



# Home care services in Northumberland

Understanding the experiences of people using home care services, then, now and the future. June 2022



Home care services are a vital way to support people by meeting their health and social care needs in their own homes.

‘Understanding the experiences of people using home care services, then, now and the future’ was a project designed to find out the experiences of people using services and their family carers in Northumberland. We wanted to find out what is working well for people and also make recommendations for changes or improvements to services, based on what people told us.

This is particularly important at present given the disproportionate impact of the COVID-19 pandemic on those using home care services and their families, and the need to prepare for similar situations in the future.

We also wanted to follow up and extend on our previous work which focused specifically on the Coquet Valley, by gathering the views of people throughout Northumberland. [Read Home Care Provision in Coquetdale.](#)

This report is an overview of the findings and draws out key recommendations on the issues raised by those who use services and their carers. We have indicated where the recommendations are for Northumberland County Council Adults Social Care commissioners (ASC) or service providers (SP).

## Context

We heard from 25 people for this report. Participants included 10 spouses, eight adult children, three service users, two parents, one grandchild and a family friend. They had been using home care services from within the last three months to over thirty years.

We were keen to understand how their experiences compared to those people who had made formal complaints to Adult Social Care. We recognise this does not account for the many 'thank yous' and appreciative messages received by care managers and service providers.

We looked at the [Complaints Report 2020/21](#) and found the number of complaints was low (44) compared to the number reported service users (7,000), although the rate per 1,000 service users was higher than a comparable neighbouring authority. We also noted that while the trend in complaints was decreasing in some instances it was higher than in the last pre pandemic year and the number determined as 'partially upheld' had risen.

Similar themes in both reports can be seen especially about 'communication' and 'quality of service provision'. We are therefore confident the issues in this report are not specific to the individuals concerned.

We saw in the 'Learning' section of the report how the Adult Social Care function responded with appropriate apologies, staff training and monitoring of service provision. The recommendations in this report follow a similar pattern. and are made to assist commissioners and providers to implement the responsive, effective and caring provision everybody desires for the residents of Northumberland.

We must also acknowledge that recruiting and retaining people to work in social care is difficult not just in Northumberland but nationally. A [report to Northumberland County Council's Cabinet January 2022](#) outlined the pressures, including the number of unfulfilled packages of care, and also how the Council proposed to address them.



# Themes

## 1: Experiences during the pandemic

### Continuity and change

*“For these carers, nothing changed at all, they just carried on.”* Family Carer

The pandemic was a time of great uncertainty, but care support carried on as before for many people. Apart from the addition of PPE, most care workers continued to carry out their care calls during the pandemic. Some family carers paused home care services and provided the care themselves. Home and remote working led to difficulties in contacting care providers.

There were a few observations that the office staff were more difficult to contact and slower to respond due to home working, and that answerphones were often full. Generally people were extremely grateful that their care workers continued visits as normal in a time of such uncertainty and really appreciated the positivity and commitment of the staff.

**Key recommendation:** Ensure home care staff are made aware of the appreciation of those using their services by actively inviting positive feedback (such as sending people pre-paid thank you cards to complete) and ensuring any feedback received is passed on. (SP)

### The impact of lockdown on family carers

During the pandemic, many family carers provided far more physical and emotional support than usual due to the absence of other services. Some family carers felt unduly stressed due to the number of additional roles they had to fulfil in the absence of services previously accessed, such as physiotherapy or chiropody and social or entertainment activities. Some felt burdened by these additional challenges alongside their own anxieties about COVID-19.

*“Everything was ten times harder for me.”* Family Carer

### Case study: Rose and Dave

*One thing I found was that it had more of an impact on me than it did Dave because he was pretty isolated to start with. Systems kept running for him, everybody was masked up. But, for me it was harder, because everything was ten times harder for me to do. The shopping, standing in queues did my head in. I’ve got people that I meet socially with to keep me sane. I couldn’t do that, so I think I was the loser with COVID-19 more than Dave.*

Using their respite provision during the pandemic was difficult for family carers who struggled to find things to do given the restrictions on activities and socialising. Two family carers shared their experiences of walking the streets in the cold and dark and driving to a supermarket car park to read a book because they were anxious about cancelling respite time in case it was lost to them permanently.

