

# Your Future Your Care

## Healthwatch Redcar & Cleveland Engagement

*March 2023*

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## Introduction

As part of Redcar and Cleveland Borough Council's Fair Cost to Care Exercise, we worked in collaboration to produce a survey. This involved consulting with local people to inform future commissioning of care services, which was named Your Future Your Care.

The aim of the survey was to understand local people's perceptions and experience as well as what they would want from these services should they need them now or in the future.

The period of engagement took place from October to December 2022 during which we collected 194 responses.

## Methodology

### Survey and Engagement

We disseminated the digital survey widely across our contacts, partnerships and Community Champions, requesting that this be promoted and shared through their own networks.

We also supported the completion of paper surveys by providing partner agencies across Redcar and Cleveland with paper versions which they disseminated, and we attended various groups within our local communities as follows:

- Redcar and Cleveland Mind – Mind Bus & Lingdale Village Hall
- Community Stepping Stones
- Community Dementia Hub
- Age UK, Cricket Club Marske
- Age UK, Morrisons Guisborough
- Age UK, Locke Park
- Age UK, Holey Moley's Skelton
- Whippet Up, Boosbeck Village Hall
- Carer's Rights Event

In addition, we facilitated a focus group which gave us a greater insight through valuable conversations with local people.

## Summary of Findings

This is a summary of our findings that was informed from the information we received from our respondents.

There is a very poor perception of care homes from our local people. Nobody aspires to ending their days in one. Inconsistencies of care, a high turnover of staff and an outdated environment are some of the key reasons for this.

Local people need to regain their trust with care homes so that they are not scared of having to go into them. People desire a new environment for care that is not institutionalised, integrates with the community and also delivers on the key areas of quality of care, safety and meeting people's needs.

Not surprisingly, people would like to remain independent as long as possible and stay in their own homes. Care at home is the preferable option for most people, however lack of carers and quality of carers are detrimental factors.

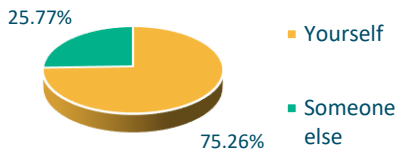
A greater investment in carers is needed with better pay and recognition of their role to attract and retain staff. Carers would welcome opportunities to upskill their role and gain qualifications in order to carry out duties that could alleviate pressures on the NHS and other services.

For the future local people would like to see a wider provision of care giving them more options and choice and , an increase in supported living within community environments.

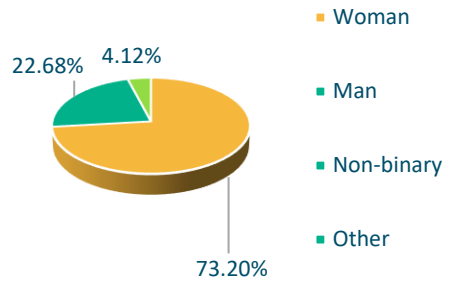
# Findings

The following charts details the demographics and characteristics of respondents.

