THE PERSONAL CARE FRAMEWORK: MEASURING THE IMPACT

INTERIM REPORT

BY

HEALTHWATCH HOUNSLOW
2016

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EXECUTIVE SUMMARY

On 17th November 2014, Hounslow Council and the Hounslow Clinical Commissioning Group (CCG) introduced the Personal Care Framework (PCF), as a contract signed by 22 care providers. Personal Care refers to care and support provided to adults or children. It is normally delivered in the home of a person who is receiving the care, or in the community. It is based on a care package that follows on from an assessment either by a social worker or a healthcare professional based in the NHS.

The services that are offered to users consist of three service level bands:

1. Core Personal Care and Support;
2. Enhanced Personal Care and Support; and
3. Specialist Personal Care and Support.

To accomplish the evaluation of the PCF through providers, a questionnaire was prepared and sent out to key members of staff in 14 organisations that provide personalised care to users in the borough of Hounslow. They were also asked to send us their latest Key Performance Indicator (KPI) reports so as to compare their performance against their KPIs. Some difficulties were faced in contacting the organisations due to out of date contact details, but the majority who were contacted provided us with the necessary information timeously. However, Care Outlook, London Care, Quality Caring and Mihomecare were either non responsive to our requests, or did not know what documents should be sent. Due to the difficulty in obtaining the necessary information to compile the report, the remit of the investigation had to be altered. The focus was shifted to the difficulty of accessing and obtaining information from providers, so as to see what the experience would be like for a relative or user of the services.

We utilised mystery shoppers (who telephoned the organisations and asked them a series of questions in order to obtain the necessary information and experience first-hand the contact with the organisations), together with the results of the KPIs and the questionnaires in order to ascertain the general feedback on the various points. What we gathered from our findings is that there is a need for greater monitoring of providers to ensure that their performance is satisfactory and are meeting the KPIs. There is a further need to ascertain why respite care is not more readily available, what is being done to improve areas requiring improvement; the provision of improved training and accreditation; and the addressing and overcoming of challenges raised – lack of communication; time shortages to complete care plans and tasks; lack of adequate equipment at patient's homes and capacity issues. Judging from the mystery shopper findings, frontline staff of providers need to improve on their knowledge base around personal care as well as general professionalism. There is also a need to raise general awareness of the services available to the public and this can be achieved through the improvement of provider websites, ensuring that everyone can access the information easily in their own language, and a campaign of getting the public informed about the framework.

ACKNOWLEDGEMENTS

On behalf of Healthwatch Hounslow (HWH), I would like to firstly thank all the care providers who corresponded with us professionally. 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 sent back questionnaires and KPIs and kept us updated: Manjit Sehmi (MNA), Norma Moyo (Westminster), Jenimen Kandasamy (Haven Care), Khadra Abdi (Nation Care), Deepa Dungar (Avant), Harinder Dhami (All Care), Hema Arul (Sevacare), Rose Wilson (Mears), Ravinder-Kaur Bhogal (London Care) and Arian Roshan (Care Outlook).

We would like to thank our volunteer Ushma Kotecha, and our West Thames College volunteers Hania and Humama Falah-Butt, for their invaluable input obtained through going out and approaching the public in order to gauge their awareness on the Personal Care Framework (PCF). We are also thankful to Muna Osman and Iona Gallagher for undertaking the mystery shopping research - who did exceptionally well staying in character and obtaining crucial information for this report.

We would, of course, like to also thank the residents of the Hounslow borough for taking the time to answer our questions and to share their experiences of health and social care services.

We are very grateful to Martyn Lewis, Contracts Manager of the London Borough of Hounslow, for taking the time to answer any questions we had about the PCF as well as his involvement in contacting providers. We are also very appreciative of the significant involvement of Simon Osborne, Care Quality Commission (CQC) Inspections Manager. Simon’s contribution consisted of devoting time out of his busy schedule to supply us with vital information, as well as contacting the correct personnel to help this report to move forward. I am sure HWH and the CQC can become a collaborative force in improving the borough’s health and social care services in the future.

I am grateful to the HWH team. Volunteer and Engagement Manager, Mystica Burridge, together with the support from volunteers, she reached out to the public and managed to get 500 questionnaires completed. Chief Officer, Tim Spilsbury helped every step of the way by guiding the report and finding solutions to any issues. Finally, I am very grateful to Policy Officer, Kusum Joshi for her input; collaborating with her on this report has been a pleasure.

Stefan Vlajkovic

Support Officer

BACKGROUND

On 17th November 2014, Hounslow Council and the Hounslow Clinical Commissioning Group (CCG) introduced the Personal Care Framework (PCF), as a contract signed by 22 care providers.

Personal care refers to care and support provided to adults or children. It is normally delivered in the home of a person who is receiving the care, or in the community. It is based on a care package that follows on from an assessment either by a social worker or a healthcare professional based in the NHS.

The Personal Care Framework is designed to integrate support for a person's health and social care needs. In practice, personal care can include:

• 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

• Providing carers, parents and families with access to respite

The framework is outcome-based and marks a departure from the traditional model of social care and health services. The user and care provider agree together as to the outcomes that they wish to achieve. The framework states that providers are to pay the London Living Wage to their care workers. This is a positive initiative that aims to prevent care workers from being paid low wages that would therefore militate against their providing services of an acceptable standard. It takes people out of the hospitals and residential care homes and puts them back into their communities. Because of this, the framework is required to coordinate with the Better Care Fund Programme.[1]

In an ideal situation, the service provider's main objective is to bring about improved outcomes for service users that consist of vulnerable children and adults, enhance the quality of their lives by allowing them to live as independently as possible in the community through a person-centred approach and by supporting them with whatever needs they might have. This may be through the following:

- Assistance with getting up
- Hygiene - bathing /washing
- Dressing and grooming
- Medication management
- Assistance with meals

[1] The £5.3bn Better Care Fund was announced by the Government in the June 2013 spending round, so as to ensure a transformation in integrated health and social care. It is one of the most ambitious programmes across the NHS and local government to date. It creates a local single pooled budget to incentivise the NHS and local government so as to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health care systems.

The services that are offered to users consist of **three service level bands**:[2]

1. Core Personal Care and Support;
2. Enhanced Personal Care and Support; and
3. Specialist Personal Care and Support.

The banding of care is innovative. It aims to provide adults, children and young people with a range of options that are tailored to meet their individual care and support needs according to their condition. This is dependent on the level of their vulnerability, their condition and/or disability, including, but not limited to, physical disabilities, learning difficulties and special educational needs, sensory impairments, dementia, mental health problems and physical frailty.

