as Sub-Threshold Services).

Unmet Needs

- 6.1.26 During a meeting with Councillor Holland, the area manager of Johnny Johnson Housing Association and the manager of Trenchard Court, reference was made to the Social Care and Health Services "Unmet Needs List".
- 6.1.27 This unmet needs list, contains information on all clients with care packages or part care packages that can not be met by the in-house service or independent providers. The list is forwarded every Friday by the Commissioning Team, to all Care Agencies, to establish where capacity may have been freed up and allocated against service users awaiting care on the list.
- 6.1.28 It is understood that this list exists not as a consequence of a shortage of funding, but as a result of a shortage of care staff, employed in the sector.
- 6.1.29 In an attempt to address this issue, Social Care and Health is trying to establish an in-house team that can provide a rapid initial response to these clients, in order that any urgent care can be provided.

Extra Care Housing Scheme

- 6.1.30 Depending on the particular needs of the service user, occasionally two care workers may be required, particularly for intensive care clients who might have been in residential care. In these types of cases, extra care housing schemes are very popular.
- 6.1.31 Extra Care Housing is a style of housing and care for individuals that falls between established patterns of sheltered housing and accommodation, and care provided in more traditional residential care homes.

- 6.1.32 Where people require more services than can be provided at home, but less than provided by care homes, care is usually provided by a dedicated team of home care workers with 24 hour care support on hand (sheltered housing for independent living but with many extra facilities and care on site). It promotes independent living whilst offering access to other services that might be required, and enables individuals to live safely within their own unit/ flat with the reassurance of living in a safe communal environment
- 6.1.33 This facility enables elderly people to remain in their own homes for as long as possible and have the care brought to them. People maintain their independence, rather than having to go to hospital or into residential care. The benefits of Extra Care are:
- It enables people to live at home, not in a home.
 - Care can be delivered in a flexible way, based on individual need, which can increase or decrease according to circumstances.
 - It can preserve or rebuild independent living skills.
 - Couples can stay together.
 - Carers can continue to care, with support.

Missed House Calls

- 6.1.34 Unfortunately, there are instances of missed house calls mainly by care workers employed by independent providers.
- 6.1.35 In these circumstances, the service user is not required to pay for the visit. Moreover, if the problem recurs, Social Care and Health Services take steps to temporarily suspend the independent provider from their approved list. This course of action is becoming increasingly difficult, as there are less and less independent providers willing to contract with the local authority.

Special Requests

- 6.1.36 There are instances when many service users request the in-house service rather than the services of the independent providers. As there is a shortfall in staff provision, the in-house service is not always able to accommodate the service users.
- 6.1.37 Furthermore, many people request particular visiting times, which can not always be accommodated. For example, a service user with diabetes, who doesn't have any family support, is classed as priority. Other users who have family support are not classed as a priority. Risk assessment is very important when scheduling visits.

Zoning

- 6.1.38 Social Care and Health are endeavouring to address recruitment and travel issues, by zoning particular areas into “foot rounds”. Under the zoning arrangements, it is anticipated that independent providers, based in Tameside as well as on the borough’s borders, would be given contracts for particular areas of the borough, as opposed to being expected to provide care across the whole of the borough.
- 6.1.39 It is also hoped that travel during rush hour periods, which often leads to care workers being late for appointments, will cease. Also, it is likely that this new initiative will encourage local people to apply for local jobs.
- 6.1.40 While generally supportive of the proposals, one independent provider is concerned that there has been a lack of communication and involvement with the agencies during the planning process.
- 6.1.41 Another independent provider has expressed reservations about the new zoning arrangements, as it was likely that the current client base of independent providers, would be likely to change because different agencies would be contracted to different areas in the borough.
- 6.1.42 Despite these reservations, another independent provider feels that in the long term the new zoning arrangements will improve the system.
- 6.1.43 At the time of writing this report, Social Care and Health Services are about to implement the zoning arrangements.

Follow-Up Conclusions

2. **The Scrutiny Panel is pleased to note that generally, carers have reported similar levels of overall satisfaction with the standard of care provided by both Social Care and Health and the independent providers.**
3. **Moreover, generally, home care has had a positive effect on respondents’ lives, particularly in the cases of mental and physical health, and in providing opportunities for respondents to have time on their own.**
4. **The Scrutiny Panel is pleased to note that Social Care and Health Services are attempting to respond to market forces, and agree that the implementation of zoning is a positive step to recruit new care workers.**

6.2 Original Recommendation 2

That Social Services makes efforts to ensure the service provided to all service users is of the same high standard.

Executive Response Update:

Ongoing improvements and service developments are central to the Business Plan objectives for 2005/2006. Of particular focus are changes to current in-house services to support a wider range of service users.

Panel Findings:

General Service Standards

- 6.2.1 The Panel is pleased to note that ongoing improvements and service developments are central to the Business Plan objectives for 2005/2006.

Differences between the In-house Service and Independent Providers

- 6.2.2 The independent providers report that the services which they offer are exactly the same as those provided by the In-house Service.

Service Standards for Young Carers

- 6.2.3 Although Social Care and Health Services work hard to provide support for the young carers of the borough, within the current system, the only mechanism for young carers to provide any feedback to Social Care and Health Services on the support offered, is via the Young Carers Project Manager or the Young Carers Officer.
- 6.2.4 However, as this is an area of concern, a support group will be set up, to be held three times a year, which will feed the views of young carers into service developments, for example into schools.

Follow-Up Conclusion

- 5. The Scrutiny Panel believes that the current procedures available to young carers to provide feedback to Social Care and Health Services are inadequate, and are pleased to note that a support group will be set up, enabling the views of young carers to be fed into the service.**

Follow-Up Recommendation

- 2. That every possible support is given to young carers to ensure that their needs and views are fed into the service.**

6.3 Original Recommendation 3

That Social Services is clear about the value and role of its in-house service and that future changes are managed.

Executive Response Update:

The in-house service is moving through a process of change. This includes a shift in focus to a model of care that provides rehabilitation and promotes independence. This is in line with central Government's drive in the imminent Green Paper in relation to Adults Social Care.

Panel Findings:

The Role of the In-House Service

- 6.3.1 Social Care and Health Services consider that their in-house service has vitally important role to play in the local care market. The in-house service is currently undergoing a process of change, which includes a shift in focus to a model of care that provides rehabilitation and promotes independence. This is in line with Central Government's drive in the imminent Green Paper in relation to Adults Social Care.**
- 6.3.2 Of particular importance, are the changes to current in-house services to support a wider range of service users.**

6.4 Original Recommendation 4

That once financial assessments have been completed, the results should be communicated to service users as soon as possible.

Executive Response Update:

Financial assessments have now been included in the Joint Team¹ with the pension service which is improving the quality and speed of response. Still some progress needed.

Panel Findings:

Financial Assessments

- 6.4.1 Concerns have previously been raised that some carers might be under the impression that it could be cheaper to commission services directly with the providers. This would result in contracts being given to people or organisations who are unknown to Social Services. Furthermore, home care which is purchased directly by an individual will attract VAT charges, and consequently be more expensive.
- 6.4.2 Although some improvements have been made regarding communication between Social Care and Health Services and the service users, there is still room for improvement.

Initial Assessment to Service Provision

- 6.4.3 The length of time from the initial visit with the client, to arranging a home care contract takes approximately one day. Social Care and Health Services aim to maintain a two hour return call system and it is hoped that within 24-48 hours the service will be in place, provided that the appropriate service provision can be found.

Efficiency of Hospital Transfer

- 6.4.4 The hospital transfer service has been configured to ensure that there is a very efficient service. Consequently, Social Care and Health Services have not paid any fines, as a result of delayed discharges, since June 2004.

¹ Tameside Council and Pension Service Joint Team offers benefit advice and information, completes financial assessments for people of any age who need home care, and works with partners such as Age Concern.

- 6.4.5 A new tracking system has been introduced which monitors how people have been coping since they have been discharged from hospital.
- 6.4.6 Premature discharges are avoided in order to reduce readmission rates, and Social Care and Health Services are now working to further improve the arrangements for intermediate care, as is provided by Shire Hill Hospital.