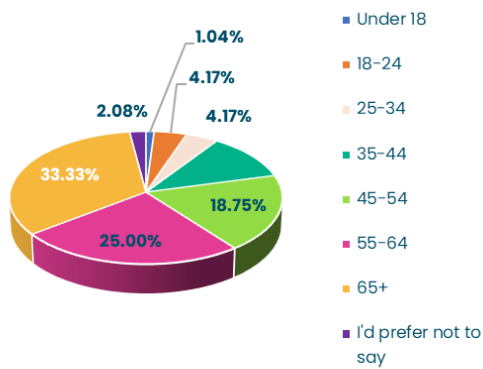
**Chart 1 – Who completed**



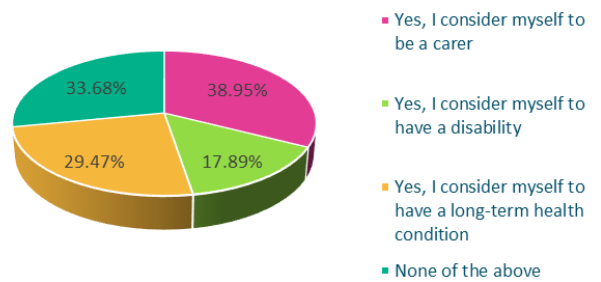
**Chart 2 – Gender**



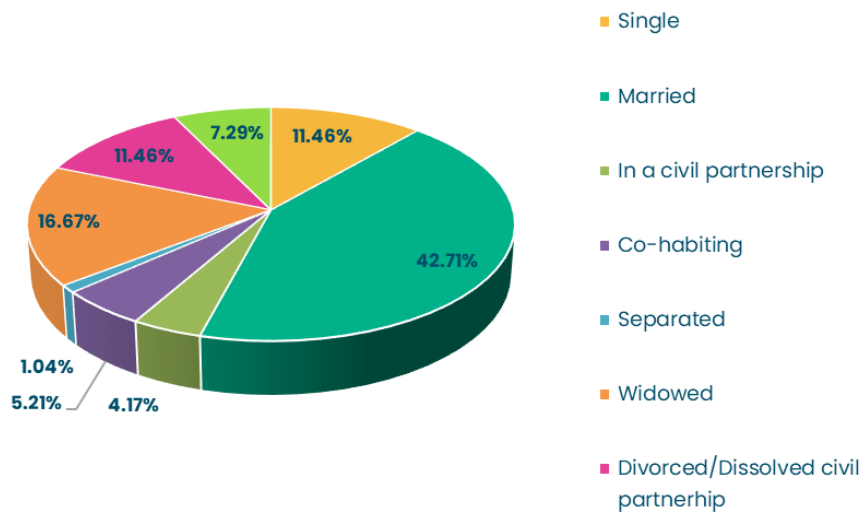
**Chart 3 – Age**



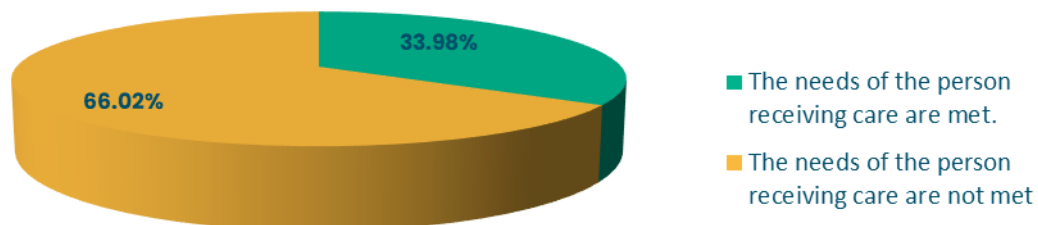
**Chart 4 – Disability/Carer/LTH**



**Chart 5 – Marital Status**



## Q1. What is your opinion of care homes?



Respondents were requested to give up to 3 reasons for their answer. Due to the volume of comments, we sorted them into themes to make it easier to interpret.

Other comments outside of the categories recognised that to be in a care home a person must require a high level of care that is not available in their own home and whether needs were met was dependent on many factors.

*'Depending on staffing money available and quality of care'.*

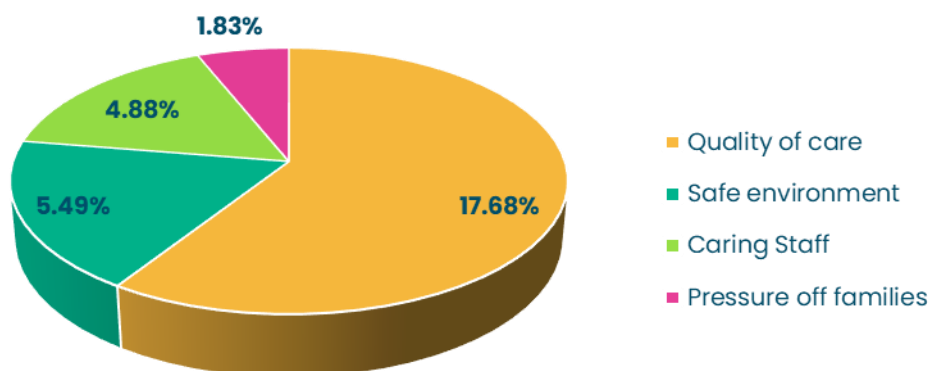
*'It is impossible to answer, some will be met and some won't'.*

The inconsistency of care provision between care homes was also highlighted in relation to the quality of care provided.

