

**THE PERSONAL CARE FRAMEWORK: MEASURING THE
IMPACT ON USERS**

**BY
HEALTHWATCH HOUNSLOW
2016**



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Executive Summary

The purpose of this evaluative survey is to review the impact of the Personal Care Framework (PCF) being embedded in the service and care provision among providers and how this has been received by care users and their representatives. The PCF aims to ensure that personal care providers are providing care and support in accordance with certain specifications. Our review has, therefore, focused on people in the borough who have received services and care by providers according to the PCF so as to establish how it has impacted on the main areas of care listed within the PCF.

This review is a follow-up from a previous survey of the PCF published in 2016 by Healthwatch Hounslow (HWH), which had reported numerous gaps in care and service provision.

To achieve our objectives we prepared an easy-read questionnaire, which was approved by the commissioners of this review. To gain access to our target group of users of PCF in Hounslow we approached local domiciliary care, extra care, and supported living and residential care homes which were listed in the CCG as care providers who had signed the PCF contract. In total, we contacted 24 providers via email and telephone calls. From the 24 care providers that we contacted, only 11 responded to us and there was some level of difficulty in contacting the remaining 11 providers.

In total, we received responses from 85 service users from diverse providers. We also contacted social services for their views on the PCF.

It is worth noting that one of the limitations of this report concerns the reliability of feedback from service users, due to debilitating illnesses and the advanced age of some respondents. As such, it is possible that the reliability of the responses we received may have been said to be compromised. However, not all of our respondents suffered from such cognitive impairments and the data may be showing the need to raise awareness around advocacy services. To counterbalance this limitation, we tried to identify suitable carers or staff members who understood our user respondents' disabilities or shortcomings and could facilitate the completion of our questionnaires on their behalf to the best of their ability.

The data gathered from our review shows that feedback from service users was generally positive. A few key findings:

- The majority (95.3%) of respondents were unaware of, or had never heard of, the PCF;
- The majority (70.6%) of them felt that care was delivered to them jointly by social workers, carers, and health professionals;
- The majority (83.5%) of the service users said the care they received also promoted independence and helped improve their quality of life;
- 82.4% of service users felt safe in their homes/residential care homes as opposed to in a hospital or nursing home;
- The majority (90.6%) of the service users reported they lived in a clean and tidy environment;

- 79% of service users said that they regularly meet their family/friends and take part in social activities. 6% of the respondents said they were not in contact with family and friends or engaged in social activities, either because they did not have family and friends or because they were confined to their beds;
- 85% of the service users felt that they had enough control over their daily life;
- A majority (92%) of the service users said they thought their carers were professional. 95.2% thought they were understanding and 87% thought they were patient, clearly explained medication matters, and were aware of their cultural and communications needs;
- The majority (87%) reported they had easy access to their medication with clear instructions. Only 2.3% reported a major incident over their prescription.
- Only 4.7% said the family member who cared for them had adequate respite care. These were respondents who were living independently in the community and accessing services from domiciliary care.

Based on our findings, we recommend raising the general awareness of the PCF and increasing awareness among users/their families/carers about how the system works, especially regarding payments for care services received. We recommend increasing and improving the communication between service providers from various sectors to further develop joined-up services for users; communication between care providers and the hospital discharge team could also be improved. We recommend increasing the access and presence of social services/social workers to help the implementation of PCF; addressing mobility issues for disabled residents of older buildings/accommodation; and increasing awareness around respite care. We suggest that social services needs to make sure that care services provided to users are of a sufficient duration, and are provided at times that are convenient to users/their families/carers. We recommend taking our projects and reviews as a useful expedient for ensuring quality care and service which puts the service users at the heart of every care.

Acknowledgements

On behalf of Healthwatch Hounslow (HWH), I would like to firstly thank all the care providers who corresponded with me on a professional level. Although we are aware that staff are busy and cannot always respond to our needs immediately, it was really useful when they did inform us of any delays or stated a date that they would be able to send through the information. These staff members helped us greatly in planning the report from an early stage and helped to shape its scope by influencing the topics we would cover.