Family carers did not always feel well supported by their care managers during COVID-19. One described herself as feeling shattered having taken over full caring responsibilities. Despite informing her care manager, she had received no calls in sixteen months to see how she was managing. Several people mentioned the additional financial demands of COVID-19 on the council as their reason for not asking for increased support hours or a financial reassessment. Remarks including *“It’s all I’m allowed”* were common, regardless of increased need. One family carer said he would like just two more hours a week of respite as the pandemic receded. He did not want to ask for it because he was aware that the council had high additional costs due to COVID-19 so he presumed it would be refused.

**Key recommendation:** Offer family carers a post-pandemic recovery and support review focused on their wellbeing. This could include signposting and information about how to manage any negative physical and mental effects in future lockdown situations. (ASC)

## 2: Navigating the system

### Relationships with home care workers

*“There are people who are just made to be carers.”* Family Carer

Relationships with individual care workers were mostly good and often excellent, with many examples of good practice and close bonds. Care workers enabled people to remain as in control, safe and independent as possible. Family relationships became less pressured as the intensity of care support required from family members was reduced. Irrespective of the pandemic, very few people had male care workers although some said they would prefer to be cared for by a male.

**Key recommendations:** Promote home care services as a career option for men and consider whether recruitment and retention strategies adequately support male staff given the overwhelmingly female demographic. (SP)

### Interactions with the care providers

Interactions with care providers were mixed. The initial set up of services was usually managed well. Where relationships were the most successful, they had often taken some years to build up.

Care providers were seen as defensive at times regarding criticism and reluctant to acknowledge problems. A number of respondents who had been unhappy with an aspect of the service had difficulty getting a reply from the management of the care service. People also sometimes felt that responses could be tokenistic and did not always acknowledge that they had been heard and had their concerns or observations taken seriously. A common response from care providers was an email saying the issue was being looked into, but with no subsequent follow up.

Some people did not feel able to challenge common frustrations which included care providers lack of understanding about rural roads and driving conditions and their lack of responsiveness to concerns raised. Dissatisfaction was usually a result of a lack of information, for example, changes to the number of care workers per visit without notice or care workers turning up late when journey planning was done by those unfamiliar with the local area.



*"You don't want to upset the apple cart, do you?"* Family Carer

The lack of response to issues raised in feedback was mentioned on several occasions and some people felt quite exasperated by it, to the point of not responding to requests for feedback and regarding it as a 'tick box exercise'.

One family carer felt that although she would be happy to give honest responses some people may be reluctant to give accurate feedback. She also noted the lack of accessible ways to provide this:

*"I think sometimes people are nervous of filling in questionnaires because they think that there might be repercussions and not everybody has a daughter or granddaughter who could actually do that on their behalf, so how would that work when it was an elderly person who didn't have somebody going in from the family, because my mother certainly wouldn't have been able to do it. It was written, but my mother is registered blind."*

There also seemed to be a difference in willingness to challenge when there were problems between those who were self-funding their care and those whose care was arranged via the council.

**Key recommendation:** Provide people using home care services and family carers with information about how to raise concerns, including anonymously and in accessible and easy read formats as appropriate. Encourage this with reassurances that this will not impact their ongoing care. (ASC)

## Contact with adult social care

Some people found negotiating the adult social care system complicated. People described the care manager as their main point of contact.

A degree of confusion was expressed about other adult social care staff such as financial assessors and brokerage staff and whether social workers and care managers were interchangeable roles. Only one person mentioned a support planner and seemed unclear as to what this role was.

A number of those using home care services and family members expressed their appreciation of the heavy workload they presumed their care manager faced. Although many stated having difficulties in contacting or arranging meetings with care managers, this was usually prefaced by how busy they must be or how many other people they would be managing. Several family members also acknowledged how difficult they thought arranging care services in such a rural county would be.