*I have been in some care homes. Some are nice, but I have been in some that are not.*

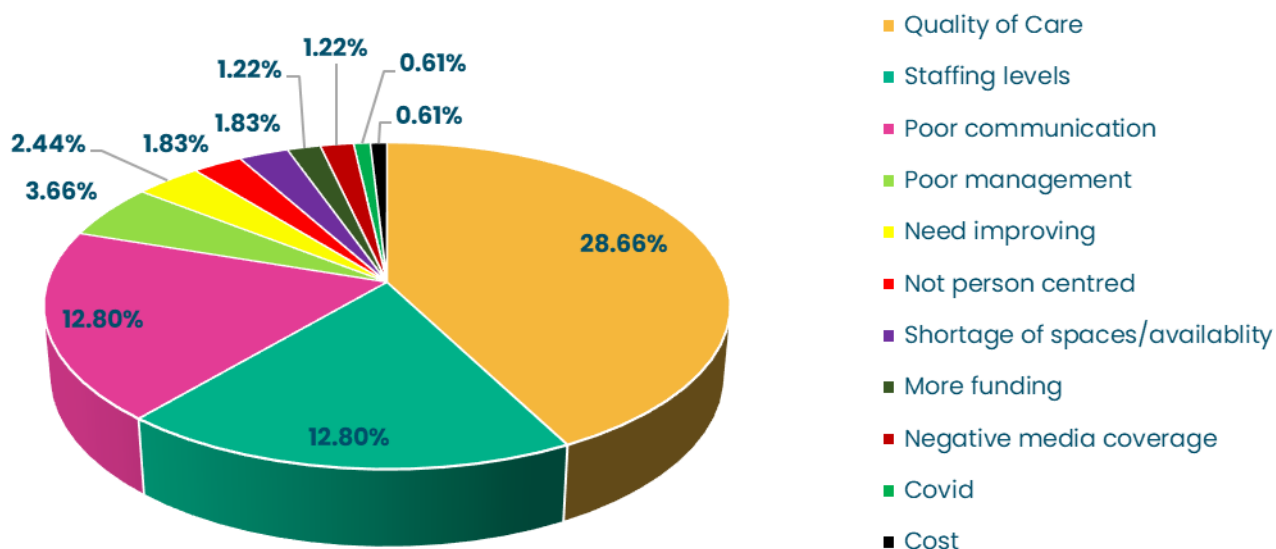
*Depends which care home, as some are better than others.*

Reasons for the needs of the person receiving care being met:



Respondents with a positive perception of care homes felt that they provide a high quality of care, a safe environment and that staff are caring.

Reasons for the needs of the person receiving care are **not** being met:



### Quality of care

Concerns over the quality of care was the most common response for needs not being met. Examples of what effects the quality of care were:

- Poor supervision for eating
- Poor standards of washing
- Lack of activities

- People not treated with dignity
- People being left alone too long
- Poor levels of cleanliness
- Lack of respect for people’s possessions
- Concerns over the training of staff, lack of knowledge and experience
- Use of agency staff

**Staffing levels**

Many perceived care homes to be understaffed which impacts on the quality of care and level of care provided.

**Poor communication**

It was felt by some respondents that communication with relatives and between staff is poor.

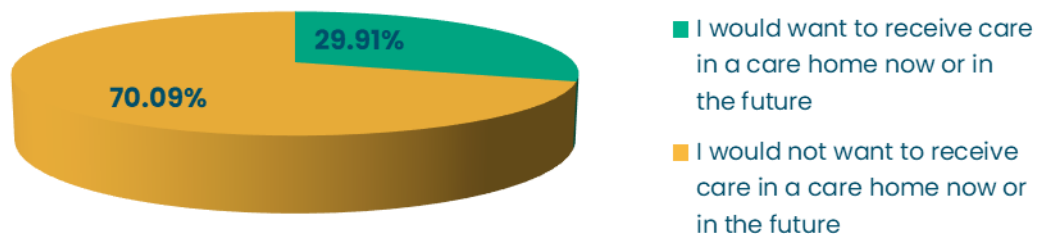
**Poor management**

Concerns were expressed that management do not deal effectively with issues that arise and a perception that homes are run for profit and not necessarily meeting the care needs of clients.

**Needs improvement**

Comments provided included opinion that the care home environment is outdated and should offer a more homely environment providing a better space for families to be with their loved one and improved experiences for those receiving care.

**Q2. Would you like to receive care in a care home either now or in the future?**





Again, respondents were asked to give up to 3 reasons for their answer.