The following staff members, from various organisations providing care services, offered help with accessing their service users: Jenimen Kandasamy and Justyna Saniukiewicz (Haven Care), Khadra Abdi and Lesley Clark (Nation Care), Jessica, Lisa, Shelly Watts and her colleagues, Allieu Kamara (De Vere Care), Cynthia Bayonito (Ashgrove), Martha Moran, Pratima Biston and Zohra Rahimi (Park Lodge), Mona Sehmi and staff (MNA Hounslow), Liam Ashton (Eleanor Nursing & Social Care) and Jessica Taylor and Lisa (London Care).

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Sangnuma Rai

Research Assistant

Healthwatch Hounslow

Introduction

The purpose of this evaluative survey is to review the impact of the Personal Care Framework (PCF) being embedded in the service and care provision among providers and how this has been received by care users and their representatives. According to the Hounslow Health and Adults Care Scrutiny Panel, the PCF aims to ensure that personal care providers are providing care and support in accordance with certain specifications. Our review has, therefore, focused on people in the borough who have received services and care by providers according to the PCF so as to establish how it has impacted on the following main areas of care listed within the PCF¹:

- Living in a clean and tidy environment;
- Keeping active and engaged in community life;
- Gaining access to social contact and company;
- Having control over everyday life;
- Support with medication; and
- Providing carers for people, their parents, and their families with access to respite.

In addition, this review has also tried to examine the extent to which the PCF has been in consonance with the Better Care Fund Programme in terms of the development of locality working to support people in the community, as opposed to a hospital or residential care home setting.

Background

This review is a follow-up from a previous survey of the PCF published in 2015 by Healthwatch Hounslow (HWH), which had reported numerous gaps in care and service provision². Much like the first report, the current report was also hindered with certain difficulties in contacting some of the service providers which have been described in this report. Furthermore, some of the findings and feedback reported in the previous report resonates with the findings from the current report.

¹<http://democraticservices.hounslow.gov.uk/documents/s112046/Item>

² The Personal Care Framework: Measuring the Impact, Interim Report by Healthwatch Hounslow, 2016.

Methodology

To accomplish our evaluation of the PCF through the perspective of local service users, we prepared an easy-read questionnaire which was approved by the commissioners of this review. Feedback from some providers was taken into account when drafting our users' questionnaire and special consideration was made for respondents who lack adequate mental capacity, or limitations faced by carers who may struggle due to language barriers. For example, care providers informed us that their service users were either not aware of the different bands of care or had forgotten about them since their initial assessment. It wasn't clear to us whether they were unaware because they had not been informed or had found the information provided confusing. Be that as it may, to make our questionnaire more user-friendly for service users, we removed our question relating to their knowledge of the three levels of banding of care which forms part of the PCF.

To gain access to our target group of users of PCF in Hounslow, we approached local domiciliary care, extra care, and supported living and residential care homes which were listed in the CCG as care providers who had signed the PCF contract.

In total, we contacted 24 providers via email and telephone calls. After explaining the aims and objectives of our review, we offered them three options to choose whichever suited them best. These were as follows:

1. To allow HWH access to those residents who are currently in receipt of services under the PCF along with any staff/carers who could facilitate our interacting with any resident/s that may lack mental capacity. This we felt would be ideal for care homes and residential care homes.
2. To allow HWH access to users by their joining staff who regularly visit service users in their homes.
3. To agree to deliver a hard copy of our users' questionnaire, along with a covering letter and self-addressed envelopes (SAEs) to return their completed questionnaires to us, to some of their clients receiving care in accordance with the PCF. This proved to be ideal for most users of domiciliary care.

Alternatively, we offered that the completed questionnaires could be collected by HWH staff in person.

