



Enter & View Report | Domiciliary Care

Authorised Representatives
Jacqueline Canning, Karen Crampton

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healthwatch
Wirral

What is Enter & View?

Healthwatch has statutory powers and duties to carry out Enter and View visits to any site where regulated care is given. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and can make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the firsthand perspective of people who use, or provide, the service.

Healthwatch can also be invited in by providers to seek a 'fresh pair of eyes' on their service and gain some external assurances that they are on the right track prior to their CQC inspections.

Foundations of Quality

'Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved, and valued at each part of the journey. We should all feel confident that we are either giving or receiving quality care.' *Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System*

Acknowledgements

With thanks to management and staff at Professional Carers. All images used had consent to publish.

Type of Visit Undertaken

Purpose of Visit

Familiarisation

Methodology

This visit is not designed to be an inspection, audit, or investigation; rather it is an opportunity for Healthwatch Wirral to get a better understanding of

the service by seeing it in action and talking to staff, service users and carers /relatives. The familiarisation visits provide a snapshot of the service and findings are reported based at the time of the visit.

Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. If, during a visit, Healthwatch Wirral identifies any serious concerns, these will be referred to the appropriate regulator. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation and our visit will cease with immediate effect.

Why Domiciliary Care?

The legislation allows Healthwatch Wirral to enter and view communal areas in health and care settings; and only in private rooms if invited. For that reason, Domiciliary Care has been a difficult area to visit and observe.

Healthwatch Wirral recently worked with local Domiciliary Care agencies to gain an understanding of the issues they faced during the COVID-19 vaccination programme. We did this via telephone conversations as face-to-face visits had not resumed.

Our conversations highlighted the problems the

services have faced through COVID-19 and its aftermath. The pandemic has shone a light on how much support domiciliary care offers, including other healthcare professionals such as District Nurses, GPs and pharmacies.

Healthwatch Wirral had previously received some negative feedback from residents regarding domiciliary care in general. Based on this evidence we embarked on a ground-breaking initiative to investigate, observe, and interact with the cared for, their carers and the care workers.

Adaptations to our Methodology

The changes to our previous methodology are outlined below.

We began by creating a simple flow chart to show the process of gaining permission and authorisation for engagement with service users, agencies, and care workers. The visits are undertaken following a robust risk assessment.



Organisation Introduction

Professional Carers is a Home Care Provider which has been operating for over 24 years in Wirral. They are a family run company. There is a workforce of over

150 staff in a variety of roles and operate from a Head Office and dedicated Training Centre in Wallasey.

They are contracted providers with the Local Authority and NHS, delivering Care at Home Services in the community, within Extra Care and more recently via a 'Mobile Nights' service [due to commence in April 2022]. They operate 24 hours a day, 365 days a year.

The service is managed and supported by the Company Directors [x3], an Extra Care Scheme Manager [x1], an office Deputy Manager [x1], Trainer [x1], Care Coordinators [x5], Trusted Assessors [x2] and a team of Community Care Supervisors [x 5]. Each role is in place to support the workforce and help ensure the highest standard of care is being delivered. In addition to this, the team also recruit several 'Senior Carers' who support the care teams in the field acting as a dual role of Carer and Senior.

Professional Carers currently provides care to 350 clients, consisting of a mix of private funded care, direct payments and individuals supported through Adult Social Care.

Recruitment and retention of staff is a major problem within the care industry generally.

To address this issue Professional Carers have introduced the following incentives.

The company use 'Care Friends', a system that allows them to award points for certain things such as:

- Referring a friend to apply for employment with PC can earn [up to £250 per referral]
- Going above and beyond in the line of duty
- Excellent attendance
- Helping shadow and mentor new care workers

Staff reported that they feel valued using this scheme - 1 point = £1 which they can then cash into their wages.

Professional Carers also present awards for 'Team Member of the Month' - they have a communal board where staff can write positive comments about their colleagues. Each winner gets a special 'Team member of the month badge' and an extra day of annual leave.



I was worried when COVID hit and how we would cope, but teamwork and morale has been excellent. We have worked well to keep our service users safe.



Thank you for letting me be a part of the Professional Carers team.



Process



Findings and Observations

St Oswald's Court Independent Living

This Independent Living facility, completed in March 2020, is owned and maintained by Inclusion Housing. Residents pay rent directly to owners; rent does not include furniture or soft furnishings. It does include heating but not Council Tax.

An accessible car park leads to a secure entrance with bell for attention and key code entry, then into an attended reception.

The building has 27 self-contained one-bedroom apartments with wet room. The living accommodation comprises a kitchen/dining area and a sitting area with patio doors looking onto pleasant gardens.

An extra communal bathroom with accessible bath is available for residents' use.

