

Report of Domiciliary Care Service

Stakeholder Engagement

and

Report Analysis 2014

Enc 1

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Report of Domiciliary Care Service Stakeholder Engagement and Report Analysis 2014

1 Executive Summary

All the information gathered support three key requirements for a good quality domiciliary care service and can be summarised as:

- good communication systems;
- good management systems; and
- well trained staff.

Focusing on these key requirements will achieve the outcomes highlighted in yellow in the Adult Social Care Outcomes Framework (ASCOF) 2014/15 and the National Institute for Health and Care Excellence (NICE) Home Care Guidance 2014 (Appendix 1 and 2) :

2 Background

The scope for the procurement of domiciliary care has recently been extended to include all care groups. Some consultation has already been conducted with people with learning disabilities and their carers. This report consolidates the findings from the satisfaction surveys carried out in 2011-12, complaints reports from Southampton City Council (SCC), interview with sensory services in 2013 and service user focus groups in 2014.

3 Purpose

To ensure that the Domiciliary Care Service Specifications reflect how service users say they would like the service delivered in practice.

4 Methodology

A mixture of primary and secondary research was used to inform this report.

Primary research consisted of:

- focus groups with adult service users; and
- interview with Sensory Services Team.

Secondary research consisted of analysis of the following reports:

- Service User Satisfaction Survey 2011-12;
- Buzz Network Short Break Event May 2013;
- Children's Domiciliary Care Needs Analysis August 2013;
- SCC's Complaints (April 2012 – October 2013); and
- SCC's Adult Social Care Survey 2014

5 Findings

5.1 Service User Focus Groups and Report Analysis

Twelve focus groups with adult service users were held, with approximately 70 people: all adult care groups were covered as some groups were mixed. The reports of the Buzz Network Short Break Event, Children's Domiciliary Care Needs Analysis and SCC's Complaints (April 2012 – October 2013), were analysed. A summary of the combined results from the focus groups and reports analyses can be seen in Appendix 3 Service User Focus Groups and Reports Analysis.

5.1.1 Key Requirements

The requirements that were most important to service users largely reflect the results of the surveys in Section 1 of this report and were:

- good communications skills between agency staff (office & care workers) and service users;
- agency workers that have an attitude fit for the job;

- carers are provided with the training to have the functional skills and professional competencies to meet the needs of service users;
- carers are consistent and reliable, but flexible;
- agencies have:
 - good organisational systems;
 - high staff retention;
 - range of staff to match appropriately to service user;
 - a key worker system; and
 - realistic rotas that take into account travel and the needs of service users;
- care plans are outcome focused, and understood by all; and
- service users are in control of their care.

5.2 Interview with Sensory Impairment Team

When domiciliary care is required there are limited agencies that can meet the communication requirements of service users and so support has to be delivered focussing on both areas:

- personal care from a domiciliary care provider; and
- communications provision from a qualified support agency (qualified in sensory impairment communications)

This is expensive as on top of the domiciliary care cost the support worker is approximately £30/hr, however the volume of packages are too low (at present) to attract services¹ with specialist sensory impairment workers to provide a service in Southampton.

5.2.1 Key Requirement

As the population ages, more people will have visual/hearing/dual impairment, the requirement is therefore:

- agency frontline and office staff to attend Sensory Awareness Training².

5.3 Service User Satisfaction Survey 2011-12

The total weekly hours of care delivered by the Older Peoples Framework Agreement and spot providers is approximately 11827 per week. This is an increase of approximately 5-6% since February 2012. Regular surveys are carried out by the Quality Team to cover all providers; feedback from these surveys covers approximately 10% of service users. Evidence from the surveys highlight that where there are deficits in delivery, it is mainly an agency organisational issue. A high percentage of service users report good levels of overall satisfaction with the care they receive.