Difficulties in contacting some providers

From the 24 care providers we contacted, only 11 responded to us. After reviewing the list of providers who received much scrutiny for unresponsiveness in our previous report, De Vere Care, Haven Care, and London Care were exceptionally accommodating to our current project. Eleanor Nursing & Social Care was last to respond as there was a change in manager midway through our project which we were not aware of. Nevertheless, the new manager, after assuming the role, helped us post the questionnaires to the service users. Mihome Care no longer operates and was one of the worst responders from the first study.

Our experience with other providers demonstrated that some of the problems encountered in the first PCF review have not been resolved. We had again encountered some out-of-date information about service delivery staff which had not been communicated to LBH or updated elsewhere.

As for the remaining 11 service providers, there was some level of difficulty in contacting them. There was some confusion faced by two providers – Avant Care and Mears Care – as to why they were contacted when the authorities had the necessary information. HWH was also directed by Mears care to contact the LBH to get approval for accessing their service users. Despite a statutory obligation that service providers respond accordingly to appropriate Healthwatch requests and despite raising our concerns about this from the first report care providers are still unwilling to share information or respond to requests.

Thus, although Seva Care corresponded with us and agreed to send our questionnaire and SAEs to their users, there was no reply from them when we contacted them later via email and telephone. Being listed as one of the providers who struggled to respond efficiently to HWH for the first PCF report, All Care was again one of the 11 providers HWH failed to engage with. Staff from All Care seemed confused when approached by HWH. During a call from HWH's Engagement and Volunteers Manager regarding an exercise, there was some misunderstanding about the nature of the call. Initially, a member of HWH's research team contacted the manager from All Care to discuss the PCF review and it was agreed that they would also send us an email. However, it transpired that during the call from HWH's Engagement and Volunteers Manager, All Care staff seemed confused about whether the call was regarding our PCF review which was mistaken for being part of the CQC inspection. Furthermore, the All Care member of staff who received our call appeared abrupt and dealt with our call unprofessionally. HWH also never received a reply email from All Care.

With providers such as Care Watch, QCL, and United Response, we found that contacting the right person (mainly the manager), was very difficult. We were repeatedly told that they were busy whenever we called them or that they were not present in the building. United Response handed over the task of communicating with us to another named person; however, despite this, there was no reply from their side. We think it is worth mentioning that

Quality Care was one of the providers who did not respond or send any data to HWH for the first PCF report and has remained as unresponsive and difficult to contact in the current PCF report.

In total, we were able to contact and request a total of 85 service users that were being provided with different services, from diverse providers, to respond to our users' questionnaire (please see Appendix). Feedback from users was collected through the post and one-to-one interviews. We accessed various users presenting a range of varying levels of need. Thus, while the users we contacted included some from within highly vulnerable groups, such as those with severe learning and other disabilities and often with very limited independence, we also accessed other users who were living on their own in their homes with comparatively far more independence than many others in our sample. We had to make use of facilitators when needed. Hence, due to the frailty and the complex needs of some of the care users, experienced staff and carers either facilitated or spoke on the users' behalf to complete our user questionnaire. This was especially the case for users with advanced dementia, young adults with learning disabilities (non-verbal), and adults with learning disabilities (non-verbal).

We also contacted social services for their views on the PCF, especially how the coordination between the PCF and BCF in terms of locality working is emerging within the community. In addition, family members of some of the users included in our review were also asked for their input and feedback so as to glean their views on the subject, and their appraisal of the provision available or how they compare the current living arrangements under the PCF with previous accommodations without the personal care provision. They were either present during interviews of users (for example, visiting the resident or volunteering in the organisation), or were contacted by us via telephone.

Limitations

One of the limitations of this report concerns the reliability of feedback from service users. The questionnaires were adapted to an easy-read format to best suit service users with a range of functional limitations and cognitive impairments.

