

Support at Home Consultation Findings

Introduction

Falkirk Health and Social Care Partnership gathered feedback on the support offered to people within their own homes. People who currently receive support at home services, their family members, and their carers had the opportunity to share their views via an online survey published on Citizen Space or attend our face-to-face consultation event.

37 people participated in this consultation and told us their views on the support they want to receive at home. Their comments will help us to ensure that the support we provide is suited to the needs and wants of the people who use it.

Methodology

A survey was designed to gather views from service users on the support they receive at home. The survey asked a series of statements to determine what was important and not important when receiving support at home. Participants could also provide comments on what was working and not working well. We asked participants the same questions in an online survey and at a face-to-face consultation event.

The online survey was published on Falkirk Council's Citizen Space and was open for responses between 22 July and 16 August. The survey received a total of 16 responses. 56% (n=9) of responders were family members or carers of someone who receives support at home and does not live with them. 25% (n=4) of responders were family members or carers of someone who receives support at home and lives with them. 13% (n=2) of responders receive support at home, and one person didn't provide any details.

A face-to-face consultation was held on Friday 13 August at the Sensory Centre. There were three sessions during the day with a total of 21 service users in attendance. Five carers, including one parent carer attended the first session, eight service users attended the second session, and another eight service users attended the third session.

A limitation of the face-to-face consultation is that it focused primarily on gathering the views of carers, people with learning disabilities, and people with mental health conditions rather than the views of older people.

Findings

The key themes that emerged from participant comments were:

- **Consistency:** Providers and practice
- **Communication:** Between provider and family and between provider and other services (SW)

- **Choice and control:** Person-centred care that suits service user and carer
- **Covid-19:** Most services stopped. Worry that services may not reopen.
- **Capacity:** Services short of staff.
- **Duration:** Tight timescales. Length of visits should be increased.
- **Trust:** Important to develop a trusted relationship. Getting to know the person is important.
- **Continuity:** Too many carers. Too frequent changes. Need to view rota.
- **Support:** Carers provide support with daily activities that service user enjoys.
- **Independence:** Enable the person to stay as independent as possible
- **Record-keeping:** Handover notes are important. Important for family to view notes.

Question 1) It is important to me that...

We asked participants to consider a set of twelve statements and tell us which statements were important or not important to them.

1. The support I get at home meets my needs and wants.
2. The support I get at home helps me to manage my own health and wellbeing.
3. The support I get at home helps me stay healthy and well.
4. I continue to take part in my daily routines, such as setting up activities and mealtimes.
5. I get the same level of care each time, and I can get to know my carers.
6. People take time to care for me and listen when I tell them my needs and wants.
7. People respond quickly when I ask for help.
8. I know who will be providing my care, and when.
9. The support I receive helps me feel safe and comfortable at home.
10. I have a say in how my support is provided.
11. If something isn't right, I am comfortable with telling someone.
12. If my needs or wants change, the service can change quickly.

For most statements, 100% of participants said the statements were important to them. There were five statements where one or two people said that it wasn't important to them.

Statement	Not Important
I continue to take part in my daily routines, such as setting up activities and mealtimes.	2 people
The support I receive helps me feel safe and comfortable at home.	2 people
I have a say in how my support is provided.	1 person
If something isn't right, I am comfortable with telling someone.	1 person
If my needs or wants change, the service can adapt quickly.	1 person

At the consultation event, participants provided additional comments on each of the statements.

<p>The support I get at home meets my needs and wants.</p>	<p>Carers noted that respite terms didn't always suit i.e., the time and form was decided by the provider rather than being to suit the service user/carers needs.</p> <p>Care should be delivered in a more person-centred way.</p> <p>Carers noted that some providers can't complete tasks appropriately due to pressure to move on to the next service user. Pressure from management. This pressure is not helpful, and staff often leave as a result. Carers perceive provider terms and conditions as being an issue for staff retention.</p> <p>SDS – there was a mixed knowledge and understanding of SDS within the group. Some noted that SDS provided more options, but some had not been offered this as an option. It was felt that SW communication should be more consistent re SDS.</p> <p>People found it important that their support enabled them to socialise with their neighbours and friends, but it was noted that COVID has prevented this recently.</p>
<p>The support I get at home helps me to manage my own health and wellbeing.</p>	<p>Most services stopped during Covid. Carers are worried that some may not open.</p> <p>The Carers Centre has been a great support throughout.</p>
<p>The support I get at home helps me stay healthy and well</p>	<p>Two carers in the group highlighted concerns that although medication was given the provider doesn't always check that service user actually takes it.</p> <p>Support workers/care workers help to provide support to deal with diabetes and other long-term conditions.</p> <p>Support workers/care workers help people to prepare healthy meals and meal planning helps management of conditions (such as diabetes).</p>
<p>I continue to take part in my daily routines, such as setting up activities and mealtimes</p>	<p>It's important to be able to communicate with care provider e.g., what food service user has eaten, changes noticed, medication taken.</p> <p>Mealtime calls are too short.</p> <p>Travel time is sometimes included within hours of support, which was felt to be unfair.</p>