Service Level Band 1: Core Personal Care and Support includes the provision of sensitive personal care and support for adults, children and young people with a range of health and social care needs/conditions and covers the majority of services provided under the PCF agreement. Some patients might have diverse mobility problems and therefore require moving, handling and/or additional equipment. Service users will require a package of care and support dependent on their individual needs, wishes and circumstances as well as the availability of parents, carers and family support.

It is necessary for care workers to both facilitate and promote independence wherever possible, to adopt an enabling approach in all aspects of their work and to demonstrate the following core skills:

- Sensitivity, kindness, dignity and respect, particularly when carrying out personal care tasks;
- The ability to communicate effectively with Service Users, carers, parents and families, some of whom may have difficulty expressing their wishes;
- The ability to support carers, parents and families in their caring role;
- The ability to recognise and manage risk effectively, whilst maximising independence through encouraging and facilitating positive risk-taking;
- A good understanding of the specific condition of Service Users that they are supporting;

[2] Information regarding bands is from a document titled: *Service Specification for Personal Care and Support Services,* Version 3.12, produced by the London Borough of Hounslow & Hounslow Clinical Commissioning Group.

- An understanding of any medication taken by Service Users and the potential implications of missed doses and the possible side effects; and

- The ability to manage instances of challenging behaviour and identify triggers which may be the cause of such instances.

Service Level Band 2: Enhanced Personal Care and Support includes the delivery of sensitive and complex personal care and support tasks for adults, children and young people who have highly complex health and social care needs/conditions. Service users are likely to display some challenging and/or emotional behaviour and may require a period of more intensive support. Some service users may have significant mobility issues from a physical disability that is as a result of injury; illness or that has transitioned from childhood. Some of these service users will require the most complex moving and handling. A key component of this service level band will be to support particularly frail and elderly service users with age related conditions together with re-ablement support, so as to achieve goals towards regaining daily living activities and functional stability. This service level also includes the delivery of inclusion and buddying/mentoring for children and young people.

Care workers at this level need to be highly skilled and experienced in supporting people with complex needs. They will be experts at facilitating and promoting independence wherever possible, together with adopting an enabling approach in all aspects of their work. They are also able to demonstrate the following core skills:

- The ability to develop creative solutions to managing challenging and complex needs;
- Critical thinking and the ability to 'think around' problems and beyond the immediate issue;
- The ability to improve and develop skills of those service users with complex needs so as to help to facilitate the maximisation of their independence;
- An understanding of the effect of challenging and complex needs on parents, carers and families and the ability to work constructively with them; and
- A basic understanding of the respiratory system and the key conditions that may affect it so as to enable them to provide enhanced clinical activities.

Service Level Band 3: Specialist Personal Care and Support includes the delivery of sensitive and complex personal care and support to adults, children and young people who have highly complex health needs and show very challenging behaviour. They require the highest level of skill, competence and empathy from the care worker.

This service level includes the delivery of a range of practical and emotional support to families during a short-term family crisis, where there are clearly identified threats

to ‘normal’ family life. This might include instances where a parent has fallen critically ill. Providers will therefore deliver a range of short-term care and support so as to meet individual families’ needs within the home or community, with the aim of sustaining a higher standard of living and ultimately building stronger family relationships.

Service users supported at this level are likely to regularly demonstrate behaviours which challenge services, including (but not limited to):

- Physical and verbal aggression;
- Complex mental health needs;
- A high risk of self-harm; and
- Unpredictable behaviour or any other behaviours, which may create a risk to staff or others.

Care workers providing support to parents and children in time of family crisis will need to be highly sensitive and be able to provide emotional support to all members of the family. They will be experts in supporting people with challenging behaviour and act as role models for those other less experienced care workers and demonstrate these core skills:

- The recognition that challenging behaviour is not the ‘fault’ of the service user and is as a result of their condition;
- The ability to identify and reduce triggers that may be causing challenging behaviour;
- The highest levels of empathy, patience and self-control when faced with potentially challenging situations and continue to provide high-quality, person-centred care;
- The ability to adapt behaviour so as to support the service user, carers, parents and families with positive behaviour approaches;
- The ability to work within a variety of settings, an ability to follow and to implement plans, (safeguarding or behavioural plans, and offering direct work to parents/carers so as to support them in their caring role) and to promote and safeguard the welfare of the child;
- Working knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS), as well as detailed knowledge of their implications for practice;
- Specialist medication training; and
- Specialist training may include high-end autistic spectrum disorder, Huntington’s disease, acquired brain injury, severe and enduring mental health problems, including dual diagnosis, or problems associated with, or exacerbated by, substance misuse.

- In March 2015, approximately 1,200 adults or children were reported as having received personal care from Hounslow Council or Hounslow CCG.

INTRODUCTION

Hounslow CCG and the London Borough of Hounslow (LBH) asked Healthwatch Hounslow (HWH) to undertake a report on the PCF with the original objective being to evaluate how successfully the PCF has been implemented in the borough. HWH was to talk to providers and find out if using the PCF has improved the provision of care, and also if there are any aspects that need to be revised as it has only been active for a year.

We also wanted to find out the degree of knowledge that local people had of the PCF. We decided to use a simple questionnaire to ascertain from 500 local people in diverse locations (such as patients in various GP surgeries, libraries, local group meetings such as those of people with disabilities, parents and carers of children with disabilities or school and college students) whether they had heard of the PCF or whether they have had any positive or negative experiences when using it.

We did not come across any problems in completing our general public awareness of the PCF through our questionnaire for which we used volunteers as well as staff members.

HWH was also initially going to talk to users of the PCF themselves in order to find out what their experiences with the PCF had been like. However, we started facing difficulties with a small number of providers very early on in the project when it came to them providing us with the data that we were requesting. The long delays in receiving this data from all of the providers (total number 21)[3], meant that the report deadline had to be pushed back. This in turn gave us an opportunity to assess a problem that we had not envisaged encountering – namely the difficulty in communicating with providers. We therefore decided, as well assessing the PCF to the extent we were able to, we would also focus on the providers themselves and the difficulty faced in accessing them.

Our rationale was that if we at HWH had encountered these difficulties in retrieving quick feedback on a questionnaire and a document that should be made readily available as was requested by the local authority, then the breakdown of crucial information that should be shared between users/relatives and the staff providing the care must surely exist and requires further examination.

METHODOLOGY

To accomplish our evaluation of the PCF through providers, we prepared a questionnaire which was to be sent out to key members of staff in 14 organisations that provide personalised care to more than 50 users in the borough of Hounslow.

[3] HWH received a list of 21 Care Providers who use the Personal Care Framework. Of the 21 we decided to contact only the providers who had more than 50 users, which came to 14. For responses from providers who had less than 50 users please see page 29

We also asked them to send us their latest Key Performance Indicator (KPI) reports to compare their performance against their KPIs.