However, due to debilitating illnesses (such as dementia and Alzheimer's disease) and their advanced age, it is possible that the reliability of the responses we received may have been said to be compromised. This could be seen in the high percentage of people not being aware of the PCF. However, not all of our respondents suffered from such cognitive impairments and the data may actually be showing the need for raising awareness around advocacy services to improve capacity and understanding of the systems of health and care provisions.

To counterbalance this limitation, we tried to identify suitable carers or staff members who understood our user respondents' disability/disabilities or shortcomings and could facilitate the completion of our questionnaires on their behalf to the best of their ability. Wherever

possible, we made use of such staff to speak on behalf of service users. This was especially the case with those respondents who were young adults and adults with a learning disability who were non-verbal and lacked the mental capacity to answer our questionnaire unaided.

OUR FINDINGS

Our respondents

From the 24 providers that we contacted, 11 (less than 50%) of the providers responded to us. These organisations also agreed to allow us access to their service users. From the remaining 13 service providers, we decided to remove two (i.e., Holistic Care and Certitude) from our list as the number of users they served in Hounslow was very minimal.

Breakdown of respondents' demography

Name of service providers	London Care	Voyage	Ashgrove	Park Lodge	Haven Care	Nation Care	Post or e-mail
Type of service	Residential care	Supported living	Extra care + nursing		Domiciliary care	Domiciliary care	
Age group	Young adults	Adults	Adults	Adults	Adults	Adults	
Service catered for	People with learning disability	People with learning disability	Advanced age and people with dementia	Advanced age and people with dementia	Advanced age and people with dementia	Advanced age and people with dementia	
Level of banding					Level 1	Level 1	Level 1
No. of responses	12	6	3	9	12	37	6
						Total	85

Summary of user responses

List of questions in questionnaire	Options for each question	Responses from users	%
1. Do you know what the Personal Care Framework (PCF) is?	Yes	4	4.7%
	No	81	95.3%
2. Do you think that the care you receive is jointly provided by social workers/carers and health professionals?	Yes	60	70.6%
	Not sure	1	1.2%
	No response	24	28.2%
3. Do you think that the care you receive promotes independence and helps improve the quality of your life?	Yes	71	83.5%
	No	2	2.4%
	No response	12	14.1%
4. Do you think that the care you receive supports you to live safely in the community instead of in hospitals or residential care home setting?	Yes	70	82.4%
	No	2	2.3%
	No response	13	15.3%
5. Do you live in a clean and tidy environment?	Yes	77	90.6%
	No	4	4.7%
	No response	4	4.7%
6. Do you get opportunities to meet your family and friends and take part in social activities?	Yes	67	79%
	No	12	14%
	No response	6	7%
7. Do you think you have enough control over your daily life?	Yes	72	85%
	No	5	6%
	No response	8	9%
8. Do you think your health and social care staff are professional?	Yes	78	92%
	No response		
9. Do you think your health and social care staff are understanding?	Yes	81	95.3%
	No response	4	4.7%

10. Do you think your health and social care staff are patient and clear in explaining medication matters?	Yes	74	87.1%
	No response	11	12.9%
11. Do you think your health and social care staff are aware of my cultural and communication needs?	Yes	74	87.1%
	No response	11	12.9%
12. Do you get easy access to and clear information about your medication?	Yes	74	87.1%
	No response	11	12.9%
13. Has there ever been any major incident over your prescriptions?	Yes	2	2.3%
	No	73	85.9%
	No response	10	11.8%
14. Does your carer receive adequate respite care?	Yes	4	4.7%
	No	1	1.2%
	Not applicable	80	94.1%

Summary of conclusions evident from user responses

The data gathered from our review shows that feedback from service users was generally positive. Our main findings from user responses are given below:

- The majority (95.3%) of respondents were unaware of, or had never heard of, the PCF.
- The majority (70.6%) of them felt that care was delivered to them jointly by social workers, carers, and health professionals.
- The majority (83.5%) of the service users said the care they received also promoted independence and helped improve their quality of life. This is a positive emphasis on health provisions provided to the users in the borough of Hounslow. This shows that users are supported and encouraged to take more control of their lives and in turn take care of their health and wellbeing, as close to home as possible. There is a need around supporting people with long-term conditions, as highlighted under delivery area 2 of the Sustainability and Transformation plan³.