	<p>Covid has caused some disruption to normal routines and would like to return to the activities that happened pre-Covid (bingo, football, snooker, gardening at Stoneywood).</p> <p>People like:</p> <ul style="list-style-type: none"> • to cook and have had cooking classes or help • support to go to the bingo, and • would like more outside activities throughout localities – such as Stenhousemuir outside spaces and Strathcarron Hospice events. <p>“The trouble isn’t trying to get access to activities it’s about not being allowed to because of COVID”.</p>
<p>I get the same level of care each time, and I can get to know my carers</p>	<p>Systems should be developed around the service user and carer/family needs rather than the organisation.</p> <p>Consistency in practice and process is important.</p> <p>Handover notes in book are important. Provider noted in book ‘notes on phone’. This is not helpful as carer doesn’t have update re provision. Electronic recording system particularly not helpful for people with dementia.</p> <p>Provider doesn’t always get note left by carer e.g., don’t check their phone or book before providing care. Suggested that carer leave note in key box for provider.</p> <p>People would prefer consistency in terms of their care worker, but Covid has caused some disruption.</p> <p>Service users understood the need for some flexibility.</p> <p>People find it useful to be able to view the rota and like that there is a mix of people to help – it is more social as it means you are not always talking to the same person.</p>
<p>People take time to care for me and listen when I tell them my needs and wants</p>	<p>Some noted that there is a general lack of capacity across system. SW assess needs but then aren’t always able to provide package in line with needs. SW can’t respond quickly.</p> <p>Communication between services needs to improve.</p> <p>Holidays and breaks are important: Care workers have kept in touch when service users have been on</p>

	<p>holiday. To go on holidays or short breaks, people often must rely on the support of family or friends.</p>
<p>People respond quickly when I ask for help</p>	<p>Very important. Some perceive that Covid is now being used as an excuse by provider to be able to respond quickly.</p> <p>Service users noted that this wasn't always the case with the doctor and dentist, but their care workers did respond quickly.</p> <p>People said that without support at home, they would not be able to access external help such as the GP or dentist.</p>
<p>I know who will be providing my care, and when</p>	<p>All agreed that consistency in care worker is important. There was an acknowledgement that this is not always possible, but carer feels more confident if they feel that they know and trust provider.</p> <p>One carer had knowledge of a service user who had 20 carers providing their package. This is very disorientating for service user.</p> <p>Covid had caused a lot of changes to rotas.</p> <p>Quite a few staff have retired and all services are short of staff.</p> <p>Service users have been involved in the recruitment process (supported living) of their support workers. People noted good involvement with Stirling University and participating in events to tell students about important aspects of supported living.</p>
<p>The support I receive helps me feel safe and comfortable at home</p>	<p>It is important to be able to develop a trusted relationship with providing staff. Frequent changes mean that this isn't always possible. Continuity is required.</p> <p>Example provided of equipment being provided but then not used as required 2 providing staff, but package is only provided by 1.</p> <p>Good advice received from care workers.</p>
<p>I have a say in how my support is provided</p>	<p>All felt that carers and families had little/no say or control in packages of care and are unable to request changes. There is often no notification re changes of provider or times of support. Carers feel unable to plan as they don't always have access to a rota.</p>

	<p>Carers felt that provider organisations can ‘hold court’ rather than care being adapted to the need or the service user/carer.</p> <p>Carers noted that power of attorney means very little in real terms. Example – address on prescription changed without discussion with daughter meant missed medication for service user without capacity.</p> <p>Some felt that there was little choice in care and that care was not individual. Example – service provider aged 45 with minimal mobility or ability to independently toilet. Tuck down visit is between 9pm – 10pm. Often before 9pm. Get up visit can be after 9am. More than 12 hours in bed – very isolating.</p>
If something isn’t right, I am comfortable with telling someone	<p>Some noted that if they, or service user don’t like the carer, they wouldn’t say anything in case the package is withdrawn completely.</p> <p>There was a sense that the care offered is not secure and so carers don’t want to ‘rock the boat’. People feel they have to ‘bite their tongues’.</p> <p>Service users knew about the complaints process.</p>
If my needs or wants change, the service can change quickly	<p>Provider can be helpful re change, but carers perceive that communication not good between SW and provider.</p>

Question 2) What is good about the support at home service?

Communication

“Good care workers engage with and listen to the person they are caring for, but sometimes they are not given enough time to allow them to do the job they want to do. Notes in the clients file is important to allow the family to know what is going on. This is particularly important where the cared for person has dementia. I notice that this is moving to electronic notes. If this is the case, there has to be some way of ensuring the family are able to read the electronic notes as well.”