DIFFICULTIES WITH PROVIDERS & HOW IT ALTERED OUR FOCUS

HWH was provided with a contact list by the LBH that detailed the staff member to contact for each provider and the number of clients that they have. After the first round of emails sent to all relevant staff on 28th January 2016, we found that a number of email addresses bounced back indicating that they were no longer active. It was a matter of concern to us that, although it was just about a year since the PCF had started in Hounslow, contact information provided to us by the Council was out of date and had not been updated. This was the first warning sign that we came across.

It was, however, positive to note that out of the 14 providers that we contacted, a majority of them responded with both Key Performance Indicator (KPI) reports and completed questionnaires in a timely manner. This was immensely helpful as it indicated that we would have ample time to come up with a detailed report within our planned deadline, being the end of March, and further enable us to plan and take our next step of contacting a cross section of users of the PCF. It was, therefore, unfortunate for us that a number of providers stagnated the process by their unresponsive conduct and unwillingness to get back to us within reasonable timeframes. Below is a table showing a timeline of the dates on which providers sent through both KPI and questionnaires:

MNA	Feb 1st
Westminster	Feb 9th
Haven Care	Feb 9th
Nation Care	Feb 11th
Avant	Feb 12th
All Care	Feb 16th
Sevacare	Feb 16th
Mears	Feb 19th
London Care	Feb 22nd
Care Outlook	Feb 28th
De Vere	Mar 16th
Quality Caring	
Eleanor	
Mihomecare	

A week later, on 4th February, we telephoned the providers who had failed to respond to us so as to confirm whether they had received our requests or not. With some providers, after stating the name of the staff member that we had emailed with the requests, we were told that the person in question was no longer there. This meant that the providers have failed to update LBH on who their branch manager is. Below is a list of the providers that LBH had out of date staff details for:

- All Care
- De Vere
- Eleanor
- London Care
- Haven Care
- Mihomecare

Most of the managers at these organisations explained that they would get back to us with the information that we had requested, and they did follow through with this. De Vere sent their data very late (as is evident in the table) and it was therefore really appreciated that they were so responsive and kept us in the loop throughout, providing us with reasons for the delays together with a time-frame for when they plan to send us this.

However, Care Outlook, London Care, Quality Caring and Mihomecare were either non responsive to our requests, or did not know what documents should be sent. For these providers we had to contact Martyn Lewis, Contracts Manager, to prompt them or to explain to them what documents were required. Two of those providers still failed to respond even after the prompt from LBH. Eleanor was asked slightly later than the others and were therefore given slightly more time, yet we still received no documents from them.

The following are our experiences with timelines of correspondence with the 3 providers – Mihomecare, Quality Care and Eleanor – who failed to send us any data. This is being done so as to clearly illustrate that we gave each one of them, sufficient and reasonable time to respond but they crossed these deadlines and, by doing so, clearly placed themselves out of bounds of our review and report.

MIHOMECARE[4]

After contacting Mihomecare in Isleworth a number of times and going straight through to voicemail, we contacted the head office in order to find out who the lead person for the Isleworth branch is. Once we got in touch with Karen Sherwood on the phone, who we were told would be dealing with our requests, we sent her the questionnaire and request for KPI reports. We never heard back from them, even after emailing twice (February 15th and February 22nd) asking for the documents.

[4] On their website, Mihomecare says they *"work with people of all ages, and can help with complex conditions such as learning disabilities or dementia, as well as supporting people who just need a little bit of extra help around the house. Our dedicated professionals understand that everyone is different. That's why we tailor our care to the needs of the person we're looking after, helping them to live as full a life as possible."*

Timeline of correspondence:

- HWH sent requests to Nikisha Golding (down as Branch Manager on LBH provider contact spreadsheet) on 28 January. We got an email back saying delivery to the recipient had failed.

- HWH then sent requests to isleworth@mihomecare.com on the same day.

- HWH called the Isleworth branch on 4 February. There was no answer after numerous attempts and voice messages were left requesting a response.

- HWH then contacted Mihomecare head office on 5 February and they informed us that Karen Sherwood was the Director of Operations and the responsible person for such requests. HWH thereafter contacted Karen and left a voice-mail to which Karen responded almost immediately to confirm that she would provide us with the information that we had requested as soon as possible. At no point did the head office, or Karen, suggest that she was not the correct contact. HWH talked to Karen and emailed her (to karen.sherwood@mihomecare.com) the requests on the same day.

- There was no further response, so we then emailed Karen again on 15 February. There was no response received again.

- Martyn Lewis (Contract Manager within LBH) contacted Mihomecare to prompt a response on 22 February. No response was received.

- A further attempt was then made to contact the Isleworth branch at the end of February. Again, there was no response received.

- Karen was then emailed again on 3rd March so as to inform her that as they had not complied with our requests we would be escalating this to the LBH scrutiny committee.

- Karen then contacted Healthwatch central office on 4 March, to speak to our Chief Officer, however at this stage the unresponsiveness had been escalated to LBH scrutiny committee.

QUALITY CARING[5]

After getting in touch on the phone to check who would be dealing with our requests, we were told that the director of operations, Brian Atkinson, would be overseeing this. After a courtesy email a week later on 9 February to find out if any assistance was required. Brian then emailed back the next day explaining that he had forwarded our requests to the LBH compliance team as this is confidential information. After we

[5] On the NHS Choices website, Quality Caring is described as follows: *"Quality Caring Ltd provides personal care to people in their own homes from one location. At the time of the inspection it provided services to approximately 160 mostly older people who want to retain their independence and continue living in their own home."*

explained to Brian that we were commissioned by LBH themselves to do this report and this information is essential to complete it, we still had no response.

Timeline of correspondence:

• Healthwatch Hounslow sent requests to office@qcl-uk.com on 28 January, as there were no contact details for specific persons on the LBH contact spreadsheet.

• HWH contacted the Quality Caring office on 4 February to check if they had received the requests that we had sent, and to ask who would be completing them. We did not get the name of the person who answered but we were told that Brian Atkinson (Operations Manager) will be dealing with the requests and we were given his email - brian.atkinson@qcl-uk.com.

• HWH contacted the head office on 5 February and was informed that no one was available to speak to us and that everyone had gone home.

• After having not received any further documents, HWH emailed Brian on 9 February so as to ask if any assistance was required with the requests.

• Brian then emailed back on 10 February saying that he had forwarded our requests to the LBH compliance team as this classifies as confidential information. We explained that we had been commissioned by LBH themselves to do the report. Brian still refused to send the information directly to us.

• After having received no response at all, Martyn Lewis (Contract manager LBH) then emailed Brian on 22 February but never received a response.

• There has been no correspondence since then between Quality Caring and HWH.