³ Sustainability and Transformation Plan 2016

- 82.4% of service users felt safe in their homes/residential care homes as opposed to in a hospital or nursing home. However, it was felt that the respondents were referring to the relative safety of their own homes and the safety provided by the residential care homes rather than understanding it as being linked to or an outcome of personal care.
- The majority (90.6%) of the service users reported that they lived in a clean and tidy environment. In alignment with delivery area 5, highlighted by the STP, service providers should maintain safe, high quality, and sustainable services.
- 79% of service users said that they regularly meet their family/friends and take part in social activities. 6% of the respondents said they were not in contact with family and friends or engaged in social activities, either because they did not have family and friends or they were confined to their beds. In terms of factors like social isolations and long-term conditions, there should be ample support and promotion of awareness to not only susceptible groups of people but also to people who are comparatively healthy, implementing measures to stay mentally and physically well. Furthermore, this also enables and empowers people to make healthy choices and look after themselves, improving health and wellbeing⁴.
- 85% of the service users felt that they had enough control over their daily life. Following on from the previous point it is also worth mentioning here that early preventive measures should be the focus of health provisions for service users who are living with comparatively significant independence compared with service users who are living with debilitating disabilities. As highlighted in STP 2015, one of the priorities is to focus on the largely healthy population or people who are capable of living independently to encourage healthy habits and self-care to improve their health and wellbeing.
- A majority (92%) of the service users said they thought their carers were professional. 95.2% thought they were understanding and 87% thought they were patient, clearly explained medication matters, and were aware of their cultural and communications needs.

With data showing: 50% of over 65s living alone in North West London, over 60% of adult social care users wanting more social contact, individuals with serious long-term mental health needs living 20 years less than those without, and that over 30% of patients in acute hospitals could actually be treated in or nearer to home. The STP outlines that one of the service deliveries should be focused on coordinating better care for people with long-term conditions. This could be achieved by developing new ways of preventing and managing long-term conditions, like diabetes, or helping the voluntary sector to support self-care; for instance, offering people with long-term conditions access to expert patient programmes.

⁴ STP delivery area 1: focuses on reducing loneliness by encouraging everyone to be part of their local community, supporting campaigns to increase self-care; to prevent cancer; and to reduce the stigma of mental health problems, encouraging exercise and healthier eating; and reducing smoking and drinking. It also has an emphasis on encouraging employment for people with a learning disability or mental health problem and tackling issues that affect health such as housing, employment, schools, and the environment.

- The majority (87%) reported that they had easy access to their medication with clear instructions.
- Only a very small percent (2.3%) reported a major incident over their prescription. Two of the respondents recalled incidents where their chemist had forgotten to deliver their prescribed medications.
- Only 4.7% said the family member who cared for them had adequate respite care. These were respondents who were living independently in the community and accessing services from domiciliary care. In total, 57.6% of respondents were not living in any residential or extra care homes. Such a little response on appropriate respite care raises some issues on the need for better respite care and carer support. A related service to consider may also be a carer's support service⁵ run by volunteers of Your Voice in Health and Social Care.

Other findings

Awareness of the PCF

- There is a huge information gap among those who receive services, as well their family members, about the PCF and what it stands for. Surprisingly, even some staff members within provider organisations were not aware of the PCF, despite their organisations being part of it.

Users unaware of the way payment for services received by them operates

- There seems to be a lack of clarity about the fee to be paid for domiciliary care received and also whether payments go to the council or to the service provider.