Many people were mindful of the decision-making power of care managers to accept and help with their care needs and some felt care managers gave the impression that they found them undeserving of care.

*"I think sometimes people are nervous of filling in questionnaires because they think that there might be repercussions"*

**Case study: Gill**

*I had a brand new social worker come in and they were asking 'why do you need this level of care, and do you need that much time?' and you feel like you're being interrogated. It's a battle against them all of the time and it's quite upsetting and it's just exhausting and unpleasant and you're made to feel like you don't deserve the help. I have this constant fear that someone's going to say, 'right actually no we're not doing that anymore we're taking that off you', and that's a horrible way to feel when you're already at your limit.*

*I used to get four weeks respite a year and then this new social worker said, why are you getting four weeks? Let's just drop it down to one. I am very grateful for the help. I couldn't manage if I didn't have carers coming in because I think I would just be exhausted, but I shouldn't be made to feel like I have to justify it or that I am trying to get more than I'm entitled to.*

Some people could not recall having had any contact with adult social care since their care package started. They had little memory of who had visited them so were unsure who to call if circumstances changed or when difficulties occurred in relation to their home care provision. One described this as the care manager 'washing their hands'. Others felt their concerns were not major enough for the care manager.

People often mentioned having been told to get in touch if there was a crisis but were unsure what would constitute a crisis in their particular situation. Others feared that crisis support may mean the situation was taken out of their hands rather than them being part of negotiating the best way forward. They also worried that a situation may get beyond crisis point before what they perceived as an appropriate level of support would be made available.

*"If there's a crisis, please let us know."* Family Carer

Family carers expressed a wish to know more about how services are chosen and to be informed if the quality of a chosen service fell. Accessible information, especially financial information was also desired.

Over half of the family carers interviewed had not been offered a carers assessment and a number with existing assessments said they had not recently been reviewed. Several had however, turned down the offer without fully understanding the purpose because they thought they would not get financial support. Some people thought the assessment was only offered once so despite their changing circumstances including deterioration in the family member and the development or exacerbation of their own physical and mental health conditions they did not ask again.

**Key recommendations:**

Provide written information about how the choice of care provider is made, what makes the particular choice the best one for the individual and how their provision is monitored and check that it is understood. (ASC)

Review information and system for offering Carers Assessments to encourage take up at any stage of being a carer.(ASC)

## Resource pressures

People using home care services were acutely aware of staff shortages and overstretched services, not just at the height of COVID-19 when staff were isolating or sick but also more recently. Most people commented on the high vacancy rates for care staff. Several also made observations regarding the difficulties in recruiting staff in rural areas. Many references were made to making allowances and being reluctant to raise concerns or to try and change provider due to staffing issues.

The pressures on time were common concerns for people and their families. These included late and shortened calls, rushed care and unfamiliar care workers attending care calls for those with complex needs. Families were concerned about care staff workloads and long journeys across the county between calls. Some people chose to privately self-fund their care to give them more flexibility.

**Key recommendations:** Provide accurate information to care staff and those receiving care regarding travel time especially in rural areas, so that people know realistically when care staff will arrive. Encourage feedback and listen to any concerns from services users. (SP)

*"It's a service that we're paying for."*  
Family Carer

## Information and updates

Lack of information was often a cause of dissatisfaction with care services. This was mainly due to a lack of rotas detailing which individual would be providing care and when the care call would take place.

A few care providers did issue these weekly in advance. Changes to services were common and updates were rare. This was a key issue highlighted in the earlier Coquetdale report.

The need to be aware of changes to staffing rotas was particularly crucial to someone with a visual impairment who understandably felt very vulnerable letting people into her house without being able to verify their identity. *"I'm totally blind and people could be watching my house and thinking 'oh carers go there twice a week' and I could be letting anyone into the house."*

**Key recommendation:** Explore ways to ensure care providers provide a rota for people and let them know of any changes to the rota. Review service users experience after a year to see if this has been put in place and whether it has been successful. (ASC)





## Training and skill mix

Skilled care workers were highly regarded particularly for psychological skills such as negotiating with people. These were extremely beneficial for the wellbeing of those being cared for.