Independence

“My Dad and late Mum's care was outsourced to provider by the council. They were very good at recognising the different types of care that my parents needed... and when those needs did change (often at short notice), I was reassured... about the service keeping up. The carers my Mum and Dad receive are really good at working with them to figure out what they can do (e.g., wash hair) and can't do (e.g., dry feet), all the while keeping their independence. The carers going in would spend time with my parents and got to know them, so they got to learn how to read them and know when my parents needed help but didn't let on. I would make my parents meals and freeze them, so all my parents had to do was decide what they wanted and take them out for the carers going to heat up. While I can't be there all the time it is reassuring to

know that someone is making sure my parents were eating, and when my parents weren't but said they were, the carers would always let me know. I know I can trust them with my parents physical and mental well-being (letting us know if there is going to be a change so I can let my dad know and calm and reassure him).”

“To enable the person to stay as independent as possible.”

“Regular carers coming into the house and ensuring that mother-in-law is able to live alone as she wishes.”

Trust

“My Mum receives her care from a provider who provide excellent care.”

“I find support at home very helpful. The carers are very caring, kind and understanding.”

“I like the support workers I get on with them and I wouldn't change them.”

“I am happy with the services I receive.”

“The support my father receives means he has been able to remain at home with my mother. The staff are a very professional dedicated group of individuals and I can't praise them enough. Provider has also been excellent, and my father has forged very good meaningful relationships with his support workers.”

Safety and well-being

“I help look after a family member who has Vascular Dementia and at the moment she is cared for at home and is seen and attended to by provider four times a day. My family member has been assessed as NOT having capacity. Everything is important for us regarding her safety and well-being. However, it can be difficult for the cared for person to make informed decisions on their own behalf, therefore part of the survey I felt was more Not relevant than Not important or Don't know.”

Duration

“Some staff are really passionate about providing good care but seem to be curtailed by tight timescales.”

Support

Care workers help people do what they want to do and listen to what people want. This provides purpose to activity/care.

Examples provided included:

- Provider taking service user out and sharing photos of experience
- Help to do jobs around the house which helps people to live independently.
- Carers have helped service users to get involved in volunteering (e.g., at the food bank).
- Playing games (e.g., pool, draughts).
- Listening to records.

- Being taken out to activities and things like the cinema.
- The carers ensure that service users can go shopping and pay their rent / bills.
- Help with going to watch the football.
- Helps to maintain a routine and some structure.
- Helped to decorate a room in the flat.
- Service user likes to go on the bus and the train into town.
- Likes visits to the park.
- Service user can pick things for their own house with support from the carer to do shopping.
- Likes to sing – the carer supports the service user to attend this activity.

People enjoyed the social aspect of their support service – they knew others who also received help and had opportunities to socialise together.

“I can say what I want to do and workers set out what we will do to achieve it”.

Question 3) What could be improved about the support at home service?

Duration

The length of time afforded should be increased - 20 minutes per person not enough to meet the needs of individual.

“Enough time should be given to allow the carer to engage with the cared for person. A 10-minute med prompt call never allows the care worker to learn to know the cared for person. The cared for person needs to be given enough time to talk with the care worker exchange a few words about how they are feeling and have a little social interaction. They need to feel they are being treated with patience and that the worker has time for them.”

“Too large a gap in the afternoon.”

Trust

“Getting to know the person you are caring for is so important. Respecting that person and treating them with the dignity that they deserve - remembering that this is someone's mum/dad/brother/sister/parent/child/friend.”

Communication

“Up until the beginning of last year I also cared for my elderly neighbour... While she did have carers that did many of the same things as provider did for my parents, there was many things that were done worse and weren't ever really solved. This includes home helps being redirected or cancelled at the last minute with no communication whatsoever and having to call the main office to figure out why no-one has turned up... I think if the council wants to improve their care...they need to listen to those getting the support and care, to the carers, to the home helps and other involved parties. They need to support home helps by reducing the pressures of getting through the amount of client in the quickest time possible, support to prevent burn out and support through it, hiring more home helps so when situations will arise then the knock-on effect on others is minimised.”

Consistency

“Reduce number of carers into home on a weekly/monthly basis. Provides good relationships with same persons.”

“I would prefer the times I see them the same every week not changing every week.”

Capacity

Some felt that providers need to make sure that staff are well trained and better experienced.

“There should be more capacity in the system. If there is any issue e.g., provider needs to all ambulance for service user and wait for arrival, then there is no back-up provider.”

Support

“This has been our first encounter with provider and there have been a lot of positives in the care of our family member in these challenging times and we are grateful for the support on a daily basis however the multi-agency involvement left us trying to pull things together for ourselves.”

When it comes to young people, a parent carer explained that there is not enough support available around transition and planning for future care, e.g., independent living (son aged 16). The parent highlighted that care and support should be parent led, not professional led as parents know the needs of their own child better than professionals.

There is a need to re-start activities that were stopped due to Covid. Some service users valued trips to the Camelton Centre, which has now closed. Other named activities included the City Nightclub (dates n mates), Elgin Park, Stoneywood, and the Bainsford Centre.

Some would also like more help to find volunteer opportunities.

Next Steps

The findings from this consultation will play a key role in the work of the HSCP and their partners as they continue to develop the contract strategy and service specification for Support at Home services.