Follow-Up Conclusion

- 6. The Panel are pleased to note that Social Care and Health have not attracted any fines in relation to delayed discharges since June 2004, and commend the Service for their efficiency in hospital transfers.**

6.5 Original Recommendation 5

That the Council commits to continuing the highly valued services it provides to carers through the Carers Centre.

Executive Response Update:

The work of the Carers Centre continues at high levels. The centre celebrates its 10th anniversary in 2005. Discussions are currently under way in relation to possible relocation. Also currently awaiting the outcome of application for Beacon Status.

Panel Findings:

Tameside Carers Centre

- 6.5.1 Tameside Carers Centre opened in March 1995 and its aim is to provide those who look after someone in Tameside with information, advice, support and advocacy. The Centre is part of the Tameside Social Care and Health Strategy for Carers.
- 6.5.2 The Council has remained committed to continuing the highly valued services it provides to carers through the Carers Centre.
- 6.5.3 Unfortunately, the Beacon Bid was unsuccessful.

6.6 Original Recommendation 6

That the Council looks to extend its Support Services to carers.

Executive Response Update:

The Carers Grant has increased year on year. This grant has been used exclusively on services approved by carers. A wide range of innovative services has been provided and this will continue. The numbers of carers having an assessment has steadily increased.

Panel Findings:

Support Services for Carers

- 6.6.1 The Panel is pleased to note that the Carers Grant has increased on an annual basis to provide more direct support for services for carers.

6.7 Original Recommendation 7

That the Panel recommends Social Services continues to support the Young Carers Project, and looks for ways in which to extend its service.

Executive Response Update:

The capacity of the project has been increased through the Carers Grant and the numbers receiving support have increased in the last year. A multi-agency steering group is to be formed to engage agencies who need to be aware of the needs of this group.

Panel Findings:

Young Carers Project

- 6.7.1 There are approximately 2000 young carers in the borough, of which around only 150 of these are registered with the Carers' Centre. It is important therefore, for Social Care and Health Services to be able to identify these carers in order to ensure that they receive adequate support, particularly when there have been instances of some carers being as young as 5 or 6 years old. At the time of writing this report the youngest carer registered in Tameside is 7 years old. The percentage of registered young carers is similar to the percentage of registered older carers.

- 6.7.2 In order to offer assistance to these children, the Young Carers Project has been established.
- 6.7.3 The capacity of the Young Carers Project has been increased through the Carers Grant and the numbers receiving support has increased in the last year.
- 6.7.4 In order to enhance this project, a multi-agency steering group is to be formed to engage agencies who need to be aware of the needs of this group.
- 6.7.5 Despite increases in funding for the Young Carers Project, the project faces limitations when trying to access other funding streams, for example those available for charitable agencies.
- 6.7.6 The Young Carers Officer reported on the Knowsley Young Carers Project which was able to access large amounts of funds through its status as a registered charity.

Friends of Knowsley Young Carers

- 6.7.7 The Young Carers Project is part of the family support service within the children and families division of Knowsley MBC's Social Services Department.
- 6.7.8 The Friends of Knowsley Young Carers was established in 2000 after staff working at the local office of Barclaycard heard about the work of the project and wanted to sponsor it. The only way this could happen was if the organisation was a registered charity. The Friends of Knowsley Young Carers was subsequently set up with a constitution and trustees appointed, and an application for charitable status was then successful.
- 6.7.9 Staff from Barclaycard have raised over £20,000 for the Project since the charity began. They have also been nominated twice by the Mayor of Knowsley as their preferred charity which has raised in excess of £65,000. All the money raised is for the benefit of young carers and has provided residential trips, summer activities, grants to individuals and family outings. The money raised by the Mayor of Knowsley will fund an extension to their premises to enable them to provide a games room. Alongside the support and assistance given by the local authority the charity has enabled them to support the needs of young carers and their families in a flexible and creative way.

Follow-Up Conclusion

- 7. The Panel notes the availability of additional funding for young carers projects which have charitable status.**

Follow-Up Recommendation

- 3. That consideration be given to the establishment of a similar group in Tameside to the Friends of Knowsley Young Carers.**

6.8 Original Recommendation 8

That consideration be given to the development of young carers services.

Executive Response Update:

See recommendation 7. The steering group will work to inform future direction of Young Carers work.

Panel Findings:

Development of Young Carers Services

- 6.8.1** The Young Carers Officer reports that the service has been successful in obtaining funding from the Children's Fund until 2008. This money will be used to fund another officer in the section.
- 6.8.2** The Section now comprises of two full time temporary employees, previously there was only one part time employee. These posts are funded by monies received from the Children's Fund and from Carers Grant.
- 6.8.3** This increase in staff means that all young carers are receiving contact with an officer at least once a month.

Initiatives for Young Carers

- 6.8.4** A group is held every Wednesday night for all young carers, together with the availability of school holiday activities. In 2004 two weekend breaks were arranged for the young carers, and in 2005 more weekend breaks were held.

- 6.8.5 Out of the 150 registered young carers around 100 are receiving some kind of support from the service. The remaining 50 registered young carers are receiving a newsletter only, but are not actually taking up facilities offered by the service.

6.9 Recommendation 9

The Panel recommends that consideration be given to ways of identifying more young carers.

Executive Response Update:

See at Recommendation 10. Also a child friendly leaflet/article in *Intrigue*² is aimed at schools and other venues accessed by young people.

Panel Findings:

Identifying Young Carers

- 6.9.1 Steps are being taken to identify more young carers in order that assistance and support can be offered if required. The Mental Health Service has attempted to identify unregistered young carers, and has put together packages to ensure that their employees are able to easily identify young carers who are looking after adults with mental health problems.
- 6.9.2 Schools are also encouraged to recognise and identify young carers, who can then be offered appropriate support.
- 6.9.3 Unfortunately, there are barriers experienced when attempting to identify child carers, as service users tend to be afraid of child protection legislation.
- 6.9.4 This matter is exacerbated, because currently the council does not have a policy which identifies a school co-ordinator with the responsibility for young carers. The Panel feel that the school governor with special responsibilities for looked after children could possibly encompass this role.
- 6.9.5 A child friendly leaflet/article in *Intrigue* is aimed at schools and other venues accessed by young people.

² *Intrigue* is a newsletter published by Marketing and Communications and circulated to all secondary schools in Tameside,

Follow-Up Conclusion

8. The Panel is concerned that the council does not have a policy which identifies a school co-ordinator with the responsibility for young carers.

Follow-Up Recommendation

4. That every school in the Borough identifies a school co-ordinator with the responsibility for young carers.

6.10 Original Recommendation 10

The Panel recommends that Social Services staff are fully trained to consider the issues facing young carers so that they may identify young carers and refer to the young carers project. Furthermore, the Panel requests assurance that Social Workers consider “Whole Family Assessments” involving the young carers wherever appropriate.

Executive Response Update:

Increased Carers Grant has supported an increase in support for young carers, including the outreach tasks associated with identifying carers. All assessments with Adults Services include all family members/carers as appropriate.

Panel Findings:

Whole Family Assessments

- 6.10.1 In the past, the criteria for funding for young carers has been ambiguous. For example, if a young child was the carer of a grandparent with a visual impairment, assistance might have been required to take the grandchild to school. In these circumstances, Adult Services were not obliged to pay for this element of care.
- 6.10.2 However, in order to address such cases, the requirements of the whole family are considered when assessing care packages for individual family members.

Follow-Up Conclusion

9. The Panel is pleased to note that care packages for family members now take into account the requirements of the whole family.

6.11 Original Recommendation 11

That all Home Care Workers are trained to understand the needs of young carers.

Executive Response Update:

Work still outstanding at this time will be built into Business Plan for 2005/06.

Panel Findings:

Training for Social Care and Health Staff to Support Young Carers

- 6.11.1 At the time of writing this report, the Young Carers Officer is unsure whether or not training is being given to in-house home care workers as a matter of course, in order to assist them in understanding the needs of young carers.
- 6.11.2 This matter will be included within the Business Plan for 2005/2006, and will also be incorporated into the in-house training programme. Discussions will be raised with the training consortium.