The general view from respondents was the desire to retain their independence and remain in their own homes for as long as possible. It was acknowledged however that their care needs in the future could not be anticipated and what level of care may be required.

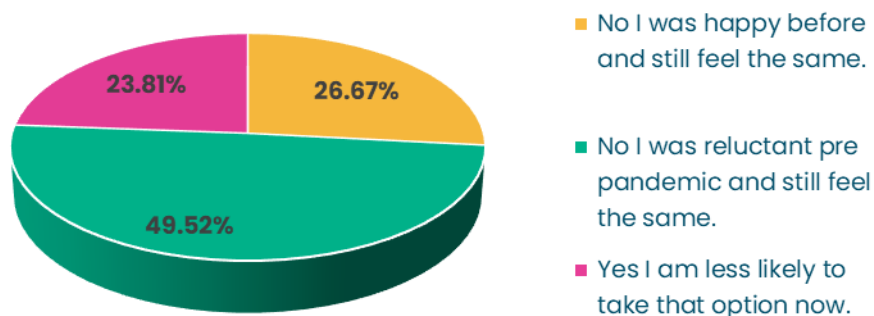
The main reasons for wanting to receive care in a care home now or in the future.

- All needs can be met
- Companionship
- Activities
- Takes pressure of family
- Be safe
- Friendly caring staff

The main reasons for not wanting to receive care in a care home now or in the future.

- Concerns about quality of care
- Costly

**Q3. Have the pandemic restrictions and lockdowns changed your views about you or a family member receiving care in a care home?**



**For those whose views were changed due to the pandemic the reasons below captured this:**

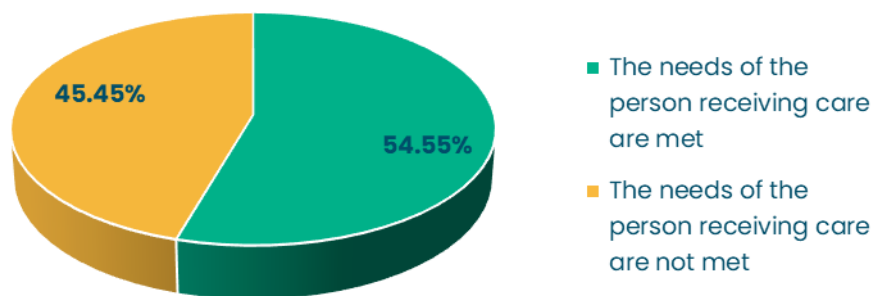
*Due to the way that care homes handled the lockdown many people have been distressed and suffered as care homes wouldn't allow visitors even with dying patients and did not seem to have much empathy towards this situation.*

*Residents became so isolated and now regular 'closures' are having the same effect*

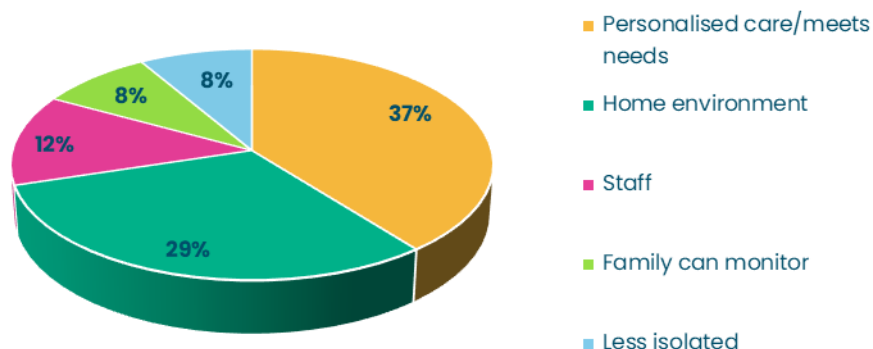
*I feel the lockdown has enhanced rates of dementia also enhanced depression and lack of motivation*

*The stories I have seen about how people have regressed during covid, the way the staff in care homes themselves have been supported appears very poor when facing terribly difficult times.*

**Q4. What is your opinion of care at home?**



Reasons for the needs of the person receiving care are being met.



### **Personalised care/meets needs**

Comments included opinion that care at home is more tailored to individual needs, individuals retain their independence and are given respect and consideration. They also reflected that for some people they do not have family to help and support from carers allows them to remain at home.