5.3.1 Key requirements

The survey quite clearly identified the key features that ensure a good quality service. The two most important to service users were:

- good communication by the provider to the service user, through the care worker where appropriate, and if not appropriate service users should be told why; and
- consistent, reliable care workers. If service users have regular carers who they come to trust, the quality of the care they receive is good. Quality deficits very often occur because of organisational failings, for example when service users receive care from a large number of carers, and their service is not consistently programmed, the quality of the care received is much more likely to be poor. It is therefore vital that providers have:
 - adequate office resources to ensure good communication and programming and an ability to thoroughly audit and update paperwork;
 - sufficient supervisory staff to support and monitor field workers; and
 - robust absence monitoring.

¹ Only two companies are known of that can provide specialist workers and domiciliary care in one package: Glyn and About Me.

² Contact SCC Sensory Awareness Team for current ½ day 'Hearing/ Visual/ Dual Sensory Loss Awareness' courses

5.3.2 Other requirements:

- well trained staff, both during induction and throughout a carer's employment
- flexibility
- good recruitment and retention – deficits impact on the ability of providers to meet the demand for care
- positive working relationship with commissioning, where deficits are identified, a common positive approach to improving service delivery is vital
- service users feel they have choice and control over the service provided
- service users are treated with dignity and respect

5.3.3 Supply and availability of care

Supply of care from the framework providers can be poor, particularly at weekends. Almost all have had major organisational problems which have impacted on the ability to increase output. Despite this there is an overall 85 – 90% satisfaction rate amongst those interviewed.

The spot providers frequently deliver smaller volumes in more concentrated areas. They can be eager to support demand but realistic to the challenges when faced with covering a wider area. They appear to be more successful in recruiting and retaining staff. Smaller size probably enables a provider to know its staff and service users better. They are often more successful in meeting the needs of the more complex service user.

5.4 Adult Social Care Survey 2014

The relevant questions in the 2014 Adult Social Care Survey were analysed and the respondent's comments that relate to domiciliary care can be found in Appendix 4 Adult Social Care Survey 2014. Q25 asked respondents what made them feel unsafe, the majority of the answers that domiciliary care can effect, are related to falls: knowing that a carer will be coming *may* alleviate some of their fears. Of those that responded to the survey (144 of approximately 1,800) the majority were either extremely, very or quite satisfied with the service provided. The analysis supports the findings in Section 5.1 and 5.3 of this report and is incorporated into Table 1. Key Requirements for a Quality Domiciliary Care Service and their Relationship to the Outcomes in ASCOF 2014/15 and NICE Home Care Guidance 2014.

6 Summary

Table 1 lists a summary of the key requirements for a quality service, and the relationship between them and the detail of these requirements, and the outcomes that would be achieved within the ASCOF 2014/15 and NICE Home Care Guidance 2014.

Table 1. Key Requirements for a Quality Domiciliary Care Service and their Relationship to the Outcomes in ASCOF 2014/15 and NICE Home Care Guidance 2014

Key Requirement of Agencies	Detail	ASCOF 2014/15	NICE Home Care Guidance 2014 *
Good Communication Systems	Between: <ul style="list-style-type: none"> • Carers on rotas so that e.g. what is promised to the service user for next day is achieved 	<ul style="list-style-type: none"> • 1A Quality of life • 1B Control • 3A Satisfaction 	<ul style="list-style-type: none"> • 2 Continuity • 7 Quality of life
	<ul style="list-style-type: none"> • Service user ↔ agency ↔ carer (↔ service user**), for communication of e.g. <ul style="list-style-type: none"> ○ notice if carer will be late ○ staff changes ○ service user will be late ○ service user doesn't want / need call <p>* It may not be efficient for service users to have</p>	<ul style="list-style-type: none"> • 1A Quality of life • 1B Control • 4A Safeguarding • 4B Safeguarding 	<ul style="list-style-type: none"> • 3 Choice, control, dignity • 10 Safeguarding • 7 Quality of life