ELEANOR[6]

After having contacted, and thereafter having found out that the staff members we had initially sent our request to, did not work there any longer, we sent it again to the correct person on 9 February. It was disconcerting to note that we were not getting any responses even after we had sent them follow up emails on 18 February. It was only after we contacted them on 3 March, that we were made aware that our requests had been sent to staff at their head office based elsewhere in London.

[6] Eleanor care in Hounslow is part of the Eleanor Healthcare Group of companies founded in 1979. On their website the company projects itself as follows: *"… we have developed extensive experience, knowledge and skills in the healthcare sector. By drawing on our in-depth understanding of the needs of both service users and our clients, we are ideally placed to deliver the high quality, person-centred, cost-effective services that our service users and clients look for. Over the years, we have developed and grown, and today we are an independent provider of wide-ranging care services, including home care, non-emergency patient transport and residential care for people with learning disabilities and/or other complex needs. We also offer a wide range of health and social care training at our dedicated training centre and provide nursing and social care staff to the public, private and voluntary sectors through our nursing agency."*

Martyn Lewis did not prompt Eleanor, as we wanted to give them more time to respond due to the delay in having emailed them.

Timeline of correspondence:

- Healthwatch Hounslow emailed Katie Wordley (katie@eleanorcare.co.uk) from the LBH contacts spreadsheet where she was listed as 'PCF Project Lead' on 28 January.

- After not hearing back from Katie, HWH then contacted the Eleanor Care Hounslow branch on 4 February and asked for Katie Wordley. We were told by Lameli that Katie is based at the head office and not at the Isleworth Branch. HWH asked for Yazmnine Couto (down as the branch manager of Hounslow branch on the LBH contact list) and we were told that she is not employed there any longer. We were told to email the requests to ealing.office@eleanorcare.co.uk as this will reach a member of staff who will respond. We sent the requests to that email on the same day.

- After not hearing back, HWH called up the office again on 9th February and spoke to Syema Khan who informed us that she is the branch manager. Syema told us to email her the requests (to syema.khan@eleanorcare.co.uk) which we did on the same day.

- After getting no response, HWH emailed again on 18 February.

- After getting no response we called again on 3 March and we were told by Syema that the requests are with head office (Katie Wordley who we initially emailed). HWH then sent an email to Syema explaining that we need this information from the local branch and not the head office who are based in Lewisham.

- No response has been received since then.

The difficulty in retrieving data from providers and the fact that it had taken so long for some of them to get back to us, was worrying. We felt that the manner in which providers were responding, or rather failing to respond, to a commissioned report that was bound to benefit them by helping to further improve their services and provide them with an insight into how it was being run, was unprofessional.

We identified an obvious issue in communication. The delay in updating the LBH Council's provider contacts, delays in sending out information, and the complete disregard for our requests on the part of providers, were all red flags. These problems were raised with the Scrutiny Board and it was decided that we should take a closer look at this problem and how it can best be resolved.

Once we realised that we were not going to receive all of the reports and questionnaire feedback back on time within our deadline, (as some outright refused to provide this or were not responsive even after attempts from Martyn Lewis: Supply Chain Contract Manager), it was decided that we would have to change the remit of our investigation and focus on the difficulty of accessing and obtaining information from providers. Out of the three, Mihomecare and Eleanor responded only after Simon Osborne, CQC

Inspections Manager for Hounslow, Hillingdon and Ealing made contact with them. Eleanor apologised and they were under the impression that the relevant information was sent to us. At Mihomecare, a different branch manager than the one we were directed to by the head office, got in contact and said that they did not receive any requests. Quality Caring did not respond even after being prompted by CQC.

We wanted to find out what kind of experience a relative or potential user from Hounslow, would have when trying to gather information on personal care. To look into this failure of effective communication from providers, we appointed volunteers who then contacted each of the providers as a 'Mystery Shopper' (MS), using the numbers that they could find for them online. With this approach, we set up a simple scenario that we thought would be relevant to the borough, along with a set of questions that someone would ask prior to accepting a particular care provider for their relative.

MYSTERY SHOPPER FINDINGS

Our volunteers were each given the names of providers, together with a series of questions with a scenario to go along with them. Whilst talking to providers, we asked them to critically assess whether the staff members were giving sufficient and relevant information regarding each query, whether they were clear and informative, whether they connected them to the appropriate personnel, what their overall attitude was and whether they appeared to exude enough confidence to encourage them to place a relative in their care.

The volunteers were not provided with any background on the providers, except their name, whilst having to find the branch numbers online themselves. We decided this was the most natural way to carry out the approach, and it would highlight any difficulties that a member of the public might face when trying to contact a provider.

We felt that the mystery shopper approach would provide us with insight into what an average public caller would experience when attempting to communicate with providers online. After the barriers that we had initially faced, we wanted to ascertain whether consumers were treated in a similar fashion.

MS: SCENARIO AND INFORMATION REQUIRED

- You have a grandmother who is suffering from the early stages of dementia;
- She is from Sri Lanka and is not fluent in English;
- You want her to be active and have someone to take her out for a walk, prepare meals and to help her with her medicine intake;
- You want to find local care providers and ring the numbers they have up on their site; and
- You wish to find out more information about what sort of services they provide.

QUESTIONS ASKED BY OUR MYSTERY SHOPPERS

1. My grandmother is suffering from early onset dementia. I would like her to have carers who come to her home and help her with her meal prep, taking her medicine and escorting her on walks.

2. Do you offer this sort of service?

3. How do I access this service: through yourself or through another agency?

4. Who will have to pay for it? (social services or government could pay)

5. Can you provide information in Tamil?

6. Are your services monitored or regulated by anyone?

7. How soon would you be able to see my grandmother?

8. Can I get your name?

9. If the person on the line cannot help or answer any of these questions can they recommend you to someone else?

RATIONALE BEHIND QUESTIONS ASKED

The grandmother not being a fluent English speaker, is a vital piece of information that providers should be mindful of, especially as Tamil-speaking communities are emerging in the borough.

Questions such as access to the service and pay, are important aspects of information that the staff member who takes your call should know.

The question on whether their services are monitored by anyone is vital, as this authenticates and validates them as a credible service provider. An external professional body should be assessing their provision of services and it should be open to the public. These are all things that staff should be aware of.

After the call ended, the volunteers rated the overall experience using the following criteria:

1. **Helpfulness**
   How helpful was the staff member in responding to queries? Did they sound compassionate and like someone that one could trust?

2. **Signposting**
   If you had to be connected to another staff member or given correct contact details of someone who can help you, how efficient were they at this?

3. **Information**
   Did they provide enough information and display a clear depth of knowledge of the services that they provide? Do they seem to be a positive representative of their company?

4. **Clarity**
   Were they able to convey the information sought clearly and in a way that would be easily understood by someone unsure of how care providers work?