Young Carers

- 6.11.3 The independent providers report that training on young carers' issues is not provided to their home care workers due to the expense of training costs.

Follow-Up Conclusion

10. The Panel believes that both the in-house and independent providers should provide training to their home care workers, on the needs of young carers.

Follow-Up Recommendation

5. **That home care workers working for both the in-house and independent providers, receive training on the needs of young carers.**

6.12 Original Recommendation 12

That the carers grant continues to be supported and used for innovative ways of supporting carers.

Executive Response Update:

The grant allocation has increased year on year and as such has led to the development and on-going support for carers. These are approved by carers and include those carers from hard to reach groups.

Panel Findings:

Support for Young Carers

- 6.12.1 The Carers Grant continues to be used to support the service. For example, a holiday for a family of seven was funded by this grant.
- 6.12.2 The Service is also looking for new funding opportunities to fund their activities.

6.13 Original Recommendation 13

That the Carers Council be represented at the provider meetings and that consideration be given to ways of mediating between or facilitating the Carers Council and independent providers to meet and discuss home care issues.

Executive Response Update:

Members of the Carers Council are now part of the Independent Provider Group.

Follow-Up Conclusion

11. The Panel is pleased to note that the Members of the Carers Council are now part of the Independent Provider Group.

6.14 Original Recommendation 14

That consideration be given to the provision of a simple, single page bi-monthly news sheet as a useful means of communication for both carers and providers.

Executive Response Update:

Consideration was given to a bi-monthly newsletter. However the quality and content of the quarterly carers news letter “signpost” was reviewed and improved as a more cost effective alternative. Favourable comments on the changes have been received.

Follow-Up Conclusion

12. The Panel is pleased to note that the quality and content of the quarterly carers news letter “Signpost” has been reviewed and improved and that this exercise has been extremely cost effective.

6.15 Original Recommendation 15

That consideration be given to methods of involving independent providers through the care planning process to the benefit of service users and carers.

Executive Response Update:

Consideration given, but deemed inappropriate to include providers in care planning processes. However, providers are being included in the review of home support.

Panel Findings:

Care Planning with Independent Providers

- 6.15.1 Although providers are being included in the review of home care support, Social Services feel that it is not appropriate to include providers in the care planning process until the care package has been agreed. They only involve independent providers when the package has been agreed and it is clear who is providing the care. It is not considered best practice to involve providers during the assessment and care planning stage as the process needs to be driven by the needs of the service users and not be influenced by what providers can provide.
- 6.15.2 The Area Manager of Johnny Johnson Housing Association however, reports that although she understands the confidentiality of the care planning process, some initial liaison with the independent providers regarding the service users' requirements would be extremely helpful.
- 6.15.3 She adds that her organisation has extremely close working relationships with the other authorities throughout Greater Manchester, and would appreciate closer links with Tameside Social Care and Health Services.
- 6.15.4 Furthermore, good partnerships have enabled her organisation and the local authority to share the cost for the provision of facilities for service users.

Follow-Up Conclusion

- 13. The Panel understands the issues of client confidentiality, but believes that Social Care and Health Services should reconsider the involvement of independent providers at some stage during the care planning process, for the benefit of the service users and their carers.**

Follow-Up Recommendation

- 6. That further consideration be given to the involvement of the independent providers at some stage during the care planning process.**

6.16 Original Recommendation 16

That, when the opportunity arises, payments to independent providers should be increased in order to make home care work more attractive.

Executive Response Update:

Payments to providers were increased by 11.6% above inflation in 03-04, 6% above inflation in 04-05 and a further 2% above inflation is planned for 05-06.

Panel Findings:

Payments to Independent Providers

- 6.16.1 Increased fees payable to independent providers were approved by the Cabinet Deputy, with a condition that minimum wage levels would be paid to their home care staff.
- 6.16.2 The independent providers report that the increase in payments from the local authority has enabled them to pay hourly rates of at least the minimum wage level to their home care workers. They have also been able to afford to invest in additional training other than basic induction training, for their staff.

Follow-Up Conclusion

- 14. **The Panel Members applaud the council's commitment to increase the fees payable to independent providers, which has also resulted in the provision of additional training for their staff.**

6.17 Original Recommendation 17

Elementary procedures are essential to contract monitoring like provider meetings and contract monitoring reports must continue to take place.

Executive Response Update:

Contract monitoring takes place on two levels. Firstly individual formal contract monitoring meetings which take place annually, with improvement action plans where necessary. Secondly Provider

Liaison Meetings are held every two months which have a focus of supplier development and quality issues.

Panel Findings:

Contract Monitoring Procedures

- 6.17.1 Contract monitoring procedures will be maintained and improved, with reports to the Executive Director of Social Care and Health Services twice a year.
- 6.17.2 It is confirmed that contract monitoring takes place on two levels. Firstly, annual individual formal contract monitoring meetings are held which contain action plans for improvement, where necessary. Bi-monthly provider liaison meetings are held, which focus on supplier development and quality issues.

6.18 Original Recommendation 18

That the Panel recommends that all the crucial elements to contract monitoring raised by the Audit Report are monitored.

Executive Response Update:

A data validation assistant has now been appointed based in the Homecare Commissioning Team to ensure accuracy in reported information.

Panel Findings:

Improvement to Contract Monitoring Procedures

- 6.18.1 Although the previous review identified that the monitoring of the Social Services Final Internal Audit Report of Monitoring of Contracts 2002 was unsatisfactory, the Panel is pleased to note that the appointment of Data Validation Assistance, based in the Home Care Commissioning Team, will ensure that reported information is accurate.

6.19 Original Recommendation 19

That Social Services develops a means of contract monitoring that allows clear differentiation and grading between providers in terms of quality. This should highlight best practice. In particular, one-way of doing this may be to involve service

users and use their judgement of whether or not the contract is being met.

Executive Response Update:

Within the current contract monitoring reporting process, service user files are examined and information from service users and their carers are used to monitor quality issues. Furthermore, users and carers are involved directly in the monitoring of Extra Care provision, Sitting and Support services and Bathing Services. To extend this into all contract monitoring processes, would result in be a significant resource implication. Consequently this will be re-evaluated in 2005/2006.

Panel Findings:

Contract Monitoring

- 6.19.1 In line with the Government Green Paper, Social Care and Health Services have been looking to introduce a new system of Direct Payment and individual budgets. Direct Payments give an individual total control over the money allocated to meet their assessed needs. The individual is responsible for employing their own staff to meet their care requirements. Individual Budgets are also being examined. This differs slightly from Direct Payments in that the individual has the control over how and with whom the money is spent to meet their care requirements however they do not carry the responsibility of direct employment of staff. Theoretically, a group of people may get together and purchase a service.

6.20 Original Recommendation 20

That the Panel recommends that Planning, Contracting and Commissioning continue to take the lead in contract monitoring and considers ways of incorporating providers own methods in the process.

Executive Response Update:

There has been a recent introduction of a requirement for all agencies to forward standard monitoring reports on a three monthly basis. It is an expectation that these will be the standard reports used within the agency to manage ongoing quality issues within their services.

Panel Findings:

- 6.20.1 In response to the above recommendation, all independent providers forward their standard contract monitoring reports to Social Care and Health Services every three months.
- 6.20.2 These are used by the independent providers as standard monitoring reports for evaluating ongoing quality issues within their services.

6.21 Original Recommendation 21

That the Authority continues to work with the independent sector and Tameside College to improve training standards and that contract monitoring includes the level of training given to staff with minimum requirements specified in contracts.

Executive Response Update:

Work with independent sector providers in partnership with a range of training providers continues and money has been drawn into the Borough from the relevant National Training Organisation (TOPPS).

Panel Findings:

Training of Independent Agency Home Care Workers

- 6.21.1 Social Care and Health Services report that independent providers understand that there is a clear expectation for their home care workers to hold the appropriate National Vocational Qualification. Access Home Care does accommodate a training suite within its offices, and although this is a very valuable facility, it is recognised that once trained and qualified, the home care workers often leave their home care positions and take up better paid positions within the local hospital.
- 6.21.2 The authority continues to work with independent home care providers, together with training providers and funding has been obtained from the National Training Organisation in order to ensure home care workers receive the appropriate training required for the job.
- 6.21.3 All independent providers report that newly employed staff receive basic induction training. Specialist training is also available and is provided for home care workers who might be involved with service users, who have specific requirements, for example autism awareness training, epilepsy awareness training, training around gastrostomy feeding, or dementia awareness.