	direct contact with carers, if this is so it should be explained to them why.		
	Out of hours emergency contact number information	<ul style="list-style-type: none"> •4A Safeguarding •4B Safeguarding 	<ul style="list-style-type: none"> •10 Safeguarding
	Various communication methods offered to clients - text /email /phone /letters	<ul style="list-style-type: none"> •1B Control 	<ul style="list-style-type: none"> •3 Choice, control, dignity
	Standard of English	<ul style="list-style-type: none"> •1B Control •3A Satisfaction 	<ul style="list-style-type: none"> •3 Choice, control, dignity •4 Independence
Good Management Systems	Adequate office resources and robust management of staff: <ul style="list-style-type: none"> •Absenteeism •Lateness / no arrival •Key worker system 	<ul style="list-style-type: none"> •1A Quality of life •4A Safeguarding •4B Safeguarding 	<ul style="list-style-type: none"> •4 Independence •7 Quality of life •10 Safeguarding
	Working conditions retain staff	<ul style="list-style-type: none"> •3A Satisfaction 	<ul style="list-style-type: none"> •2 Continuity
	Timely communications including billing	<ul style="list-style-type: none"> •1B Control 	<ul style="list-style-type: none"> •3 Choice, control, dignity
	Realistically timed rotas (to allow for travel time and enable care to be given at service user pace) provided to service users weekly, with name of carers	<ul style="list-style-type: none"> •1B Control •1I Social Contact 	<ul style="list-style-type: none"> •3 Choice, control, dignity •4 Independence •5 Daily living activities •6 Social involvement
	Diversity of staff to match appropriately to service users needs.	<ul style="list-style-type: none"> •1A Quality of life •3E Dignity 	<ul style="list-style-type: none"> •3 Choice, control, dignity •7 Quality of life
	Outcome focused Care Plans to include: <ul style="list-style-type: none"> •social & domestic needs and flexibility within those needs •emergency care 	<ul style="list-style-type: none"> •1A Quality of life 	<ul style="list-style-type: none"> •3 Choice, control, dignity •4 Independence •5 Daily living activities •10 Safeguarding
	Carers knows individuals Care Plans before starting to work with them	<ul style="list-style-type: none"> •1A Quality of life •1B Control •3E Dignity •4A Safeguarding •4B Safeguarding 	<ul style="list-style-type: none"> •3 Choice, control, dignity •7 Quality of life •10 Safeguarding
	Service users involved in choosing carer	<ul style="list-style-type: none"> •1B Control •3E Dignity 	<ul style="list-style-type: none"> •3 Choice, control, dignity
Well Trained: <ul style="list-style-type: none"> •Office and Care Staff 	<ul style="list-style-type: none"> •Dignity of service user •Staff attitude •Equality & diversity (inc. possible conditions of service user) •Sensory Impairment Awareness •Communication skills e.g. reflective listening •Organisation's induction to include communication systems & use of ID 	<ul style="list-style-type: none"> •1A Quality of life •3E Dignity •4A Safeguarding •4B Safeguarding 	<ul style="list-style-type: none"> •3 Choice, control, dignity •10 Safeguarding
<ul style="list-style-type: none"> •Care Staff 	<ul style="list-style-type: none"> •Life skills •Food hygiene & nutrition •Personal care & equipment use •Medications & infection control •First Aid 	<ul style="list-style-type: none"> •1A Quality of life •3E Dignity 	<ul style="list-style-type: none"> •3 Choice, control, dignity •4 Independence •7 Quality of life •9 Health

All of the key requirements will potentially affect Outcome 1, 8 and 11 of the NICE Guidelines, namely:

- 1) Service user and carer satisfaction
- 8) Service users', and their families and carers', experience of home care
- 11) Economic outcomes (including resource use and impact on other services)

There were three issues that service users listed that are outside of the realms of the Service Specifications. Namely:

- supported living and domiciliary care funding should be under one umbrella to allow for more flexibility in care provision;
- combining the councils and care agencies complaints procedures; and
- the councils contract monitoring systems