The following table shows the volunteer ratings. In brackets are the numbers of users on the PCF at the time of this report. Signposting has not been applicable to all, due to the staff member contacted not being required to direct the volunteer to the relevant personnel. We have therefore not taken signposting in to account for the overall score.

Volunteers' Ratings

Provider (no of clients)	Helpfulness	Signposting	Information	Clarity	Total (excluding signposting points)
Nation Care (156)	10	8	9	10	29
Sevacare (147)	10	7	9	9	28
Mihomecare (55)	9	n/a	9	9	27
All Care (76)	9	n/a	9	6	24
De Vere (58)	7	n/a	7	7	21
Avant (271)	9	4	5	5	19
Quality Caring (82)	7	n/a	6	6	19
MNA (123)	6	n/a	6	6	18
Eleanor (29)	5	n/a	6	6	17
Care Outlook (105)	6	5	5	4	15
London Care (39)	4	1	5	5	14
Westminster (98)	4	n/a	5	4	13
Haven Care (68)	3	n/a	4	4	11
Mears (67)	2	n/a	3	2	7

Positive Experiences

As is apparent, Nation Care was top of the list. Our volunteers talked to staff member Abdi in Nation Care and reported back that he was very articulate and clearly explained the type of services that the organisation provided. He also explained the procedure on how to get a financial assessment by social services, which not many other providers discussed in as much detail. Although they did not have any Tamil carers, Abdi said he would convey this need to social services which was very helpful.

The volunteer described Sarket at Sevacare as “friendly and helpful”, as well as expanding well on how the financial assessment would work. He also explained that they have a Tamil-speaking carer but that they are part-time and fully booked up.

Lisa at Mihomecare was praised by our volunteer for being very detailed and specifically for listing the various health conditions in which their carers had received training. She was described by our volunteers as being “attentive, friendly and enthusiastic.”

Our volunteer also praised David at All Care. He was commended for being “very detailed” and able to produce a “very detailed explanation” of the process of what steps All Care would take before a prospective patient could be onboarded.

Negative Experiences

The provider that received the lowest score from our volunteer was Mears. One of the reasons was that from very early on, they had trouble getting connected to the Hounslow branch of Mears after they had contacted their head office. Once they connected to Juliette of the Hounslow branch, our volunteer described her as “unclear, disinterested and providing not much info”. When asked if their services were regulated by anyone (Question 6), she is reported to have given the curious response of: “We are monitored but I can’t remember the name. It’s Friday!”

Contacting Haven Care, our volunteer was connected via their head office to the Hounslow branch where someone called Harpreet answered the phone with just a: “Hello”, leaving our volunteer unsure as to whether they had got through to the right line or not. The volunteer said that Harpreet lacked even the most basic communication skills giving exclusively “yes” or “no” answers or not answering questions at all and having to be constantly prompted for details, such as more information on the services that they provide to clients.

Likewise, when one of our volunteers called Westminster, the experience was far from positive. A staff member called Emelda received the call who our volunteer described as being “not very friendly or informative and sounding very disinterested”. When asked if the carers were trained in dementia, it took a while for her to respond and even when she finally ventured to reply, she “didn’t explain well.”

As was the case with the others, our volunteer talked to Sarah at London Care who was “abrupt on the phone”, with responses being “10 seconds long”. When asked if they were monitored, their reply was a monosyllabic “Yes” without any further details being provided.

Overall Findings and Mystery Shoppers' Comments

Through this approach we found that staff in provider organisations are responsive to consumers and potential users, and more often than not, informative and friendly. However, we came across examples where there is a lack of knowledge and of appropriate training of staff whose responsibility it is to provide information that the average resident of Hounslow would require in order to access the relevant services.

The mystery shopper's experience after talking to the providers was that a majority of the staff that they encountered sounded very monotonous and as if they were providing a cleaning service. In other words, if a consumer is looking for a compassionate care company with the aim of arranging personalised care at their grandmother's home, they would instinctively avoid those organisations whose staff sound disinterested and abrupt. The mystery shoppers said that there were only two or three providers who they felt comfortable with due to their enthusiastic attitude, empathy and detailed explanations.

With regards to ethnic minorities, we found a lack of Tamil-speaking carers (only 2 providers – Quality Caring and Sevacare – apparently had such carers) and only Care Outlook said that they have external interpreters though they were unsure as to what languages they could cater for. The Tamil language is emerging in the borough. Hence, providers will need to be able to accommodate this as a language barrier between carers and users could cause a great deal of confusion and a poor care experience for all.

When asked if they are monitored by an external organisation some providers were confused. For example, Quality Caring staff sounded unsure of what our volunteers meant by this. They finally said their supervisor monitors them. Some simply said that they are monitored but without actually specifying any such body. To put it lightly, such staff responses do not reflect positively on providers who are expected to confirm to quality standards of service provision and regular monitoring.

PROVIDERS OF PERSONAL CARE

In this section we focus on the feedback that was received from our questionnaire for providers of care under the PCF. Through some of the questions in our questionnaire we wanted to identify the results, or outcomes, that Hounslow Council and the CCG have delineated and agreed with providers, as is encompassed in their contracts. In other questions, our aim was to ascertain the opinions of providers about the PCF and the challenges that they might have faced whilst trying to implement their contracts.
To enable us to critically assess the quality of the service provision within the PCF and to say which providers were performing and which (if any), were failing to perform to the standards agreed with them, it was imperative for us to obtain two sets of vital information. One was to gather clear information about each of the KPIs set out for providers by the commissioners of services. The other was to get providers to respond to our questionnaire and to send us their KPI reports. Since 3 providers failed to respond to us, our conclusions are based on responses received from 11 instead of the expected 14 providers. In the tables below, we have presented a summary of each of our questions for providers and their responses:

1) Has your implementation of the Personal Care Framework (PCF) helped your patients to:

Nature of help/support to users	Total of how many said YES from a total of 11
1. Live in a clean and tidy environment	8
2. Keep active and engaged in the community	7
3. Gain access to social contact and company	6
4. Have control over their everyday life	8
5. Get support with medication	9
6. Gain access to respite for their carer/s	1 (inapplicable for the rest)

Provider responses listed in the last table reveal that the majority of providers believe that, with the exception of providing access to respite care, their implementation of the PCF has helped users in all of the 6 areas listed above. It appears that except for one provider, respite care is inapplicable for all the others.

2) Do you think that the PCF has enabled you to provide the following?

List of objectives for users	Totals of how many said YES from a total of 11
1. Help and support for those who need it most by improving service outcomes and providing them with a higher quality of care	8
2. Care workers who place user needs at the heart of their care and offer compassionate care that promotes independence and helps improve the quality of life of users	7

Once again, the responses that we received show that they have been successful in achieving objectives 1 and 2 mentioned above.

Not all of them agreed that they have provided a "bright future for children and young people in Hounslow through the provision of high quality personal care services." This is due to some providers caring exclusively for adults only.