Scope for more joined-up working between various service providers

- Despite the majority (70.6%) of the users reporting that they received care and support that was delivered jointly by social workers, carers, and health professionals in the NHS, a fairly significant number of respondents (28.2%) indicated an absence of joint working between social workers and health professionals with their carers (i.e., Care agency). These respondents further explained that the care they received was “predominantly provided by their carers” (i.e., Care agency). Besides users, care service providers also pointed out a communication gap between themselves, health professionals, and social services that impacted on those receiving care within the PCF.

⁵ Your Voice in Health and Social Care can provide trained volunteers, whose role is to support people who have caring responsibilities, for one or more family members. These volunteers can support the carers by providing emotional support, attending carers' group meetings, explaining support and services available to carers, identifying concerns to feedback to commissioners and liaising with health and social care professionals.

Social services not adequately involved or easily contactable

- Furthermore, with the exception of respondents from London Care, all other care providers we contacted reported hearing very little from social services. Several providers explained that the social worker would only come into contact with the service user when a safeguarding issue was raised, or the service user had some specific need.

Problems arising for care providers due to communication issues related to hospital discharge

- Some domiciliary care organisations highlighted instances when they faced difficulties in receiving their client/patient after hospital discharge because health professionals there had failed to document important information such as the location of the key which was required to access the client or patient's house. This was also reported in the PCF Review 2015, where providers had stated that there was a lack of communication, specifically with other health departments as a joint enterprise; "arriving from the hospital without adequate equipment in place to attend to their care needs safely".

Problem for disabled patients in West Middlesex University Hospital

- Voyage expressed an ongoing difficulty with taking care of residents when visiting West Middlesex Hospital, where the absence of a disability nurse⁶ made waiting periods "unnecessarily long". Staff were concerned that these waiting times for a service user with complex needs may potentially trigger some serious incidents.

Mobility issues for some residents in older buildings/accommodation

- A small percentage of respondents complained about the current difficulties with their apartment buildings being old and therefore not user-friendly for disabled people. For example, one of the service users found getting into the building was difficult for him as the automatic doors swung open towards him, which meant that he risked getting hit by the door or missing the door when giving way.

Duration of care/services provided is insufficient and not appropriate for users

- Although most service users both living in their homes and in the community (extra care and residential care homes) reported their environment to be in a clean state, some were of the view that the time of 15-30 minutes allotted to care workers for providing care to them was not enough. "The allocated time is often too brief for any

⁶ We were informed that disability nurses are present in other hospitals and are invaluable in helping to speed up the process of some patients with disabilities to help them be seen quickly without having to wait too long for their appointments. They said this was a shortcoming in WMUH that needs to be addressed.

support other than the basic “wash-up and preparing meals” said one respondent. “By the time they are half done with the cleaning,” said another, “their 30 minutes is up.” “I am helped by a care worker, but I have a bad back problem and wouldn’t be able to manage if my daughter wouldn’t be coming to help me” said an elderly user. Some felt they were provided care and services by care workers in their own way and not according to what suited them. “I need help with decluttering, but have to do it myself if I want to invite my family or friends home,” was the complaint of one such respondent. Another elderly service user who has cataract and suffers from a back problem stated that the care they received from their carer was not enough, as it was limited and they struggled with their daily cleaning and relied on a relative who was not always available. There were some complaints about carers not initiating helpful cleaning around the service users’ home.

Lack of continuity of care workers

- Respondents said they preferred to have their personal care needs met by a regular carer with whom they could build a good rapport. They also stressed the fact that being looked after by different carers felt diminishing. The discomfort and indignity experienced by respondents came across strongly when one of our elderly and frail respondents, who was receiving palliative care at her aunt’s house, remarked pointedly: “It is shameful and uncomfortable for me to receive personal care from different carers.”