### **Home environment**

Comments highlighted that a person would be more comfortable and happier within their own environment.

### **Staff**

The ability to choose your own carers and that staff are able to be more helpful and patient.

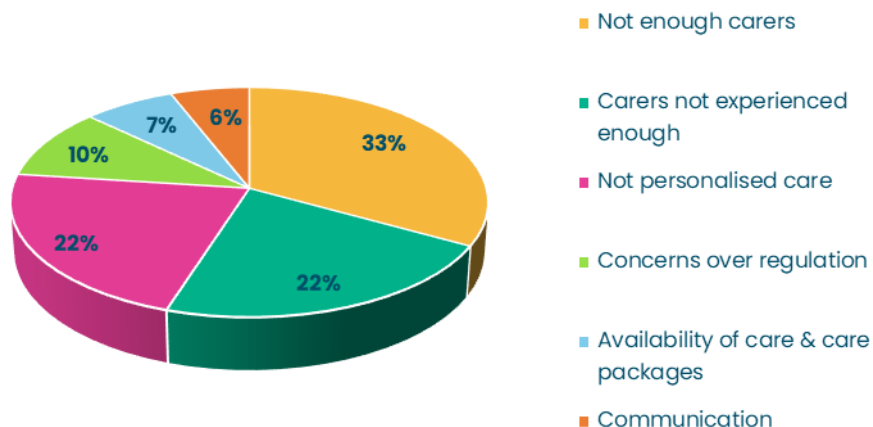
### **Family can monitor**

Family have the opportunity to input / say how their family members are cared for.

### **Less isolated**

Carers' visiting breaks the day up for a person and they feel less lonely and isolated.

Reasons for why the needs of the person receiving care are not being met.



### **Not enough care workers**

This also included comments regarding not enough time being spent with clients and a lack of continuity of carers.

### **Carers not experienced enough**

They were also concerns that carers don't care enough and it was just a job to them. It was also felt that carers do not have enough understanding of complex needs.

### **Not personalised enough**

Concerns expressed that care is only given for the short time that carers are within the person's home and people are still spending long periods on their own and that their emotional needs are not being met.

### **Regulation**

Concerns were expressed that domiciliary care is an underregulated provision and that care companies make their own rules as to what staff are/are not allowed to do. Comments also received related to unsupervised care.

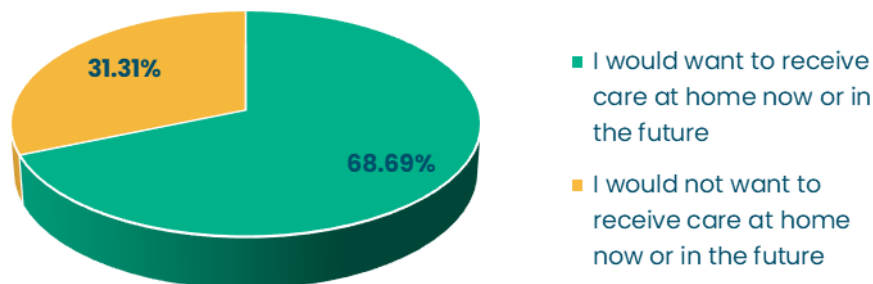
### **Care packages/Availability**

Long waiting times for a suitable care package.

### **Communication**

Poor communication with families and with care company were highlighted.

## Q5. Would you want receive care at home now or in the future?



The main reasons for wanting to receive care at home now or in the future were:

- To be able to remain in your own home for as long as possible, retaining independence.
- Better than being in a care home
- Carers break up the day
- Eases pressures on families
- Care can be regulated by families.

Reasons for not wanting to receive care at home now or in the future were:

- Concerns about the quality of care
- Availability of carers and difficulties in getting an appropriate care package
- Lack of continuity of carers

Some respondents highlighted that receiving care at home would depend on their needs at the time, e.g.



*Different circumstances result in different responses. If I was able bodied and managing generally, I would want to be at home but if I was isolated and struggling, a care home would be better in my opinion. I think this stands for anyone*



Others stated that they would not want to receive any care as they would be looked after by their family.