❖ Appendix 1 Adult Social Care Outcomes Framework (ASCOF) 2014/15

Table 1. ASCOF 2014/15: at a glance

ASCOF Ref	Indicators
1	Enhancing quality of life for people with care and support needs
	Overarching measure
1A	Social care-related quality of life** (NHSOF ²)
	Outcome measures
	People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
1B	Proportion of people who use services who have control over their daily life
1C	New definition for 2014/15: Proportion of people using social care who receive self-directed support, and those receiving direct payments
	Carers can balance their caring roles and maintain their desired quality of life
1D	Carer-reported quality of life** (NHSOF2.4)
	People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation
1E	Proportion of adults with Learning disabilities in paid employment** (PHOF 1.8, NHSOF 2.2)
1F	Proportion of adults in contact with secondary mental health services in paid employment** (PHOF 1.8, NHSOF 2.5)
1G	Proportion of adults with Learning disabilities who live in their own home or with their family* (PHOF 1.6)
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support* (PHOF 1.6)
1I	Proportion of people who use services and their carers, who reported that they had as much social contact as they would like* (PHOF1.18)
2	Delaying and reducing the need for care and support
	Overarching measure
2A	Permanent admissions to residential and nursing care homes, per 100,000 population
	Outcome measure
	Everyone has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
	Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.
2B	Proportion of Older people (65 and over) who were still at home 91 days after discharge from hospital into reablement and rehabilitation services* (NHSOF 3.6i + ii)
2D	New measure for 2014/15 The outcomes of short-term services: sequel to service.
Placeholder 2E	The effectiveness of reablement services
	When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence.
2C	Delayed transfers of care from hospital, and those which are attributable to social care.
Placeholder 2F	Dementia - a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life** (NHSOF 2.6ii)

3	Ensuring that people have a positive experience of care and support
	Overarching measure
	People who use social care and their carers are satisfied with their experience of care and support services.
3A	Overall satisfaction of people who use services with their care and support
3B	Overall satisfaction of carers with social services
3E	Improving people's experience of integrated care** (NHSOF 4.9)
	Outcome measure
	Carers feel that they are respected as equal partners throughout the care process
3C	Proportion of carers who report that they have been included or consulted in discussion about the person they care for
	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
3D	Proportion of people who use services who find it easy to find information about services
	People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.
	This information can be taken from the Adult Social Care Survey and used for analysis at the local level.
4	Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm
	Overarching measure
4A	Proportion of people who use services who feel safe** (PHOF 1.19)
	Outcome measure
	Everyone enjoys physical safety and feels secure. People are free from physical and emotional abuse, harassment, neglect and self-harm. People are protected as far as possible from avoidable harm, disease and injuries. People are supported to plan ahead and have the freedom to manage risks the way that they wish.
4B	Proportion of people who use services who say that those services have made them feel safe and secure
Placeholder 4C	Proportion of completed safeguarding referrals where people report they feel safe

* Indicator shared: the same indicator is included in another outcomes framework, reflecting a shared role in making progress.

** Indicator complementary: a similar indicator is included in another outcomes framework and these look at the same issue.

Placeholder = a measurement that is being developed.

Outcomes relevant to the key requirements requested by stakeholders as detailed in Table 1. Key Requirements for a Quality Domiciliary Care Service and their Relationship to the Outcomes in ASCOF 2014/15 and NICE Home Care Guidance 2014

❖ Appendix 2 National Institute for Health and Care Excellence (NICE) Home Care Guidance 2014

The NICE 2014 Guidance for Home Care's main outcomes are:

- 1) service user and carer satisfaction
- 2) quality and continuity of care
- 3) choice, control and dignity for service users
- 4) ability to maximise and maintain independent living at home
- 5) ability to carry out activities of daily living
- 6) social involvement, isolation and loneliness
- 7) service user quality of life outcomes (both health and social care-related)
- 8) service users', and their families and carers', experience of home care
- 9) health-related outcomes
- 10) safety and adverse events
- 11) economic outcomes (including resource use and impact on other services)