6.22 Original Recommendation 22

That Social Services contract monitoring system should also include all failures or breakdown in service delivery, from either the in-house provider unit or independent providers.

Executive Response Update:

The Commissioning Unit and the Management Information Team (MIT) monitor all service delivery failure or service breakdown issues. These are also either directly managed by the Complaints system or fed into contract monitoring meetings for further investigation.

Panel Findings:

Service Delivery Failure or Service Breakdown Issues

- 6.22.1 Social Care and Health Services do have systems in place to ensure that all service users are happy with the service provision.
- 6.22.2 Individual complaints are examined by the Commissioning Manager and dealt with accordingly. If there are persistent complaints relating to a particular independent provider, then the authority might temporarily suspend their contract with the provider until the Commissioning Manager is satisfied that the issues have been satisfactorily resolved.
- 6.22.3 The Commissioning Unit and the Management Information Team, monitor all service delivery failures or service breakdown issues. These complaints are then either directly managed by the complaints system or fed into contract monitoring meetings for further investigation.
- 6.22.4 With regard to complaints concerning in-house service provision, over half of respondents to the joint survey have not complained about the services provided by Social Care and Health home care workers in the last two years. However, there remains a number of home care workers who have complained, and of these, the majority have complained between two and five times.
- 6.22.5 Although most respondents haven't taken their complaints through the formal complaints process, there are a small number who have, the majority of whom have only made one formal complaint.
- 6.22.6 When asked about how they feel their complaints, both informal and formal, have been handled, the majority of people have answered

“not applicable”. However, for the remaining, none of the respondents are fully satisfied with the outcome of their complaints, and around half of those answering the question said they are not at all satisfied with the outcome of their complaints. Furthermore, they feel that their complaints were not taken seriously.

- 6.22.7 With regard to complaints concerning the service provision by the independent providers, almost two thirds of respondents have complained at least once about the services provided in the last two years. However, despite the relatively high number of people who have complained, the majority of respondents haven't taken the matter further, through the formal Social Services complaints process.
- 6.22.8 Generally, the respondents make complaints direct to the independent provider about their services, rather than referring their complaint to Social Care and Health Services.
- 6.22.9 Furthermore, it appears that respondents who complained to the independent provider were more likely to be just partly or not at all satisfied with the way their complaint was handled, than those complaining to Social Care and Health Services.

6.23 Original Recommendation 23

That further consideration be given to the level of payments to independent providers and the consequences of not increasing payments if new standards are introduced.

Executive Response Update:

Number 16 refers to progress made in relation to payments to providers.

Panel Findings:

- 6.23.1 The Panel is pleased to note that as mentioned in paragraph 6.16.1, significant increases have been made in relation to payments to independent providers.

7. Borough Solicitor's Comments

1. The Home Care Service and the use of carers in the provision of that service is vital in ensuring that the local authority fulfils its duties and obligations under Section 29 of the National Assistance Act 1948 and related legislation .
2. The recommendations concerning young carers are particularly relevant as they significantly address a coordinated approach which cuts across different functions, services and legal powers and obligations. This approach would serve to demonstrate and ensure that legal obligations are being met thereby reducing risk of legal challenge complaints and failure of service.
3. Private providers continue to state that they have difficulties in supplying services to a service user because they have limited involvement. With the agreement of the service user the social worker can work with the provider involved in the provision of the Care Plan to ensure that the service user needs are being met thereby reducing the likelihood of deviations from the Care Plan.

8. Borough Treasurer's Comments

1. The implementation of homecare zoning will create both cashable and non-cashable savings. Unmet need will be eliminated due to a more productive use of time by removing travel time, and by enabling providers to fill vacancies by employing homecare staff who will not need transport. Furthermore, there will be a small cashable gain for Social Care and Health as the previously unmet needs clients will undergo a financial assessment to determine their charge level for services now received.
2. It should be noted that an additional 2% above inflation will be provided against the base homecare budget for the period 2006/07 to 2008/09 to facilitate improvements/development within the market.

9. Conclusions

- 1. That apart from the Council's own in-house home care service, there are only six agencies in the borough who provide contracts for Social Care and Health Services. Consequently, the Council have very little choice when considering which independent providers should be used for each case.**
- 2. The Scrutiny Panel are pleased to note that generally, carers have reported similar levels of overall satisfaction with the standard of care provided by both Social Care and Health and the independent providers.**
- 3. Moreover, generally, home care has had a positive effect on respondents' lives, particularly in the cases of mental and physical health, and in providing opportunities for respondents to have time on their own.**
- 4. The Scrutiny Panel are pleased to note that Social Care and Health Services are attempting to respond to market forces, and agree that the implementation of zoning is a positive step to recruit new care workers.**
- 5. The Scrutiny Panel believes that the current procedures available to young carers to provide feedback to Social Care and Health Services are inadequate, and are pleased to note that a support group will be set up, enabling the views of young carers to be fed into the service.**
- 6. The Panel are pleased to note that Social Care and Health have not attracted any fines in relation to delayed discharges since June 2004, and commend the Service for their efficiency in hospital transfers.**
- 7. The Panel notes the availability of additional funding for young carers projects which have charitable status.**
- 8. The Panel is concerned that the council does not have a policy which identifies a school co-ordinator with the responsibility for young carers.**
- 9. The Panel is pleased to note that care packages for family members now take into account the requirements of the whole family.**
- 10. The Panel believes that both the in-house and independent providers should provide training to their home care workers, on the needs of young carers.**
- 11. The Panel is pleased to note that the Members of the Carers Council are now part of the Independent Provider Group.**

12. The Panel is pleased to note that the quality and content of the quarterly carers news letter “Signpost” has been reviewed and improved and that this exercise has been extremely cost effective.
13. The Panel understands the issues of client confidentiality, but believes that Social Care and Health Services should involve the independent providers during the care planning process, for the benefit the service users and their carers.
14. The Panel Members applaud the council’s commitment to increase the fees payable to independent providers, which has also resulted in the provision of additional training for their staff.

10. Recommendations

1. That consideration be given to increase the in-house service when resources allow.
2. That every possible support is given to young carers to ensure that their needs and views are fed into the service.
3. That consideration be given to the establishment of a similar group in Tameside to the Friends of Knowsley Young Carers.
4. That every school in the Borough identifies a school co-ordinator with the responsibility for young carers.
5. That home care workers working for both the in-house and independent providers, receive training on the needs of young carers.
6. That further consideration be given to the involvement of the independent providers during the care planning process.

Appendix

Homecare in Tameside - Consultation with Carers

Consultation Report

October 2004

Introduction

The consultation exercise is a joint project between the Carers Council and Tameside Council's Personal and Health Services Scrutiny Panel. The information gathered from this exercise will contribute to the Personal and Health Services Scrutiny Panel follow-up review of Homecare Provision from the Carers' Perspective.

Methodology

The survey was mailed to all Carers registered on the Carers Register with a reply envelope and instructions to return the form by 14th July 2004. The questionnaire was aimed at Carers of people who are currently receiving Homecare through a care package or carers of people who have recently received a care package.

Around 1200 questionnaires were distributed in total however the number of Carers on the Register who were eligible for the survey was unknown.

Survey Contents

The Survey was divided into three sections. Sections A and B covered Social Services provision and Independent/Agency provision. Respondents could answer the questions in one or both sections depending on which service (or services) provides homecare for the person they care for.

The final section, Section C, applied to all respondents and asked questions about the impact that Homecare has on their life.

Questionnaire Results

A total of 172 questionnaires were returned. Of these 54 (31%) were eligible for the survey. Of these:

- 19 respondents care for a person receiving homecare from both Social Services and Independent/Agency providers;
- 17 respondents care for a person receiving homecare from Social Services;
- 18 respondents care for a person receiving homecare from an Independent/Agency provider.