One family carer gave an example of how a more experienced care worker persuaded her loved one into getting a shave following on from a different care worker being unable to do so. A mixture of encouragement, patience, persistence along with humour and flattery around it making him younger and more handsome made the difference and showed the key negotiation skills of the care worker.

*"And what's your name?"* Family Carer

People using home care services and their families did not always feel confident that care workers had sufficient training and expertise or in some cases basic skills around food preparation or introducing themselves.

Another family carer mentioned that one care worker was unable to cook a basic meal unless this was toast or by using a microwave but was very happy to be shown how to prepare one by a family member, demonstrating the willingness to engage in learning further skills.

Where their care needs related to a particular health condition, several people and family members said they would find it reassuring to know that care workers had received some information to help them gain an understanding of this but were unconvinced that it took place. Some respondents had become lay experts in their particular condition and often contributed themselves towards improving care workers' understanding.

**Key recommendations:** Ensure service user/family carer feedback is included in regular performance supervision for care workers. (SP)

Provide a basic level of training for care workers supporting people with particularly complex health conditions in understanding the condition as well as the care needs. Inform the family or individual that staff have received training around their condition. (SP)

Provide all staff with 'hello my name is...' name badges as used in the NHS. Make introducing themselves and reintroducing themselves each time they visit, for people who may not remember them, a first step for all care calls. (SP)

## Feeling undervalued

Some family carers felt undervalued by others involved in home care services. This included some care providers and care managers and even other family members. Family carers did not have any training (but learnt a lot through necessity) and some people felt their contribution was taken for granted in helping care workers with lifting or physically handling their family member or using hoists in short-staffing situations.

*"It's a daunting task."* Family Carer

**Key recommendation:** Investigate offering family carers a session with a community physiotherapist and/or occupational therapist to assess any training needs related to their caring role. For example, lifting and handling and safe positioning. (ASC)

## Securing access to services

Some people and their family carers felt they needed to become demanding to get the support that they needed from under-resourced services. Over time they became more willing to do this. They were concerned for people without the knowledge or ability to obtain services in a similar way.

*"I've got more stropky as I've got older."* Family Carer

**Key recommendation:** Identify system for check in with people who may be less able to ask for additional services. Make sure all reasonable adjustments are in place for them to communicate their needs (language differences, learning disability, hearing or visual impairment, other vulnerabilities). (ASC)

## 3: Quality

### Identifying quality in home care services

Family carers and those receiving care found it difficult to know what questions to ask care providers and care managers about the quality of their home care service. There may be an assumption that people know what a good quality service looks like and share a common understanding, yet people said that when they were new to accessing home care services, they had little clear idea of what to expect in terms of quality.

Several said they would have liked a way to assess this against some sort of objective benchmark rather than just their own views but did not think to ask for this. There was little confidence in national inspection systems.

When care managers talked to people about the provider who would be providing their service, they did not provide information about what they should expect in terms of the quality.

People were aware that there were ratings and inspections and some people had used these as the basis

for selecting their own care provider or consulted them when allocated one.

However, these were seen as occasional snapshots of the overall service and there was very little confidence that these related to the day-to-day quality of the experience they had within their own homes.

*"Nobody asked for any formal feedback on the package that is being provided and that's maybe, something that the local authority could do. It takes people a long time to get to accept a care package and if you don't know what good should be then you may be thinking that everybody's is like that or that is what you get."* Family Carer

**Key recommendation:** Healthwatch Northumberland to look at working with individuals and family carers to produce a 'quality aspirations' document for care providers in Northumberland. This would summarise in specific terms what people feel are the hallmarks of a quality service and include possible questions to ask. Commissioners could use this as contextual information at providers forums and receive feedback whether care providers find it helpful or have adopted any of the suggestions. (HWN/ASC)

## Conclusion

Ensuring that everyone who needs home care services has the best possible provision is challenging, and the additional difficulties caused by the COVID-19 pandemic cannot be underestimated. This summary report highlights a wide range of care experiences and examples have ranged from excellent to poor.