Outcomes relevant to the key requirements requested by stakeholders as detailed in Table 1. Key Requirements for a Quality Domiciliary Care Service and their Relationship to the Outcomes in ASCOF 2014/15 and NICE Home Care Guidance 2014

❖ Appendix 3 Service User Focus Groups and Reports Analysis

Table 1. Domiciliary Care Stakeholder* Engagement 2014 - What Makes a Good Service

Communication / Attitude	Time	Functional	Competencies	Domiciliary Management
Polite & friendly with no moaning at the cared for person	Punctual: especially when cared for has appointments	Domestic help needed to keep house hygienic	Equalities e.g. knowledge of the key needs of care groups / religions / cultures	Care Plan understood by all: cared for; carer; & agency
Being helpful, doing little jobs even if not on Care Plan e.g. tidy towels up after a bath, doing up zips & buttons	Flexible to suit needs e.g. getting up, going to bed, going out	Help with social activities: going out, meeting friends, going on holiday	Knowledge of life skills so can teach cared for to enable independence e.g. catching a bus, cooking, finance	Matched to cared for person: especially for personal care consider appropriate age and/or gender
Domiciliary Carer and Supported Living Carer communicate so nothing is missed out	Reliable	Help with shopping	Food hygiene & nutrition	Where possible communicate with cared for person directly not through carer
Trustworthy	Adequate time for tasks		Sensory impairment awareness: single and dual diagnosis	Continuity of carers, particularly important for personal care
Treated with dignity	Flexible what time they call		Medication	Transparent, honest & trustworthy
Requests / instructions listened to and acted upon appropriately			Personal care	Able to request carer not to come
Flexible in tasks			Able to sign Makaton	Weekly carers rota to cared for
			Infection control	Choice in carer
				Notice of when carer on annual leave
				Adequate staff to cover sickness etc

Key

Most important

* Spectrum, Buzz Network, Continuing Healthcare, Sembal House, Manston Court Memory Cafe, Padwell Rd Day Centre, Headway, Freemantle and Woolston Community Centre Learning Disabilities Groups; Busy People, SCC Complaints for domiciliary care, SCC Sensory Services Team - covering the following care groups: physical disabilities; mental health; children; continuing healthcare; dementia; older people; acquired brain injury; learning disabilities

Table 2. Domiciliary Care Stakeholder* Engagement 2014 - What Makes a Bad Service

Communication / Attitude	Time	Functional	Competencies	Domiciliary Management
Inappropriate communication: rude; angry; bullying	Carers not turning up - can be a safeguarding issue e.g. if miss medication	Not having enough carers to be able to do emergency tasks e.g. pick cared for person up from the floor when they fall	Signs of stroke: signs have been mistaken for e.g. tiredness and therefore carer left home without calling emergency services	Bad communication inc. forwarding information to carers. Should be able to contact carers directly to e.g. say you'll be home late
Cared for not being listened to	15 minutes isn't enough time for e.g. elderly: get to go to loo or have a meal but not both		No training in treating with dignity	Requests e.g. not to have a particular carer/gender specific carer, are not logged
Poor communication	Lateness - very disruptive to life	Carers should report 'house' things to the office e.g. no curtains, broken fridge	Don't prompt to take meds	Staff leaving too often
Not trustworthy	Travel time not accounted for, so carers either late or leave early		No catheter training	Inappropriate age / gender of carer for personal care
Don't always double lock the door when leaving	Too much clock watching / being rushed by carers		Can't use stair lift	No information given when carers don't turn up
Disrespectful e.g. taking chocolates without asking, not knocking to enter house, moving things around without asking	No flexibility		Doesn't know there are different stages/degrees of dementia - I know how to eat, don't need to be fed	Don't send bills in a timely way - let it build up until very expensive
If it's not written on the Care Plan the carer won't help with a task	Not sticking to timetables and keeping cared for informed of changes		Carer doesn't understand my disability	Supervision of visits: carers writing in log book on e.g. Tuesday they visited on e.g. Monday
Doing their own thing when should be looking after cared for person				Changing carers / times - particularly at short notice & with no consultation
Some carers can't speak understandable English				Cared for not on any carers 'list of calls' for a particular day/s
Carers don't really care about the job				No emergency contact outside of 9-5
				Carers don't always wear ID
				Carer and cared for rotas aren't always the same