2) How far have you succeeded in co-ordinating the PCF with the Better Care Fund Programme, particularly with the aim of developing joint working between health and social care services at the local level and supporting people in the community as opposed to a hospital or residential care home setting?

Provider responses were generally positive. The majority of providers said that they had been successful in coordinating the PCF with the Better Care Fund Programme. Looking back, one provider, Avant, gave credit to an open day organised by the Local Authority as being instrumental in opening up and enabling communication between health and social care. Another provider, Haven, confidently declared: "We have succeeded in co-ordinating PCF with the Better Care Fund programme…"

The main verdict was that by working collaboratively, they were supporting users to live in the community and that allowing them to remain in a home setting, has helped users to live a lifestyle close to what they had before they had started requiring support.

Describing the positive impact of their services, MNA Home Care Services Limited,[7] for example, said that they had provided "assistance with personal care and all aspects of daily living to Hounslow service users. This has enabled some service users to continue living in their homes rather than having to be admitted to hospital for non-medical emergencies, or in some cases end of life situations for which there is no need for hospital admission." Another provider London Care[8] commented on how they work effectively in collaboration with other services and added: "we work well with both Hounslow Social Services and Health to support people in the community and help them remain living at home for as long as possible". Yet another provider, De Vere, gave a similar view when they said that they had a "collaborative approach with other professionals so as to deliver a personalised care service at service user's homes. Sharing relevant information regarding health concerns and [putting] other care provisions in place reduces the impact of unnecessary visits."

Despite their generally positive feedback regarding PCF and the Better Care Fund, together with collaborative working, some providers offered interesting insight about the progress made so far. One of the providers, Nation Care[9] for example, said that the area "needs improvement" and Care Outlook[10] stated that it is in "working progress as not all of our service users have transferred to PCF at this stage". Westminster[11] said it is not applicable to them.

3) Are the various service level bands you offer to users effective in providing the most appropriate support and care?

Seven out of 11 providers have said that the service level bands have been effective. De Vere[12] said that "bands indicated the level of care and support required from providers and the appropriate expertise from care staff so as to maintain patient's

[7] MNA's areas of specialism are described on their website as follows: "Dementia, Eating disorders, Learning disabilities, mental health conditions, personal care, Physical disabilities, Sensory impairments, Substance misuse problems, Caring for adults under 65 years, Caring for adults over 65 years.

[8] Part of the London Care Partnership, the specialism of London Care's Hounslow branch is described as follows:" Accommodation for persons who require nursing or personal care, Learning disabilities, Caring for adults under 65 years"

[9] Nation Care provides personal care and support to people living in their own homes. When the CQC carried out their inspection in 2014, the agency was providing support for 33 people.

[10] Care Outlook in Hounslow provides a range of services to people in their own home including personal care. At the time of the June 2015 CQC inspection, 400 people were receiving personal care in their homes. The care had either been funded by their local authority or they were paying for their own care.

[11] Westminster Homecare provides support and assistance for people who want to live at home and maintain their independence.

[12] On their website, De Vere is described as: "an established domiciliary care agency and home care provider who helps and supports a varying number of Elderly people, young adults and children across the UK."

wellbeing in their homes".

Two providers highlighted that they are only getting clients in one Band. Haven[13], for instance, said that "[they] have only received band 1 clients". Likewise, Care Outlook[14] also reflected similar views when they said that "currently all of [their] service users are being referred on Band 1 only, even though they have elements of the criteria of band 2/3".

4) Do you think you could benefit from further training in making banding decisions?

It was the majority opinion of providers that the provision of further training in making banding decisions would be beneficial. This is based on the fact that out of the 11 providers, 9 agreed to further training regarding banding decisions.

Training was not the only area of need mentioned by providers. The view that came across from Avant[15] was that along with further training, there should be "clearer definitions from the [Local] Authority". In a similar vein, it was Care Outlook's view that "further clarity is needed for the assessors to identify appropriate bandings when assessments are being carried out". Another provider, All Care[16] also revealed that they felt unsure. Westminster declared that "banding decisions are not made by the providers but are rather set up by Local Authority."

5) What do you consider to be your chief areas of success in implementing the PCF?

The area of success most providers agree on is the delivery of quality care that allows users to maintain a life as close to the one that they had before.

Pointing out the benefits of care in the home setting of users, De Vere said that "providing care for patients in their homes instead of a hospital environment, allows patients to maintain contact with family members which helps to provide them with regular stimulation, and remain as part of the community." Another provider, Sevacare[17], believed that one of the main positives is that "service users and families

[13] Registered with the CQC in January 2016, Haven has not had a CQC inspection yet.

[14] Care Outlook provides various services to people in their own home including personal care. At the time of the CQC inspection in June 2015, 400 people are reported to be receiving personal care in their home.

[15] Avant is an organisation that summarises itself as: "We care for and support older people, in their own homes and in care settings.

[16] Registered by the CQC in 2015, All Care (GB) Limited - Hounslow Branch is run by All Care (GB) Limited.

[17] On their website, Sevacare describes itself as follows: "We are led by quality, not profit. What sets us apart from other care providers is the investment in our people. We employ the best in the industry: those who have the technical and professional ability, as well as a firm belief in our organisational values. We ensure this by a considerable investment in training and professional development."

are more involved in making decisions". MNA expressed similar views when they spoke of "promoting independence and delivering quality and safe services according to each service user's personalised care plan."

Referring to an important area that sometimes receives inadequate attention, Haven Care, one of the providers, declared that one of their key areas of success was "providing language speaking carers where English is not the first language in service user's homes."

Nation Care and Westminster decided not to answer this question.

6) What are the main challenges and barriers in implementing the PCF?

Providers responded in diverse ways to this question. Nation Care and Mears both said that there is a lack of communication, specifically with other "health departments as a joint enterprise". All Care said that they "do not always have enough time to complete care plans and assessments". Similarly, Sevacare stated that "most of the care packages are half an hour calls even in the morning; care workers find it difficult to complete all the required tasks within the allocated time". De Vere stated that some patients are "arriving from hospital without adequate equipment in place to attend to their care needs safely". Avant said that there is a problem with "non-payment from restarting packages". Westminster said that the "health and social care budget cuts" have been a barrier. Haven referred to problems with "recruiting carers in the borough we provide the PCF for" while MNA added that "capacity" is an issue. Care Outlook said that banding is a challenge: "identifying and obtaining agreement of the different banding levels as all referrals are coming through one Band 1 only at present."

7) Do you think your users reflect the ethnic and linguistic diversity of the people who live in Hounslow?

10 out of 11 providers answered yes to this question, with one not being sure of the question.