**Q6. What 3 things are important to you when planning your care or that of a family member?**

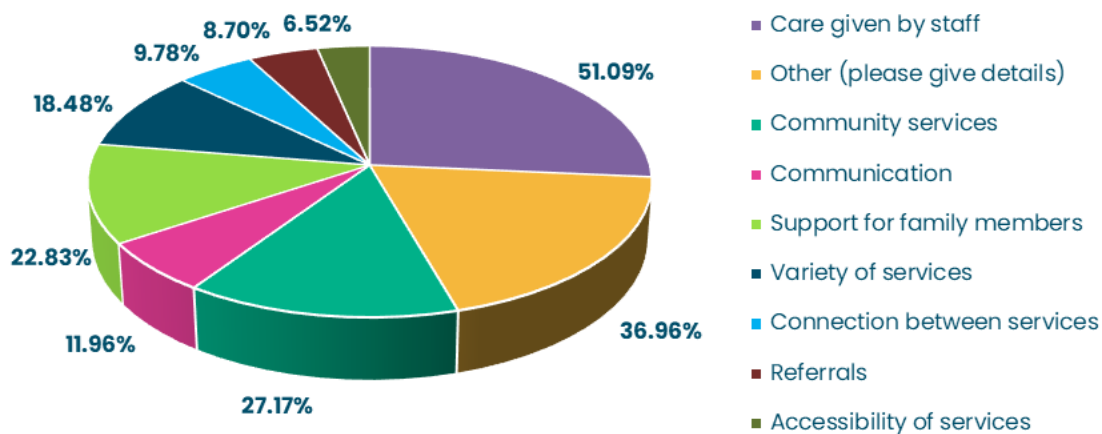


We put respondents' answers into a word cloud. The larger words are the most common we received in responses:

- **Quality of care**
- **Safety**
- **Needs are met**
- **Environment**
- **Communication**

## Q7. What do you feel is working well in our care system?

(Respondents were able to choose more than one response for this question)



### Responses for 'Other'

*Charities are taking a lot of pressure off statutory duties.*

*There is lots of nice things going on in the community if people can access them.*

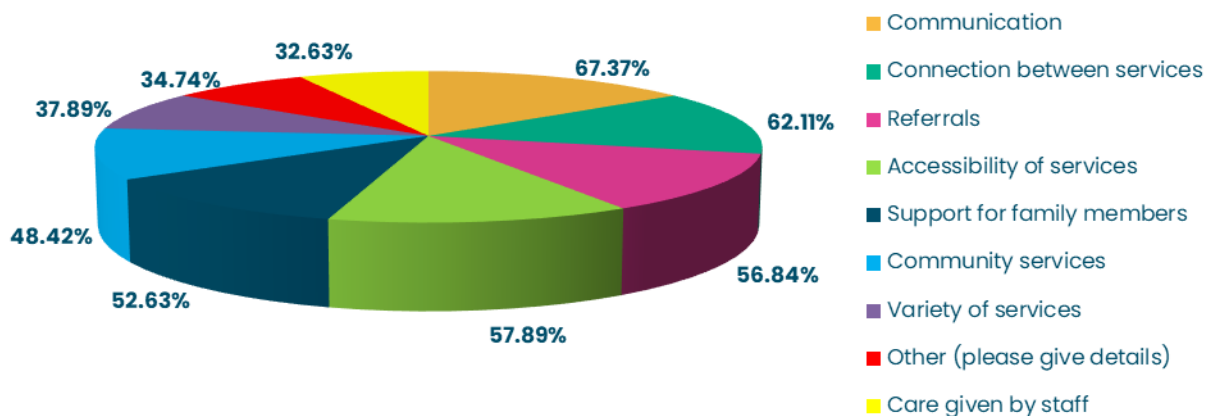
*Local authority and trust community services, not private sector*

*There are good caring staff, not all are inept but they aren't paid well enough for the work, they don't have the time to spend with residents*

*I think most carers do care but the system is massively underfunded.*

### Q8. What do you feel is not working well in our care system?

(Respondents were able to choose more than one response for this question)



### Comments:



*Home visits are not long enough*

*Funding streams*

*Services don't communicate. Referrals are either not made or followed up.*

*Nothing at the moment. You are assessed and told you need a certain care package but months down the line they still have no availability. There is no care support and vulnerable people are struggling. The system needs a full overhaul as most people needing care are not aware/or know how to access the help they need.*

*Length of time you have to wait after been referred*

*Social work feels disjointed from care*

*No communication to family from Hospital/Social Workers or care home staff"*

*Vulnerable adults with no family are falling through the gaps.*

*Consistency of quality. Good and poor experiences.*



*I am aware of referrals being made to care homes that are not professionally equipped to meet the client's needs in order to move out a bed-blocker from a ward.*