				Bed times not appropriate e.g. in plan, because carer late
				Inconsistent care: one carer says 'nice bit of fish tomorrow' then next carer can't cook - no fish!
				Would like changes to be sent by text / email
				No staff to cover for sickness etc

Key

 Most important

* Spectrum, Buzz Network, Continuing Healthcare, Sembal House, Manston Court Memory Cafe, Padwell Rd Day Centre, Headway, Freemantle and Woolston Community Centre Learning Disabilities Groups; Busy People, SCC Complaints for domiciliary care, SCC Sensory Services Team - covering the following care groups: physical disabilities; mental health; children; continuing healthcare; dementia; older people; acquired brain injury; learning disabilities

Table 3. Domiciliary Care Stakeholder* Engagement 2014 - What Should Change

Communication / Attitude	Time	Functional	Competencies	Domiciliary Management
Friendly, polite	Travel time accounted for	Flexible in practical support to account for cared for persons changing needs	A good training programme to include all things on 'like' and 'dislike' lists	Cared for on interview panel / can choose carers / specify characteristics (age, gender etc)
Flexible when they come and what they do	Keep to agreed times	Supported Living and Domiciliary Care funding under one umbrella - more flexible	Required standard of English for communication purposes	Check attitude when interviewing - do they really want to work in the care industry / are they suitable?
See cared for as a person and not defined by their disability / age etc	Realistic time for care, taking into consideration the individual age / disability etc.	Council to be included in Complaints Procedure - so one point of call for complaints	Continuing professional development to keep up to date with issues / law etc	Person centred Care Plan that is outcome focused (rather than task focused) and flexible e.g. will enable cared for to try different activities
		Council to monitor agency regularly	Office staff should be trained so they understand cared for persons views	Have good communication system and ensure everyone is trained and adheres to it
				Have a key worker system
				Be friendly and approachable
				Consistent carers, particularly for people with dementia
				Carers need decent pay
				Carers should have time to read and understand the Care Plan before the first visit - including what to do in a crisis for THAT person
				Itemised billing

Key

Most important

* Spectrum, Buzz Network, Continuing Healthcare, Sembal House, Manston Court Memory Cafe, Padwell Rd Day Centre, Headway, Freemantle and Woolston Community Centre Learning Disabilities Groups; Busy People, SCC Complaints for domiciliary care, SCC Sensory Services Team - covering the following care groups: physical disabilities; mental health; children; continuing healthcare; dementia; older people; acquired brain injury; learning disabilities

❖ Appendix 4 Adult Social Care Survey 2014

The following are answers to the questions within the Adult Social Care Survey 2014 that relates to domiciliary care services.

Q1) regarding overall satisfaction with the domiciliary care service provided.

ASCS 2014 Domiciliary Care Respondents Question 1

Number of responses	Satisfaction	% of responses
43	I am <u>extremely</u> satisfied	29.9
46	I am <u>very</u> satisfied	31.9
37	I am <u>quite</u> satisfied	25.7
10	I am <u>neither satisfied nor dissatisfied</u>	6.9
4	I am <u>quite</u> dissatisfied	2.8
3	I am <u>very</u> dissatisfied	2.1
1	I am <u>extremely</u> dissatisfied	0.7
 Total	 144	 100.0

Q22) If your current services better meet your needs compared with a year ago, how do they better meet your needs? Domiciliary Care Recipients Only