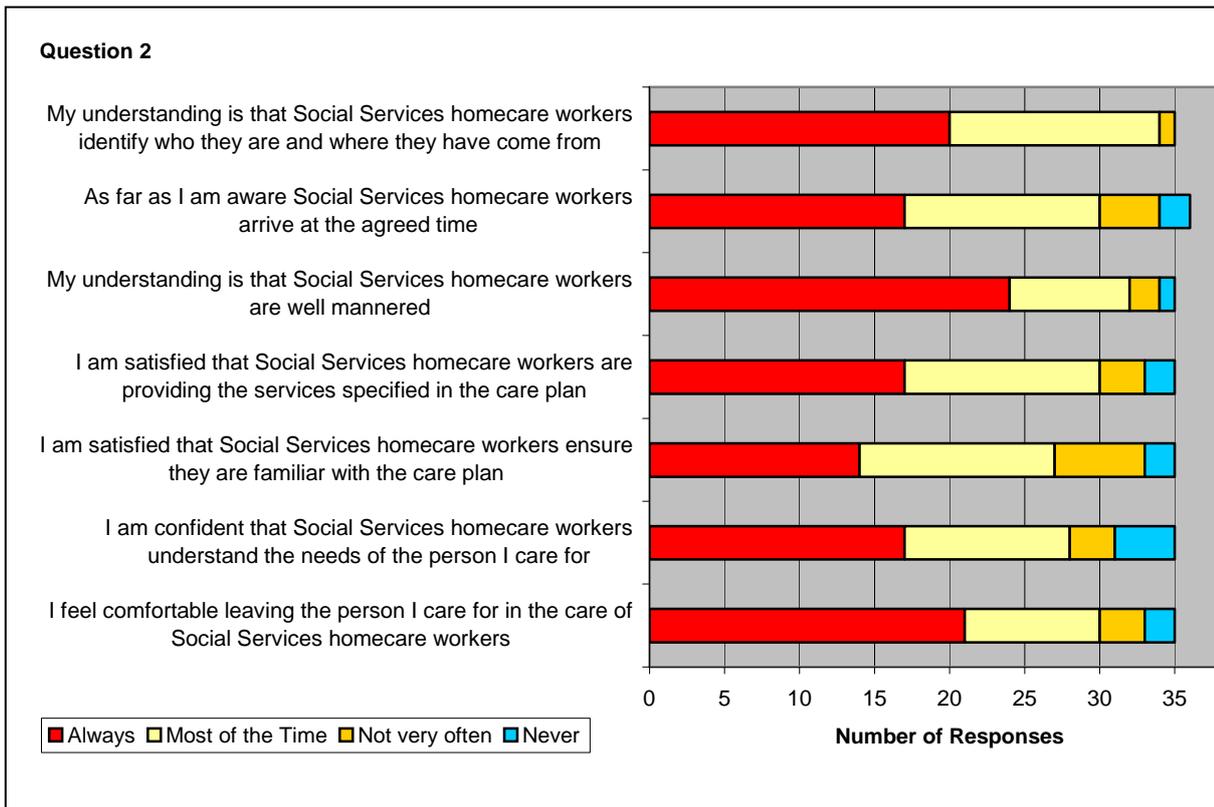
Of the remaining 118 questionnaires:

- 16 (9%) respondents care for a person receiving direct payments for homecare;
- 72 (42%) respondents care for a person who does not receive homecare;
- 30 (17%) respondents did not answer question 1, thus making them ineligible for the survey (although of these, only 15 people had answered any of the questions).

Section A – Social Services Homecare Provision

Overall respondents who answered Question 2 were positive about the homecare services provided by Social Services homecare workers (See Question 2 graph below). The vast majority of respondents felt that Social Services homecare workers mostly or always identified who they are and where they have come from, and were well mannered.

Respondents were not all happy about the services provided. A small minority of respondents weren't very often or were never confident that Social Services homecare workers understood the needs of the person they care for, or were familiar with the care plan.



The survey then asked whether Carers felt that the homecare services provided by Social Services are sensitive to the cultural and religious needs of the person they care for.

Feedback shows that the majority of respondents feel that it is, or, that this does not apply to them. A small number felt that it was only partly sensitive with one respondent answering that it was not at all.

<i>Sensitive to cultural and religious needs</i>	
Fully	16
Partly	8
Not at all	1
Not Applicable	10

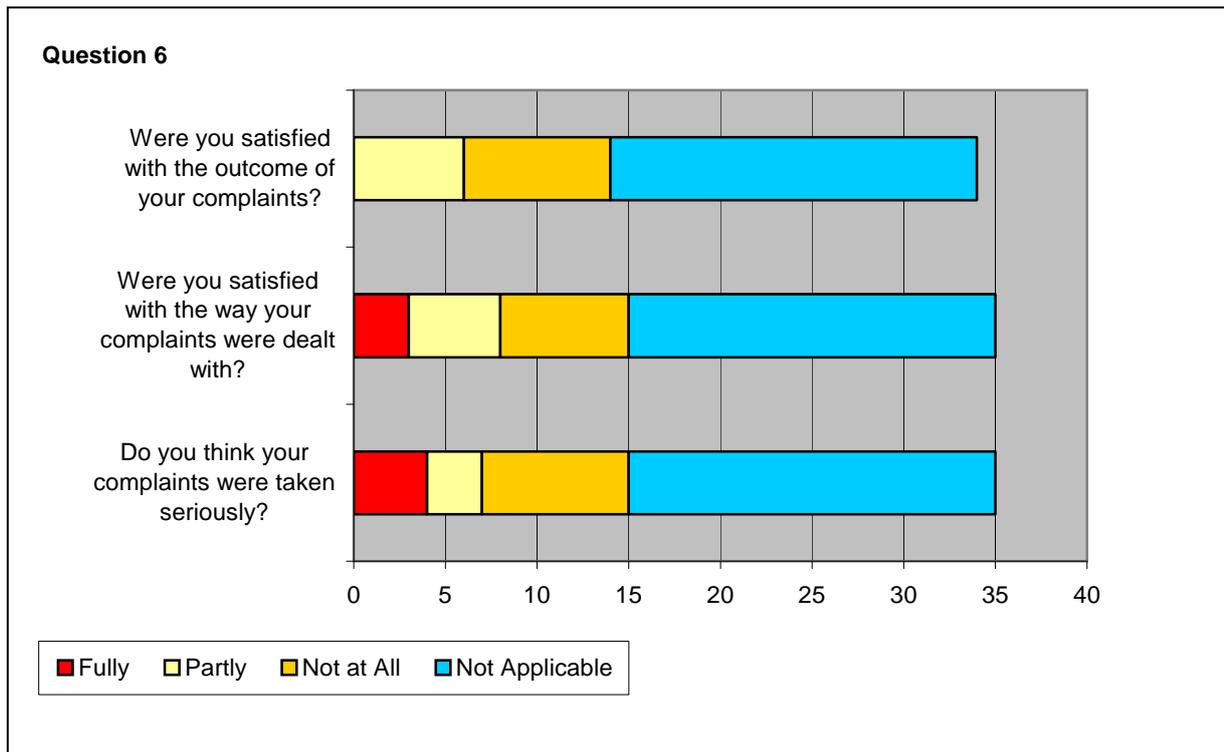
Respondents were then asked about complaints. Over half (20) of respondents have not complained about the services provided by Social Services homecare workers in the last two years. However, there remains a number who have, and of these, the majority have complained between two and five times.

We then asked respondents, of the complaints they had made, how many were formal complaints made through the Social Services formal complaints procedure. Mostly, respondents hadn't taken their complaints through the formal process, however, there

Number of times complained about Social Services Homecare Provision		Number of times formally complained about Social Services Homecare Provision	
None	20	None	9
Once	2	Once	4
Between 2 and 5 times	9	Between 2 and 5 times	2
Between 6 and 10 times	2	Between 6 and 10 times	0
Over 10 times	2	Over 10 times	0

were a small number who had, the majority of which had only made one formal complaint.