*Private sector services are not able to provide more complex packages and people's discharges are being delayed because of this*

*Equipment access*

*Provision and funding is outdated and inadequate.*

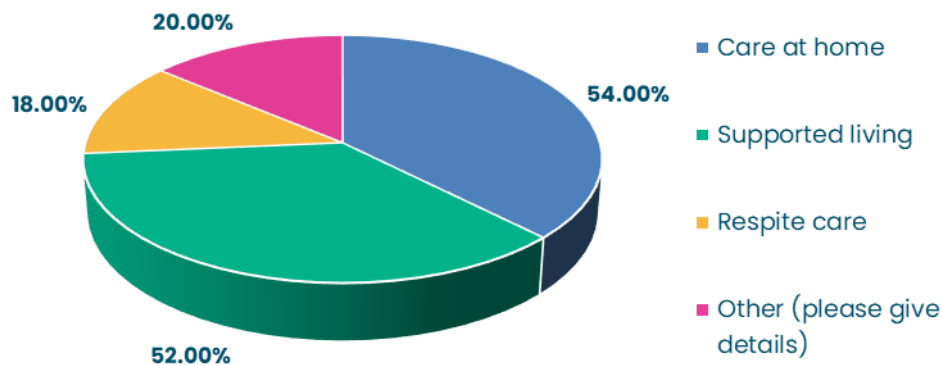
*Cost of care*

*After many years of support the current system has failed me and left me without vital help and support.*

### Q9. Should you need care in the future what type of care would be ideal for you?

**Please note that this service may not exist currently.**

*(Respondents were able to choose more than one response for this question)*



The majority would prefer care where they are able to stay at home or retain independence in a suitable facility.

Responses for other included:

*Purpose built communities for older people that provides support but also promotes independence. On site facilities for activities and socialising.*

*Extra care housing*

*I would like to see more of the care village environments. Where there are independent apartments/homes with a village centre, shops, cafes, restaurants, bars, post office, bank, health, hairdressers, exercise etc. So a complete community with onsite care workers who work in all of the areas, who are trained to support people's needs.*

## **Q10. Is there anything else that care services need to include or consider for the future?**

*Better and stronger support and communication between consultants/GP's and local community services*

*Training for District Nurses to care PROPERLY when discharged from hospital/respice. More convalescent facilities to enable appropriate hospital discharge.*

*Staff should be valued and paid more which will attract more people into the sector. Staff would also be more likely to stay in past and not leave for better prospects.*

*Better training for staff.*

*Better wages for staff to enable the workforce to want to work in social care*

*Day centre for clients to attend.*

*Well trained staff for the future.*

*Staff training / turn over due to hard working for no, or very little reward.*

*Palliative care support*

*Assessment of fall risks and enablement and support before a fall which may results in bad fractures. So, falls are prevented as much as they can be and this less pressure on NHS and care sector. Also give families some peace of mind*

*Value for money, fair pay for carers with qualifications, less reliance on agency staff*

*Deliver a joined up comprehensive service for all families that need it. All done by one call*

*Employ people that have got compassion, education and respect for the client and their families*

*Having enough resources available. Allowing the person to choose the care home etc*

*CQC as the official regulator need to be more thorough with inspections.*

*Improvement and changes in staff training, e-learning is not conducive when looking after vulnerable people.*

*Stricter criteria in relation to recruitment to minimise staff turnover.*

*Staff should be minimum of 21 years especially in the community and lone working.*

*Dementia training.*

*Working with the MDT and stimulation and activities for patients. Also care settings for patients under 60 with care needs, as these patients do not want to be in the current residential environments but many below 60 do require a level of care, however are often expected to stay at home or reside in a home with residents much older and often with cognitive impairments. This impacts significantly on the younger residents mental health and wellbeing.*

*Social isolation is a massive issue for many people. My parents would have benefitted from more social interactions, day services are great if people can get there increasing dementia and learning disability care in community/at home also an increase in palliative care at home*

*Services need to be personalised. Carers should be paid more and the care provided should be continuously assessed. People cared for should have a voice and services should be regularly monitored by asking them about their experiences of care (independent from the provider).*

*A fast track system so that urgent referrals can be assessed and completed within 36 hours. The present system seems to be too 'committee-based' and too slow.*

*Not all people requiring care are 'old' putting someone in an environment where they are with people of different ages has its benefits also. You are creating a community.*

## Focus Group Findings

We facilitated a dedicated focus group with two carers and six individuals who were in receipt of home (domiciliary care). There was a mix of ages from 20's to 65 plus with five female and one male participant.