KEY PERFORMANCE INDICATOR REPORTS

Key Performance Indicator (KPI) reports are to be filled in by the provider with the correct data. Each indicator has a performance measure percentage, depending on how successfully the provider has carried out the specific KPI. The percentage would fall in either gold, silver or bronze sections (gold being the best, where providers need to reach typically 95% or more).

Three of the most crucial KPIs have mandatory targets of 100%, 0% or yes. Anything that is not the specific outcome, is a target not met. Below, is a breakdown of the mandatory KPIs and how the providers achieved in this regard.

MANDATORY KPIs

KPI 1

KPI 1a) The provider has robust quality assurance processes in place that ensure reporting times are being met and the provider has taken appropriate action to protect people from harm.

KPI 1b) The provider has a clinical incident policy in place as part of risk management.

It was observed that all providers have met targets in KPI 1.

KPI 2

KPI 2a) Number of medicine related incidents against total number of service users in receipt of medication – type and severity e.g. non-compliance, omitted dose.

KPI 2b) Percentage of care workers who attended accredited medication training or refresher training as required.

None of the providers have had medicine related incidents (KPI 2a), which is a target met. However, we came across providers who were not putting care workers on essential medication training or alternatively refresher training. For example, Care Outlook (80%), London Care (99%), MNA (N/A) and Nation Care (95%) all fail to reach the mandatory 100% target.

KPI 3

KPI 3a) The percentage of all risk assessments completed prior to, or at the time of, the first visit in non-urgent cases.

KPI 3b) The percentage of all initial risk assessments to be completed and recorded within 24 hours, with full assessments within 72 hours.

Three providers have not managed to reach targets for both KPI 3a) and 3b). These are:

- De Vere: (KPI 3a) – 95%; and KPI 3b) – 95%)
- MNA: (KPI 3a) – N/A and (KPI 3b) – 86% and
- Westminster: (KPI 3a) – 80%; and (KPI 3b) – 70%)

KPIs NOT MET BY PROVIDERS

The following KPIs are not mandatory but worthy of highlighting in this report to present which providers failed to reach them.

KPI 4

KPI 4a) The percentage of staff retained for a rolling 6-month period

KPI 4a	Avant - 86% Silver	Care Outlook – 80% Silver	De Vere – 80% Silver	Westminster - 80% Silver

KPI 5

Not applicable to any of the providers.

KPI 6

KPI 6a) The percentage of staff who have completed accredited training and achieved the care certificate

KPI 6c) The percentage of all cases where provider undertakes introduction visit with the allocated care worker before service start date

KPI 6a	Mears - 92% Silver	Nation Care - 75% Bronze
KPI 6c	Haven Care 60% - Bronze	Nation Care - 95% Silver

KPI 7

Not applicable to any of the providers.

KPI 8

KPI 8a) The percentage of calls recorded on ECM

KPI 8b) The percentage of all omissions/exemptions reported and recorded by alternate means within 45 minutes after the package was due to commence

KPI 8c) The percentage of all of daily exception reports that were submitted

KPI 8a	All Care - 94% Bronze	Avant - 86% Bronze	Care Outlook 91% - Bronze	De Vere 56% - Bronze	Haven Care 64% - Bronze	London Care Silver 95%	Mears 70% Bronze	MNA 74% Bronze	Nation - 93% Bronze	Seva. - 85% Bronze	Westmin. - 75% Bronze
KPI 8b)	Avant - 86% Bronze	De Vere 85% - Bronze	Care Outlook 70% Bronze	London Care 82% Bronze	Sevacare - 99% Silver						
KPI 8c)	De Vere 90% - Bronze	Care Outlook 90% - Bronze	Nation Care - 75% Bronze	Sevacare - 97% Silver							

KPI 9

KPI 9) The percentage of all visits started within 30 minutes of the scheduled start time

KPI 9	All Care - 95% Silver	Avant - 82% Bronze	Care Outlook 75% - Bronze	De Vere 78% - Bronze	Haven Care 80% Bronze	London Care 75% Bronze	Mears 95% Silver	MNA - 80% Bronze	Nation Care - 85% Bronze	Sevacare - 88% Bronze	Westminister - 76% Bronze

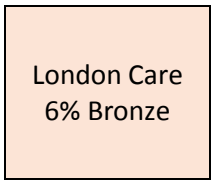
KPI 10

KPI 10a) The percentage of all service plans completed prior to or at the time of the first visit
KPI 10b) the percentage of all service plans shared with Service Users, parents and/or carers – **ALL PROVIDERS REACHED THIS**
KPI 10c) The percentage of all service plans reviewed within the agreed timescales and changes communicated

KPI 10a	De Vere - 70% Bronze	MNA - 86% Bronze	Westminister - 80% Bronze
KPI 10c	De Vere - 90% Bronze	Westminister - 80%	

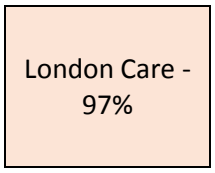
KPI 11

KPI 11a) The percentage of new care packages accepted



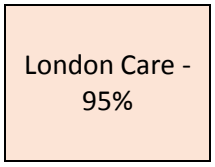
KPI 14

KPI 14a) The percentage of people where the top 3 outcomes have been met within the agreed timeframes



KPI 16

KPI 16) The percentage of cases where the provider supported social work staff in reviews and relevant cases as required including Children In Need reviews



NOTEWORTHY KPIs

Besides the 3 mandatory KPIs there are other important KPIs that measure the performance of service providers. For example, various KPIs that address important areas and good practices affecting service provision, such as:

- KPI 4a) that looks at the percentage of staff retained for a rolling 6 month period;

- KPI 6a) that monitors the percentage of staff who complete accredited training and achieve the care certificate; and

- KPI 6c) that adds up the percentage of all cases where the provider undertakes an introduction visit with the allocated care worker before the service start date.

Least met KPIs

As regards to non-mandatory KPIs, it was evident that there are KPIs that some providers may need to address since a majority of the providers that responded to our review, are failing to meet them. Thus, for instance, as you can see from the previous section, we found that KPI 8a) that focuses on the percentage of calls recorded on ECM is the target that is the least often met. Also KPI 9) that looks at the percentage of all visits started within 30 minutes of the scheduled start time, with all 11 providers included in our survey not managing to meet them.

Regarding KPI 8b) which addresses the percentage of all omissions/exemptions reported and recorded by alternate means within 45 minutes after the package was due to commence, we found that 5 providers had failed to reach their target.

Providers meeting the least number of KPIs

The following providers have met the least number of KPIs:

- De Vere has failed to reach 9 KPIs in their report;
- Westminster and London Care have failed to reach 7 KPIs; and
- MNA, Care Outlook and Nation Care failed to reach 6 KPIs

FEEDBACK FROM PROVIDERS WITH LESS THAN 50 USERS

We asked providers to comment on whether or not they have faced any difficulties in obtaining more users.