Finally, we concluded this section asking respondents how they felt their complaints (informal and formal) had been handled (See Question 6 graph below). As only 15 respondents had actually made any kind of complaint, the majority of people answering this question answered 'Not Applicable'. However, for the remaining, none of the respondents were fully satisfied with the outcome of their complaints. Around half of those answering the question said that they were not at all satisfied with the outcome of their complaints and the way their complaints were dealt with, and didn't feel that their complaints were taken seriously.

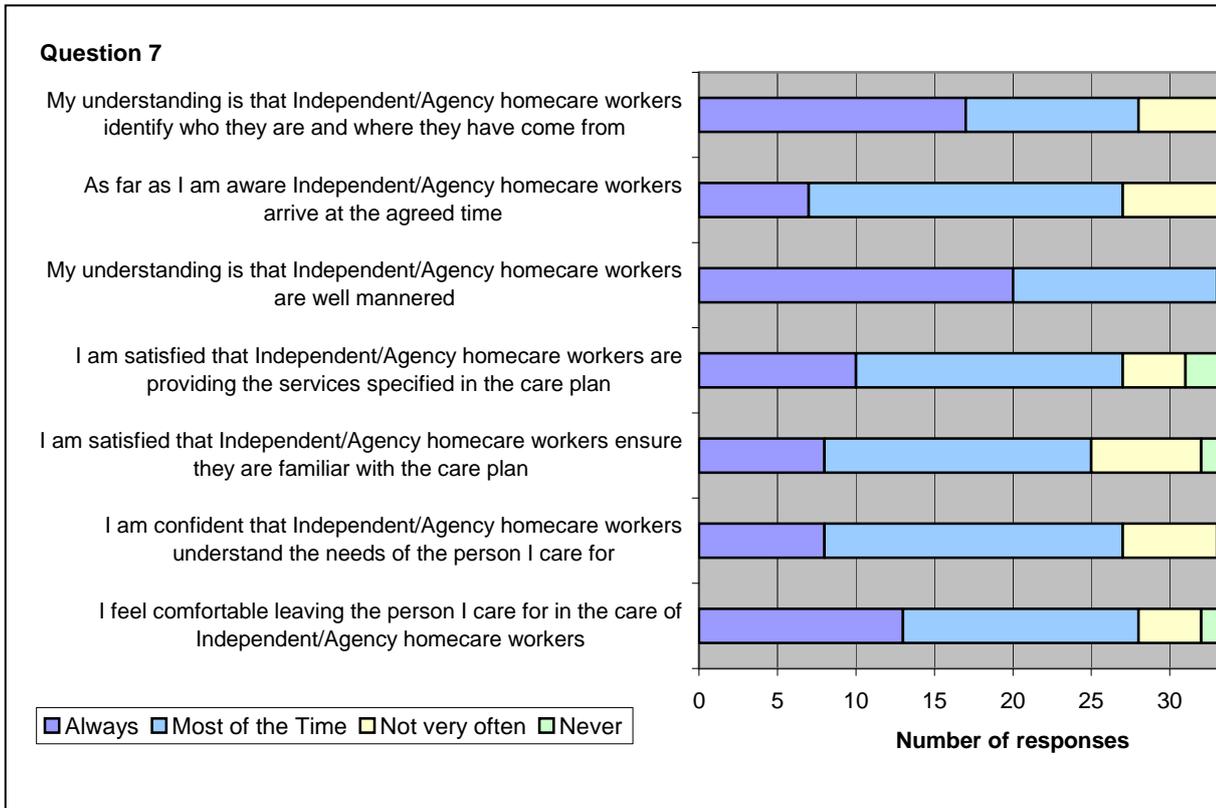


Section B – Independent/Agency Homecare Provision

Respondents of Question 7 were generally positive about the homecare services provided by Independent/Agency homecare workers (See Question 7 graph below). The vast majority of respondents felt that independent homecare workers are well mannered.

However, respondents were not happy about all the services provided. A number of respondents stated that they weren't very often or were never confident that

Independent homecare workers understand the needs of the person they care for, are familiar with the care plan, or were providing the services specified in the care plan at all. A number of respondents also answered that Independent homecare workers do not very often or never arrive on time.



<i>Sensitive to cultural and religious needs</i>	
Fully	10
Partly	8
Not at all	2
Not Applicable	16

Question 8 asked respondents if they think that the homecare services provided by Independent/Agency providers are sensitive to the cultural and religious needs of the person they care for.

The results show that the majority of respondents feel that this does not apply to their situation. Of the remaining, however, the same number of respondents that felt that services were fully sensitive to the

cultural and religious needs of the person they care for also felt that services were only partly sensitive or not sensitive at all.

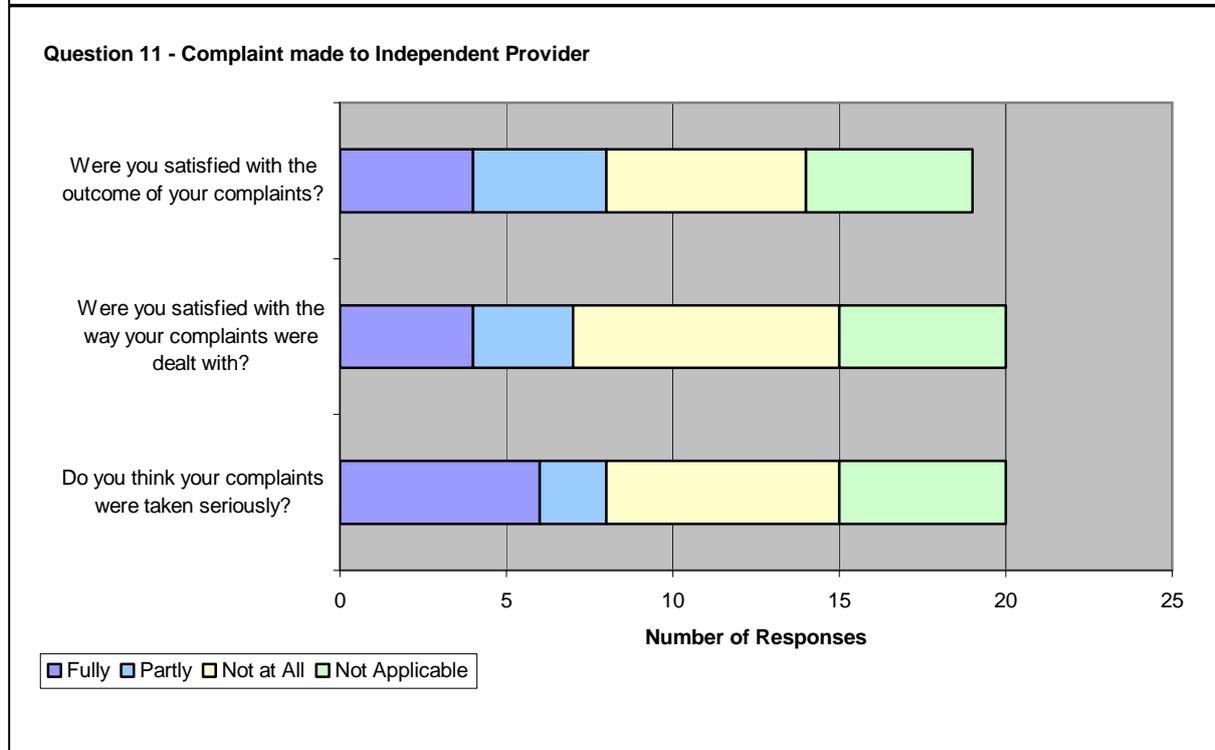
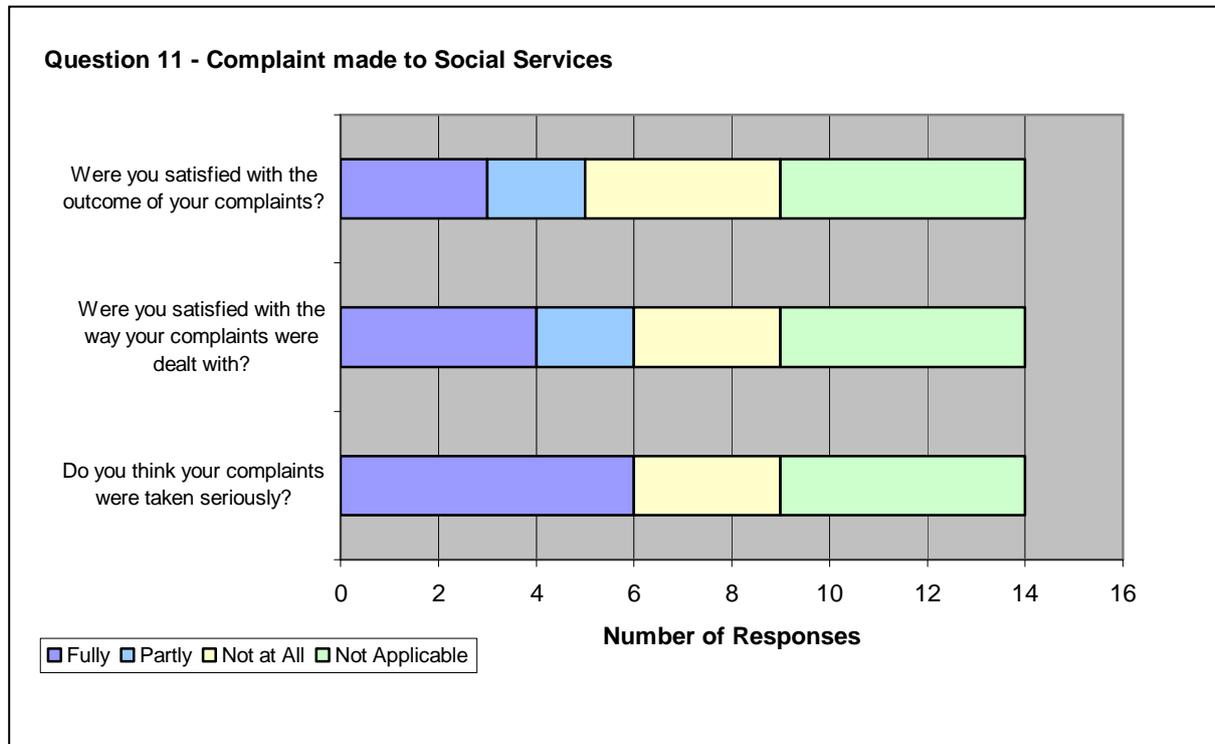
The survey then questioned respondents about complaints. Almost two thirds (23) of respondents have complained at least once about the services provided by Independent/Agency homecare workers in the last two years.