Language issues

- Often, carers have limited communication skills due to English not being their first language. We ourselves noticed a conspicuously large number of care workers whose first language wasn’t English and also that there was a good number of Somali care workers among them.⁷

Increasing respite care services and raising public awareness about them

- Although, due to their being in residential care, respite care was not relevant for most of our respondents, it was apparent from responses from some carers that respite care is an issue. We were, for example, informed by family members of some users of the PCF that they had difficulty finding suitable respite care, as most felt that the person they cared for had unique requirements and needs which were difficult to be met by the staff of respite care providers. Some carers who completed our questionnaire on behalf of service users also expressed attachment issues which made it difficult for them to leave those they looked after in the care of others.

⁷ However, despite this, service users generally did not express great distress or unease about this matter. Perhaps their communication skills do not impact on the services they provide or perhaps users are so thankful for the services they receive that they do not think it to be of any importance whether they can communicate with them or not.

Furthermore, one of the family members explained that living on benefit payments meant that affordable respite care was particularly difficult for them to access.

Continuing problems in getting a response from providers

- In light of what was reported on page 7, the aforementioned accounts of issues in contacting and getting a response from the providers can be deemed as a failure to deliver regulatory services on the provider's part. Although some of the providers were responsive and accommodating for this report, there were still some providers who had remained unresponsive. Non-compliance and lack of cooperation from service providers mean we would not be able to review the health provisions effectively.

Our recommendations

Based on our findings, we would like to make the following recommendations:

➤ **Disseminate information and raise general awareness about the PCF**

There is a need to raise general awareness about the PCF in the local public through diverse means. This will make users and their families and carers aware of their rights and what to expect from service providers.

Service providers should also raise awareness by **producing user-friendly information in suitable formats about PCF** on their **websites**, in **leaflets and booklets** they might produce, and also by disseminating information to the public during health and other social events.

Since members of staff within some provider organisations are unaware of the PCF, the promotion of awareness about the PCF also needs to be carried out among all local service providers.⁸ Besides benefitting from knowing about the minutiae of the services they are expected to provide, staff within provider organisations, especially those in the frontline or those facing the public, will thereby be able to provide appropriate information to potential and actual PCF users.

➤ **Raise awareness among users/their families/carers about how the system works, especially regarding payments for care services received**

⁸ It was interesting to note the divergence of views regarding the PCF between some staff within Hounslow Social Services, on the one hand, and managers of some organisations providing care in Hounslow, on the other. Thus, while some in social services considered the PCF to be a useful tool to provide services according to a recognised standard and to measure the efficacy of service provision, managers of some provider organisations tended to be discounting the relevance of PCF for the standard of the service they provided to their users. This was particularly evident from their saying that their standard of care to users had its origin in the personal attitude of individual members of staff and their work ethics.

By clarifying the position and financial responsibilities or right of users/their families /carers, this initiative could go a long way in **helping to reduce and relieve the stress levels** of some of the most vulnerable and hard-pressed people in local society.

- **Increase and improve communication between service providers from various sectors to further develop joined up services for users**

To improve services and care for local users of PCF, all providers of health and social care need to ensure that they build and maintain regular contact with one another and also share all relevant user-related information fully and with the utmost care.

This would help **remove issues raised by some care providers** such as their having to accommodate some users who had intense care needs and were, therefore, unsuitable for being offered accommodation in their residential homes.⁹

Similarly, better communication would also **promote clearer and fuller communication between hospitals and care providers after the discharge from hospital** of those who are receiving care under the PCF.

Better communication between diverse local providers of health and social care services will also **increase awareness** within statutory service providers (including GP practices) **about voluntary/community services** and lead to a greater utilisation of many of the services provided by them such as befriending services, bereavement Services, free counselling services, and social/physical/learning activities hosted by such organisations as Age UK and Alzheimer's Society.

Regular open days between health and social care service providers could be one way to keep communication and information channels open and familiarise one another about the way they work, their strengths, and their areas of weakness.

- **Increase access and presence of social services/social workers to help implementation of PCF**

Increasing the accessibility of social services and social workers for organisations providing care services might work towards improving the implementation of the PCF.