General activities are held regularly in the communal lounge. There is an information notice board for residents where Public Liability insurance, photos of staff members and upcoming events were displayed.

Clients live independently with additional support



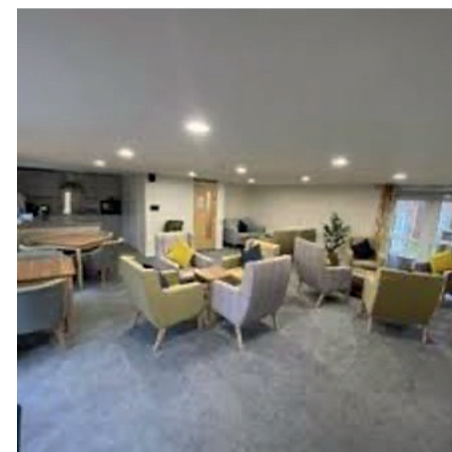
from the agency as required and identified in their care plan. The agency can provide personal care as well as home support (such as cleaning, food prep).

Staff have NVQ 3 Supported Living Training, basic first aid, medication awareness and in house manual handling. Tunstall Emergency alarm units are carried by staff and clients. There are 3 staff on call 24/7. The home uses Teletriage and has good relationships with the local GP practice and pharmacy.

Training in the use of evacuation chairs was recently introduced.

COVID guidance appeared to be followed correctly with staff wearing full PPE and hand sanitizers located at each doorway, although 2 containers were empty on the day of our visit.

A staff area is located on



the ground floor with a communication book for staff, including individual GP notes (if not already updated onto individual care plan).

General observation - Care workers had noticed a deterioration of mental health in some service users since lockdown. Noting this, staff encourage service users to participate in activities with other residents to alleviate loneliness and isolation, which can often contribute to mental health issues.

St Oswald's - Meeting Service Users

All service users had received a Healthwatch Wirral letter via PC and had given written consent for Healthwatch to visit them. The letter introduced Healthwatch, asked for consent and explained why we were there.

We engaged with five clients with varying needs and disabilities. The care they receive from Professional Carers varies from 1 - 5 visits a day. This can be personal care, general welfare checks, meal prep or cooking, getting up or going to bed, dressing assistance and light housework.

No clients had sensory or language difficulties although some had physical disabilities and required

wheelchair assistance.

All clients seemed well cared for and happy to be living at Oswald Court.

Most of the clients live independently with family or carers visiting for outings and shopping.

The clients all felt the care they received was very good with the care workers described as caring, friendly, and efficient.



The clients we spoke with said that they are involved in their care plan development. If changes are made, this is discussed with them and their family.

Most residents attended the activities provided by the agency, but one client told us it was a 'bit hit or miss'. They

suggested activities such as chair-based exercises or light yoga to help with mobility. They found just sitting in the lounge was not stimulating enough.

Another client disclosed they were worried about the cost of living there and the heating costs. The carer said a relative looks after their finances and they would inform the relative of the concern. We suggested passing on Healthwatch's number if they needed any further advice.

One client with mobility issues was concerned about access to the kitchen in their apartment i.e. kitchen not wheelchair friendly, plug sockets either too high or too low. This was hindering their ability to be independent. They are awaiting news of a grant to aid adaptations to improve accessibility. In the meantime, they rely on ready meals or family bring cooked food to them. Another client stated they were happier there than previous accommodation and felt much more secure at St Oswald Court.

Training with PC staff

We were privileged to attend and take part in the excellent training provided by Professional Carers trainer Helen Jozefek.



We attended training with 2 new members of staff in the well-equipped training facility, which is set up as a real home, where we observed the use of various manual handling

equipment and detailed moving techniques using slip sheets and hoists. Helen was thoroughly professional and knowledgeable, and made the experience both informative and interesting. She encouraged participation from everyone to gain confidence and competency in the use of the equipment.

In the classroom discussion was encouraged and video methods and case studies were used as examples.

HW asked how PC identified and treated pressure ulcers and urinary tract infections. Helen explained the





escalation process and a discussion followed with the new members of staff.

HW were able to take away an improved understanding of “Moving with Dignity” and tips including how

communication, technique, and training are essential for the safety of carers and the cared for.

Certificates are awarded upon successful completion of training. Trainer Helen is always available for support to staff for any new or ongoing issues.

Home visits with service users and staff

The care staff we accompanied have all worked for Professional Carers for many years and said they are very happy in their roles.

All seemed to know their service users very well and communicated with them and the families constantly

throughout the visits.

Care workers have access to counselling and support if needed via the company website. They have good support from office staff, who they can contact while out on calls to report changes and request equipment etc. All care workers receive ongoing training and appear to go above and beyond their allocated duties.



Professional Carers are signed up to pay care staff the Real Living Wage (as a minimum). Staff also receive 25p per mile travel costs with some care workers frequently working together as a ‘double up’ when required.