Despite the relatively high number of people who have complained about Independent/Agency services, the majority of respondents hadn't taken the matter further through the formal Social Services complaints process.

<i>Number of times complained about Social Services Homecare Provision</i>	
None	13
Once	5
Between 2 and 5 times	9
Between 6 and 10 times	7
Over 10 times	2

<i>Number of times formally complained about Social Services Homecare Provision</i>	
None	17
Once	4
Between 2 and 5 times	2
Between 6 and 10 times	0
Over 10 times	0

The section was concluded by asking respondents how they felt their complaints (informal and formal) had been handled (See Question 11 graphs below). For this question, respondents were asked to differentiate between a complaint made to Social Services about services provided by Independent/Agency workers, and a complaint made to the Independent Provider themselves.

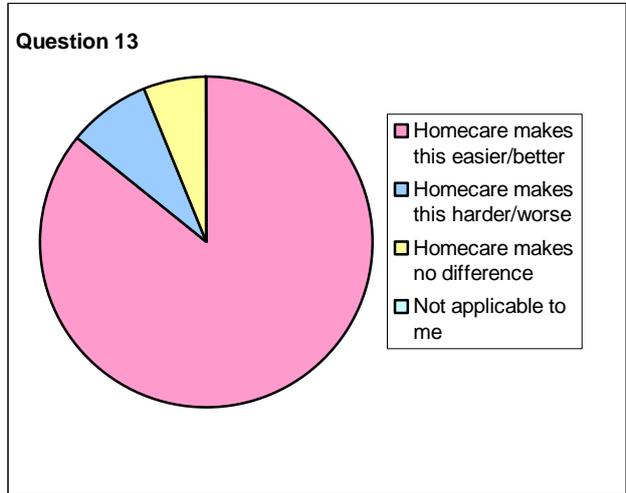
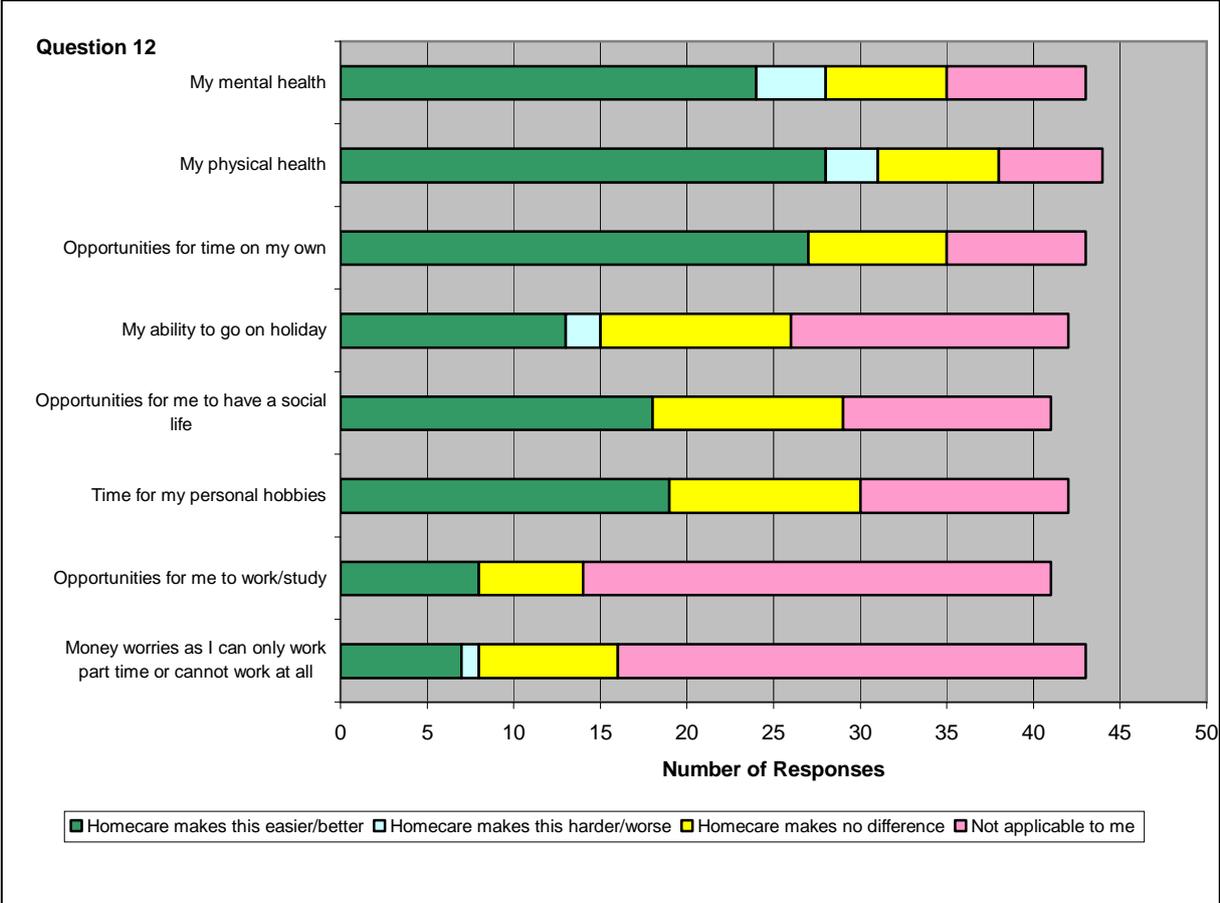


The graphs show that more respondents made complaints to the Independent Provider about their services than to Social Services about the Independent Provider. Furthermore, it appears that respondents who complained to the Independent Provider

were more likely than those complaining to Social Services to be just partly or not at all satisfied with the way their complaint was handled.