It is disappointing that the concerns of the previous Coquetdale Report, in terms of communication with the care providers, late and missed calls and the retention and training of staff still feature so prominently. However, as previously acknowledged there are many notable examples of good practice and wider economic issues have impacted on the social care system.

The recommendations are made to assist commissioners and providers to implement the responsive, effective and caring provision which everybody desires for the residents of Northumberland.

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## Northumberland County Council Adults Social Care Response

It is important that the council gets feedback from families and service users across social care and we are grateful to all those that provide us with that information.

The council commissions almost 30,000 hours of homecare per week and its second largest area of spend in contracted services. We're aware how important visit based homecare is for individuals and their families to ensure people are as independent as possible and this is reinforced in the report. This service area is under pressure particularly because of workforce issues and the report has picked up on that, offering recommendations, some of which are already underway.

The report is timely as we have restarted our quality improvement work with providers and we will address the issues we can through this, and internally with our own care manager services which have been reviewed recently to improve the offer that can be made to the public. Thank you to those who contributed to the research.

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## Acknowledgements

Healthwatch Northumberland and Dr Alison Killen gratefully acknowledge the invaluable contribution of those receiving home care and family carers who provided information about their experiences for this report.

## List of Key Recommendations

Theme	Recommendation	Lead Stakeholder
Experiences during the pandemic	Ensure home care staff are made aware of the appreciation of service users during COVID-19 by actively inviting positive feedback (such as sending service users pre-paid thank-you cards to complete) and ensuring any feedback received is passed on.	Home Care Providers
	Offer family carers a post-pandemic recovery and support review focused on their wellbeing. This could include signposting and information about how to manage any negative physical and mental effects in future lockdown situations.	Adult Social Care
Navigating the system	Promote home care services as a career option for men and consider whether recruitment and retention strategies adequately support male staff given the overwhelmingly female demographic.	Home Care Providers
	Provide family carers and service users with information about how to raise concerns, including anonymously and in accessible/easy read formats as appropriate formats. Encourage this with reassurances that this will not impact their on-going care.	Adult Social Care
	Provide written information about how the choice of care provider is made, and what makes the particular choice the best one for the service user and how their provision is monitored and check that this is understood.	Adult Social Care



Theme	Recommendation	Lead Stakeholder
Navigating the system	Provide accurate information to care staff, and service users regarding travel time especially in rural areas so that people know realistically when care staff will arrive. Encourage feedback and listen to any concerns from service users.	Home Care Providers
	Explore ways to ensure care providers provide a rota for service users and let them know of any changes to the rota. Review service users experience after a year to see if this has been put in place and whether it has been successful.	Adult Social Care
	Ensure service user/family carer feedback is included in regular performance supervision for care workers.	Home Care Providers
	Provide a basic level of training for carers supporting people with particularly complex health conditions in understanding the condition as well as the care needs. Inform the family or service user that staff have received training about their condition.	Home Care Providers
	Provide all staff with 'hello my name is...' name badges as used in the NHS. make introducing themselves and reintroducing themselves each time they visit for people who may not remember them a first step for all care calls.	Home Care Providers
	Investigate offering family carers a session with a community physiotherapist and/or occupational therapist to assess any training needs related to their caring role. For example, lifting and handling and safe positioning.	Adult Social Care

Identify system for check in with service users who may be less able to ask for additional services. Make sure all reasonable adjustments are in place for them to communicate their needs (language differences, learning disability, hearing or visual impairment, other vulnerabilities).

Adult Social Care

#### Quality

Healthwatch Northumberland to look at working with individuals and family carers to produce a 'quality aspirations' document for care providers in Northumberland. This would summarise in specific terms what people feel are the hallmarks of a quality service and include possible questions to ask. Commissioners could use this as contextual information at providers forums and receive feedback whether care providers find it helpful or have adopted any of the suggestions.

Healthwatch Northumberland and Adult Social Care

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