Observations

All care workers wore full PPE and used hand sanitizer before entering premises and discarded and disposed of PPE upon departure. The care workers explained the process, as this avoids cross-contamination.

The care workers announced their arrival upon entry, sometimes using the key safe. They introduced HW whilst going about their tasks.

Examples of tasks observed:

- Care worker encouraged service users to take medication and observed they were taking fluids. A glass of water/juice was left within reaching distance.
- Care worker offered to change the batteries on a client's hearing aid as they noted it had been a while since last changed. The hearing aid was inserted and care worker checked the client could hear better.
- Care worker explained to HW the escalation process for a suspected UTI or pressure ulcers as these are most common. Care worker appeared to closely monitor patients drinking habits and comfort.
- Care worker was observed routinely testing 'Lifeline' pendants to ensure they were working correctly.
- Care workers encouraged service users to open the curtains/blinds whilst discussing the weather and plans for the day, which was used to measure client's wellbeing and mood.

Case Studies

Client 'A'

Has dementia and receives 5 visits per day from PC due to incontinence. Two of the calls are during the night, allowing relatives to get some sleep.

Most of the time the client spends in bed. They receive assistance from PC to transfer to a chair using a hoist, to enable them to share a meal with family once a day.

Care workers needed to re-position the client using slip sheets and did this from a sitting position using a chair at the side of the bed. The bed could not be raised high enough for the Care Workers to work comfortably. Both care workers were confident yet kindly in their approach, talking to 'A' throughout the re-positioning process and reassuring them.

HW spent time talking to A's relative who had previously been a sole carer before Professional Carers. HW signposted to AGE UK, Wired for carer support.

Client 'B'

Refuses to take medication or leave their bed following a stroke several years ago. Client B used to sit out of bed with the help of care workers using a hoist, but now refuses despite continued encouragement from family.

Despite their immobility, the client appeared well cared for and comfortable and interacted with care workers and HW.

'B' has 4 visits per day by 2 care workers for each visit and receives 2 night-time visits. Care worker was observed engaging and providing comfort to patient. Drinking was encouraged and liquids left within reach.

Client's relative/carer appeared fit and well and happy with PC and the care team. Information given to relative re WIRED; relative attends coffee morning group locally.

Recommendations

St Oswald's Court

- Check sanitizers are fully replenished each day for use of staff and visitors.
- Ensure disabilities are considered when new tenant moves in. A risk assessment to be completed to

identify issues such as plug sockets and accessible kitchen/bathroom.

- Care plans should be updated regularly to include concerns such as accessibility etc.
- Activities could be more wellbeing related to increase independence such as chair-based exercises, quizzes, memory games and mindfulness activities to help stimulate positive mental health.

Home visits

- Training methods such as Moving with Dignity guidelines should be strictly adhered to, as demonstrated at training session i.e., ensuring correct bed height before commencement of personal care.
- No safeguarding issues were discussed.
- PC should actively encourage the clients, their families and staff to share their experiences on the Healthwatch Wirral Feedback Centre speakout.healthwatchwirral.co.uk This will ensure that the care agency receives independent and regular feedback to help improve/change their service.
- PC staff to receive HW Spare 5 training session to encourage signposting to other community services.

Conclusion

Healthwatch Wirral valued the opportunity provided by Professional Carers to gain an insight into the area of domiciliary care. Without their openness and cooperation, to work with Healthwatch Wirral as a critical friend, this unique exercise could not have taken place.

Professional Carers have demonstrated their dedication to improve the quality of care by ensuring their staff are well trained and supported and a willingness to use learning to improve. The staff appeared to be managed by an approachable, forward-thinking team. They appear to provide good community care delivered by caring staff, who are motivated by management incentives, rewards, and job satisfaction.

Distribution

Healthwatch Wirral will submit the report to the Provider, Commissioner and CQC. Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest.

Glossary

Dom Care - Domiciliary Care

HW - Healthwatch Wirral

PC - Professional Carers

CQC - Care Quality Commission

GP - General Practitioner

NHS - National Health Service

CW - Care worker

SU - Service user

UTI - Urinary tract infection

PPE - Personal Protective equipment

Comments From Agency

“We are honoured to have been one of the first Domiciliary Home Care Providers in Wirral to engage with Healthwatch in this manner, facilitating a Enter and View Inspection.

The feedback provided is really positive and we found the opportunity to have a critical friend visit our service a great way to learn and shape our care delivery. We are proud of the work conducted by our care teams and management, with this report evidencing that our efforts to deliver quality care are recognised and felt by the people we support. Thank you once again for the time spent engaging with our teams and service users and more importantly, thank you to our amazing staff who represented the Home Care industry in such as positive light.” - **Gary Nagle, Director of Operations**