Section C – Impact of Homecare on the Carer’s Life

Overall, Homecare has had a positive affect on respondents’ lives, particularly in the cases of mental and physical health, and in providing opportunities for respondents to have time on their own. There are only a few respondents who have actually said that Homecare makes things worse. Generally, where we see fewer numbers of respondents saying that Homecare makes things better or easier, we tend to get more respondents saying that it isn’t applicable to them rather than Homecare actually making it harder or worse.

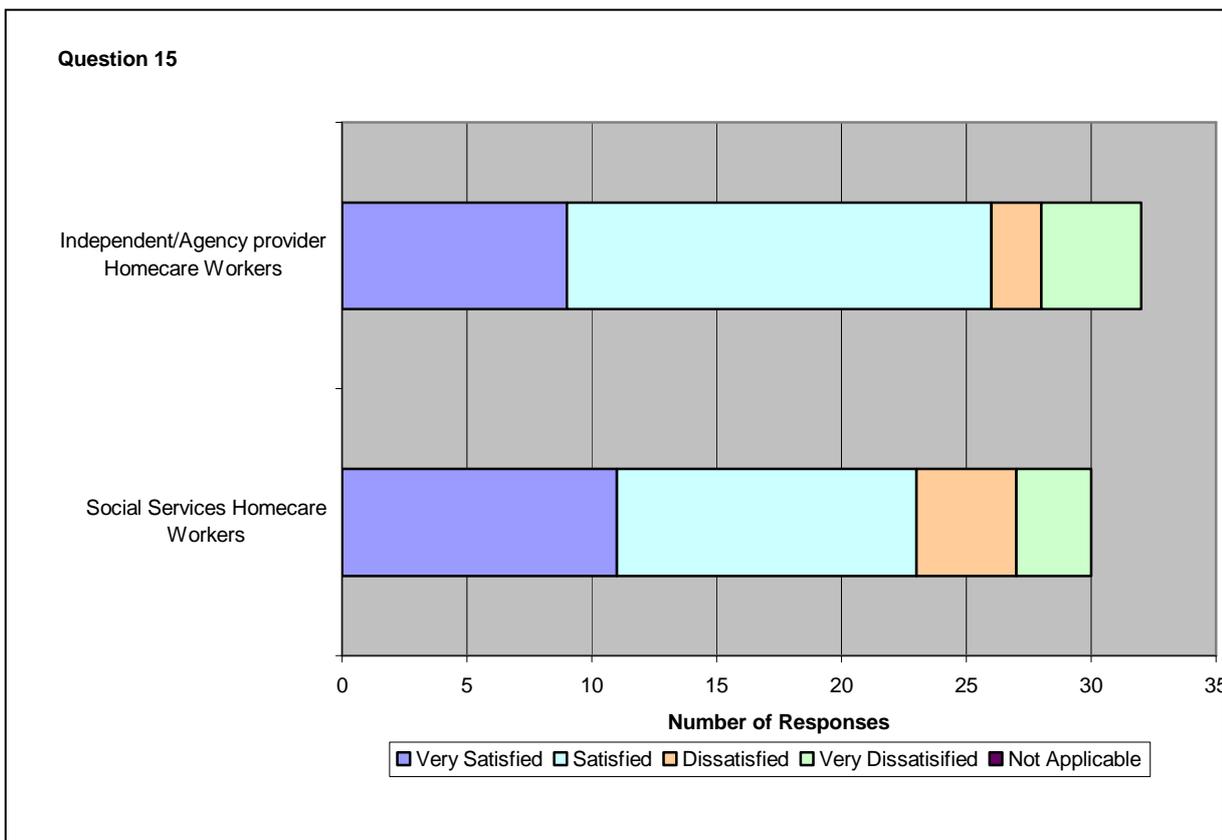


Question 13 asked respondents what the overall impact of the Homecare Service has had on their lives. As you can see from the chart, the vast majority of respondents answered that it makes things easier/better.

When asked about the information received from Social Services, the majority of respondents felt that the information has helped them fully or partly in their role as carer (See table below).

<i>Has the information received from Social Services helped you in your role as carer?</i>	
Fully	17
Partly	21
Not at all	7
Not Applicable	3

Finally, respondents were asked about their overall satisfaction with the standard of care the person they care for receives from Social Services and/or Independent/Agency Providers.



The overall picture can be seen in the graph above and appears that respondents have similar levels of overall satisfaction with the standard of care provided by both Social Services and Independent/Agency providers.

Only two respondents eligible for the questionnaire considered themselves and the person they care for to be a member of an ethnic minority group.

Comments

I feel that unless you complain through the formal complaints procedure nothing will be done about the complaint.

In house services are far better at home care than agency home care. Better trained and always helpful. They do that bit more for you.

The only problem is the staff turnover you get to know someone and they leave and your back to the start all over.

When Social Services homecare workers provided the care, I had no complaints whatsoever. They always arrived on time and did all the tasks and usually it was the same worker every time.

My mother who has home care finds in house far better than agency work. In house are cleaner well mannered always on time and if they are late we are told what is happening.

The homecare service do not spend the amount of time required with my mother ie. 3x30 minute calls are usually 3x15/20 minute calls which is not what she is paying for.

Non-arrival and late arrival of careworkers add to the stress suffered by my wife and also myself.

Just as I had learned to trust the carer and booked a holiday - the "carer" was changed and my relative became so upset I had to cancel holiday. Too many "new" faces which confused elderly relative. "Trust" has to be "earned" over a period of time always happiest when visited by a "friendly, familiar" face who had grown to understand their needs and circumstances and tablets (very important).

My experience of Homecare in Tameside is that the in-house service is superior to the independent providers although it is not perfect by a long way. This I think is because of the training that in-house workers go through. Independent agencies say they train their workers to the same standard but this showed itself when an agency worker used to call, I had on many times to actually take over from the agency worker.

Inconsistencies in the attitude to care by individual workers.

The support we receive has made a significant improvement to our lives. It takes the sole responsibility from me as the carer and it provides social contact as well as physical support to the person I care for. I consider our main agency carer to be a good friend with whom I can exchange views and worries. Almost like having an extra family member.

My disabled mother has had the same worker for about 4 years. Most of the time the service is ok but on a few occasions when homecare worker has been on hols my mother has not got any care or been left till mid-morning to be got out of bed. This is upsetting and frustrating for the both of us. I have to go to work in the knowledge someone will come and the response from managers of the agency have not been acceptable ie. "no worker in your area" or there's "people as well to look after".

Conclusions

- Overall, positive responses to the services provided by Social Services homecare workers.
- Respondents generally felt that Social Services homecare workers are sensitive to the cultural and religious needs of the person they care for.
- The majority of respondents have not complained about the services provided by Social Services homecare workers in the last two years. And of those that had, most had never made a formal complaint.
- However, none of the respondents who had complained about the services provided by Social Services homecare workers were fully satisfied with the outcome of their complaint. And around half of respondents who had complained were not at all satisfied with the way their complaint was dealt with.
- Generally responses to the services provided by Independent/Agency homecare workers were fairly positive although there were some issues around care workers not understanding the needs of the person they care for, not being familiar with the care plan, not providing the services specified in the care plan, and not arriving on time.
- Two thirds of respondents have complained at least once about the services provided by Independent/Agency homecare workers in the last two years. The majority of these complaints were not taken further through the Social Services formal complaints procedure.
- It appears that those respondents who complained to Independent Providers about their services were more likely than those complaining to Social Services about the Independent Provider to be partly or not at all satisfied with the way their complaint was handled.
- Overall homecare has had a positive effect on respondents' lives.
- The information received from Social Services has either been fully or partly helpful to respondents in their role as carers.
- Overall, respondents for both Social Services and Independent/Agency providers were generally very satisfied or satisfied with the standard of care the person they care for receives.
- Because of the small number of people who responded to and were eligible for the questionnaire, it is difficult to know if the issues raised are common amongst all carers. It may worth undertaking further consultation, in the form of some focus groups for example, to examine in more detail the issues that have arisen.