### Attitude of Care Homes

- 'Warehouse for old people,' Prisons
- Family have no control
- Costs a fortune
- Not personalised, there is no bespoke care
- The system doesn't work
- They are regimented, like institutions
- They make people more confused, there are very limited activities; you can't do what you like doing, you are forced to do what you don't want to.
- It is like living in a bedsit
- Other residents challenging behaviour is distressing to residents and their visitors
- You deteriorate mentally when you go into a care home

### **Benefits of Home Care**

- Stay in your own home
- Independence
- Good relationship with Carers; they listen to me and learn from me
- Opportunities to carry out 'normal' activities, shopping, days out, crafting, cooking – I can go out whenever and wherever I choose
- Individualised care
- I am only young, and I don't want to live in a care home.
- You live longer if you can stay in your own home and not go into a care home
- It stops me getting down

### **Improvements for the future (care at home):**

- It would be good if carers could be more medically trained and were more valued. They are currently seen as under skilled, whereas they could provide a service to complement the NHS. They could:
  - Provide blood pressure checks
  - Urine checks
  - Diabetes support
  - Wound dressing
  - Falls support (currently they have to call either Homecall or 999 if a client takes a fall which can mean long delays in someone being helped). Inflatable chairs could be issued to home care providers to support this, resulting in clients being seen to more quickly and not putting pressure on other resources such as the ambulance service.
  - Reduce frustration of clients whose carer's are unable to help them and think it's 'too much red tape'
- Cooking training for younger carers. Those being cared for mentioned this as one of the things that they would like to be improved. Many plan their meals around their carers and capabilities.
- Scheduling of Calls – provides frustration for clients and feels it puts stress on carers thinking they are always late.
- Those being cared for felt carers were not well paid and given enough time for doing their work.
- It was noted that there was an issue with recruiting more mature and skilled carers in the area due to low salaries and a stigma around the role.

These factors do not attract people to join which compounds the difficulty in recruitment. The comment was made that “carers are in crisis.” However, it was also stated “carer’s do not need qualifications. If they did then they would need to be paid a better wage.”

- Considering the salaries; the financial threshold for private clients and local authority clients should be re-considered, because clients in both groups may require the same treatment.
- There should be investment in ‘care at home’: salaries, training, and availability.
- The local authority should allow all carer companies to attend the forum meetings, not just the ‘top 5’
- There should be housing association areas with properties in one area for people needing care, to include:
  - Defibrillators and medical equipment
  - Communal area with community facilities
  - Activities, physical and practical: gardens, exercise, cooking and crafting
  - Residents can work in the centres to keep them employed and services going
  - Accessible properties and communal areas

## Response

### Provided by Redcar and Cleveland Borough Council

'We initially commissioned this piece of work to help inform our market sustainability planning (MSP) exercise for the 65+ care home, and 18+ domiciliary care markets, that we were mandated by central government. We have used some of the findings within the study in our final MSP, which should be public on the Redcar and Cleveland council website very soon.

What is very interesting, and reassuring, about the report is that most of our assumptions regarding the direction of travel that social care commissioning should take are reaffirmed in the main by those people who took part in the engagement exercise. Our MSP reflects these findings by reiterating that we must look towards further development of reablement and independence models of care as these are clearly the preferred options of our residents.

In doing that we must also work on developing the quality of existing services, as clearly there is an increase in complexity of the residents we are seeing entering care homes and domiciliary care provision'.

**Gareth Harding, Commissioning Lead  
Redcar & Cleveland Borough Council**

## Acknowledgements

**HWST would like to thank all the individuals who completed the survey and took the time to talk to us and provide valuable feedback.**

**Special thanks to all of the services who supported us to access individuals they support through their service provision.**

**Please note that this report has been produced based on the feedback we received during this focussed piece of engagement.**

# healthwatch

## Redcar and Cleveland

[www.healthwatchredcarandcleveland.co.uk](http://www.healthwatchredcarandcleveland.co.uk)

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