Comment
From 7.30am til 10pm, support workers on site. I am able to call them if I need further support. This includes during the night when staff sleep in a separate flat.
I now get help with my housework
I have my own cleaner. Comes in once weekly for 2 hours. I pay for 1 time.
The main reason is I have regular young ladies that are quite reliable, before I really never knew who was coming in
After a fall and also my arthritis has got much worse, the morning carer does more for me
I can go to bed and get up when I like
Increase of time
I do not get any help from services. DO NOT send MEN to wash me. I can wash myself
Can visit the community more, more finances to do things

Question 23) If your current services do not meet your need as well as they did last year, why? Domiciliary Care Recipients Only

Comment
Last year I could get [care?] at a time I wanted to
Not enough [carer] time
In general terms, the care agency have not catered adequately for my needs since I have moved to this address
It is very seldom when I can do some domestic work that our flat is required. Moreover at the moment I even am able to go out and leave my child at school. I need help in this area. [ACTIONED by MIT]
I would like a key worker from Social Services. I would like more hours for support. Help with day to day goals in life.

Question 24) If there was one thing we could do to improve the services you currently receive, what would that be? Domiciliary Care Recipients Only

Comment
I would like extra time and more mileage [ACTIONED by MIT]
Carers to complete tasks outlined in the care plan
Not to pay for carers that do not come to me and to have all the time I pay for
My mother does enjoy a regular carer who knows and can sense when she's not right. I know its difficult

to get a regular carer but the ones who are regular to my mother it's a good thing. When I'm not there I know she is being treated with care and respect. Especially tea or lunch time when mum says she doesn't want any food the regular carer will make her a sandwich which she will probably eat on her own. I know it's difficult to get a regular carer but it helps not saying a stranger will be any less caring but it gets along her confidence [??]
Choose carers that are very suited, listen to requests, [name of carer] are in tune with us. We do need regular times, carers not to ask [client] if she needs commode, she will sometimes say 'No' when she does, not to put too much on her plate such as bread, biscuits, cake, little [??]. Make sure she has wash at night also, 4.30 is too early to get her ready for bed. Remove gloves when preparing food, have discussed this with [care manager?] she has agreed to do this.
I would prefer the carers to arrive at set times
Better care agency office consideration and more consistent evening care
Turning up at a regular time
Your staff to have 4 x 4 when it snows!
It would be better if the carers (who come twice a day) could stay longer than 10 minutes and could then have a chat with me
More [carer] time; carers coming at times agreed not hours earlier; carers not rushing in and then say 'I don't have much time'; carers wiping kitchen surfaces after food preparation; washing dishes
Someone to take me out [ACTIONED by MIT]
That carers arrived at the same time each morning, rather than staff time changing when the carer changes
As the carer for my wife [named] I am only aware of the services now provided – I find these very good and much appreciated
Having regular people to attend me
To be more informed with other people needs to be stimulated
Stop being so patronising make sure you know what to do before entering house get to know the person don't just be there because it is my job!!!
Never told about anything, left in dark all the time about any help – no organisation helps or tries to, have to fight for everything then don't get it. The services / medical help is useless and never turn up everything is a battle for my family
I would like my support workers to be able to take me on holiday
More contact from Social Services.
I want to learn to read and write. I struggle with numbers. I want to learn to cook
Remind me to put prescription in on time before [I] run out of medication
[name of provider] could improve – not sure what, staff are good

Q25) If you answered that you felt unsafe in question 7a on page 9 what is it that makes you feel unsafe? Add as many issues as you want. Domiciliary Care Recipients Only

Comment
I don't breathe very well so I have to keep stopping to get my breath as I can't walk very far. Feel unsafe getting in bath. To bath or shower so I don't have one [ACTIONED by MIT]
My mobility makes me feel unsafe because I am afraid of falling
I can only get around with the help of my walker. Also getting out of chair
My mobility makes me feel unsafe
When I am alone I have to be very slow and careful to avoid falling, but I wear an Age Concern Personal Alarm to use if and when I fall
Would like to attend a day centre
Falling
Unable to walk properly. COPD. Loss of balance
Epilepsy seizures, dizziness, depression, high blood pressure
Fear of falling inside or outside of flat