⁹ Some providers of residential care mentioned to HWH that they were sometimes being pressed by social services into accepting patients/clients who were unsuitable for the living accommodation they could offer. For instance, extra care homes which do not offer on-site nurse facilities and where people are expected to live fairly independently with relative mobility were at times being burdened with patients having far higher care needs than they were supposed to provide. This could be intensive nursing care or equipment such as a hoist to lift vulnerable patients out of bed and other care needs. This they felt raised concerns of health and safety of such residents.

- **Improve communication between care providers and the hospital discharge team**

This would help care providers to have full charge of patients after their discharge from hospital and prevent readmissions or other complications.

- **Address mobility issues for disabled residents of older buildings/accommodation**

Besides ensuring the safety of residents this is a statutory responsibility that all providers need to address.

- **Issues related to care services provided to users**

Social services need to make sure that care services provided to users are of a **sufficient duration**, and are provided **at times that are convenient** to users/their families/carers. Cared for people and their carers need more **flexible visiting hours** from care providing agencies/organisations. Addressing any **language barriers** between care workers and users/their families'/carers might also be worth investigating.

Very importantly, providers also need to make sure that the **care given to users is, as far as possible, provided by the same carers** instead of carers who constantly keep changing. This will help users, especially those receiving regular personal care, feel more comfortable.

- **Increase awareness around respite care**

There is a need for adequate provision and active promotion of respite care services in and around the borough. If there are carers (or family members of users) who feel that respite care might not be accommodating or ideal for their cared-for family member/s, this issue needs to be addressed and all health and social care providers (including social services) should promote awareness of respite care to local carers. There is also a need to allay misconceptions or fears on the part of carers that may be stopping them from using such facilities.

- CQC's guidance on regulations and compliance from providers

We also recommend, in the best interest of all service providers, to take our projects and reviews as a useful expedient for ensuring quality care and service which puts the service users at the heart of every care. The aims of these reviews are to identify positive traits and areas which need improvements. The guidelines enforced by the Care Quality Commission under the Health and Social Act 2008¹⁰ state that providers are required to comply and respond to professional bodies like Healthwatch. It is the provider's responsibility to meet the regulations and they must be empowered to make decisions about how to en-

¹⁰Guidance for Providers on Meeting the Fundamental Standards and on CQC's Enforcement Powers, July 2014.

sure they meet the regulations. Furthermore, the Health and Social Care Act 2008 is clear that this guidance is to be taken into account in our regulatory decisions and where we bring proceedings for breaches of regulations or conditions. On this occasion, we have reported those who did not comply to CQC.

PERSONAL CARE FRAMEWORK (PCF): QUESTIONS FOR CLIENTS/PATIENTS

1. Do you know what the Personal Care Framework (PCF) is?
2. Do you think that the care you receive
 - i) Is jointly provided by social workers/carers and health professionals?
 - ii) Promotes independence and helps improve the quality of your life?
 - iii) Supports you to live safely in the community instead of in hospital or residential care home setting?
3. Do you think you live in a clean and tidy environment? **Yes/No**
If your answer is **No**, what help do you need?
4. Do you get opportunities to meet your family and friends and take part in social activities (e.g. social/cultural/ charitable or religious organisations?) **Yes/ No**.

If your answer is **No**, please explain why.
5. Do you think you have enough control over your daily life? **Yes/No**.

If your answer is **No**, what changes would you like?
6. Do you think your health and social care staff are: (*Please tick as appropriate*):
 - Professional/unprofessional
 - Understanding / unsympathetic
 - Patient and clear in explaining medication matters/rude and unclear
 - Aware of my cultural and communication needs/disregard my cultural and communication needs.
7. Do you get easy access to and clear information about your medication **Yes/No**.
8. Has there ever been any major incident over your prescriptions? **Yes/No**
9. Does your carer receive adequate respite care? **Yes/No/Not Applicable**.

Thank you!