Carewatch, who had 26 users at the time of this report, said that it has mainly been due to a shortage of “carers in the area who want to work” and DBS's taking a long time to clear.

Certitude, which had no users on personal care contracts, had this to say:

“Certitude was receiving emails regarding PCF work that we were unable to utilise staff to support. With the exception of one, all the referrals were for domiciliary care visits, which is something that we are unable to provide staff for. We employ support staff to work with adults with learning disabilities and mental health concerns, and we currently support people in supported living accommodation, Short Breaks at Star Road and through Hounslow outreach. Also, our community connectors support people to access their local community. We are unable to provide staff for short domiciliary care type visits. Please do get in touch if you require further information as we are very keen to remain on the PCF and receive referrals that match the above.”

It seems that issues surrounding capacity and shortage of staff were the main reasons for limiting certain providers in gaining more contracts in the PCF.

FINDINGS FROM THE PCF PUBLIC AWARENESS SURVEY

Our survey of 500 local people in various parts of Hounslow from diverse age groups and ethnicities revealed that only 5% of our respondents had heard about the PCF, with 95% saying that they had never heard of it. It was clear that there is a distinct lack of both information and awareness about PCF amongst the general public in Hounslow.

This might not initially seem alarming for the reason that many people often do not know of new initiatives and services as they may not seem relevant to them. However, what is disconcerting is that even those residents who, due to their age; the state of their health or their position as carers of vulnerable adults and children, should certainly at the very least have heard of the PCF, tended to say that they had no knowledge of it. For example, out of the 10 members of an adults' Disability Forum in Hounslow who responded to our General Awareness Questionnaire, only 1 said that they had heard of the PCF and even this member declared that they did not know from where they had received their information, had never used the PCF and also did not know how to access it.

It is patently obvious that due to lack of knowledge, many eligible local residents might not be accessing, and therefore receiving, appropriate care under the PCF to which they are entitled.

PRESENTATION OF INFORMATION

We looked at the way that information on personal care has been displayed on provider websites from the perspective of an elderly person or someone whose first language is not English. We wanted to assess how effectively the providers explain that they offer personalised care.

The majority of the providers do not offer the option of translating the site. Only two out of the 14 did have this option. Avant has a Google Translate plugin embedded. We have found, however, that Google Translate has not been the most accurate tool for translation. The languages provided by Avant do cover the Hounslow borough's popular ethnic demographic, Gujarati, Hindi, Punjabi and Polish.

Mihomecare is the second who also have the option of a site reader. The languages they offer are predominantly European with no South-East Asian languages included, which is not very useful to the Hounslow borough where large percentages of the demographic fall in the Indian and Other Asian ethnic groups. Westminster offers the option to enlarge the font of their webpage - no other providers had this option. This is helpful as some providers have very busy pages full of information that can be hard to follow for visitors.

Most providers have the main contact details (email and telephone) at the top of the front page in large font, often as the most obvious content on the landing page. This is really helpful, especially for people who might not be as experienced in navigating websites or have impaired vision. Providers such as Westminster, London Care and Quality Caring did not show their contact details as clearly.

RECOMMENDATIONS & CONCLUDING REMARKS

Based on our findings, we would like to make the following recommendations to improve the implementation of the PCF in Hounslow:

1. There is the need to monitor providers and to encourage and support them so that they then meet all mandatory KPIs, and also to improve their performance regarding those KPIs that they are failing to reach at all. Because of their impact on patient welfare, important KPIs, such as those regarding the provision of accredited training to staff, and the resultant certification for this training, also need to be monitored.

2. The need to look at why respite care is not applicable for all providers. It will be important to find out whether it is inapplicable because their carers do not need respite care, or because the providers are unable to provide or arrange respite care for their carers.

3. It might be helpful for service commissioners to find out from those providers who feel that there are still some areas requiring improvement regarding PCF and the Better Care Fund what could be done to improve those areas.

4. Training needs to be accessible to providers related to banding and banding decisions to improve outcomes for users.

5. There is a need to examine various challenges presented by providers to see how they can be overcome. These are applicable to commissioners of services and as are listed below:

   - Lack of communication, specifically with other “health departments as a joint enterprise”;

   - Shortage of time to complete care plans and assessments;

   - Care workers find it hard to carry out all of their required tasks within the short time span allocated for their completion;

   - Patients arrive home from hospital without having adequate equipment available in order to have their care needs safely attended to;

- Problems with non-payment from restarting packages;

- Barriers created by health and social care budget cuts;

- Problems with recruiting carers in the borough;

- Capacity issues; and

- Identifying and obtaining agreement regarding the different banding levels as all referrals presently come from one Band 1 only.

6. There is the urgent need to raise general awareness about the PCF in the local public through diverse means. Potential users of the PCF need to be specially informed so that they can both access and benefit from the PCF. After the public is more aware of this, they can then start to reach out to local community groups and produce information in some ethnic minority languages to make sure new and emerging communities do not miss out on vital information and services.

7. Provider websites should all clearly state on the front page their general email address and telephone number for ease of communication. Also, the website should include a variety of languages that it can be translated into, a site reader and have the option of enlarging the font. Visitors who cannot clearly understand what services are available because of language barriers, especially in the Hounslow borough, or a sensory impairment, are excluded from knowing basic information.

Providers also need to address some specific issues:

- Investment of time and finances so as to address communication barriers between themselves and the general public. Further improvement of the quality and professionalism of their response, as well as the speed of their responses to the public and to other professionals.

- Staff need training in some basic information about their organisation so that they are able to talk confidently and with conviction about their organisation, its services, quality standards and how they are monitored. Staff must have the ability to anticipate questions of potential users and respond to them correctly and with alacrity.

- To cater for the needs of diverse cultural and linguistic groups in Hounslow, efforts must be made by providers to make sure that they have care workers/other staff or interpreters who are able to speak some of the main languages employed by various established and emerging communities/groups in the borough, such as Tamil, Nepalese and Afghan languages.

- There is a real concern around communication from management at the care providers. The delays and refusal in getting information sent to us in order to develop this report has greatly hindered what would have been great insight into how the framework has been progressing in the borough. It is a shame that some providers only responded once we had contacted CQC. Completing a short questionnaire and sending the latest KPI reports should not take the effort it did, and we can only hope that users are not treated with similar disregard.

As we were not provided with the opportunity to get responses from users of personal care, due to delays in getting the information requested from all of the providers we were asked to contact, we could not fully measure the impact of the framework on the people who it effects the most. What we did get is a real insight into what it is like dealing with the providers themselves. From management to frontline staff, we got an indication as to what the experience is like for users who communicate with them in the borough. We also got crucial feedback from the providers themselves regarding the framework.

In terms of communication, some providers have contributed significantly in providing concise feedback on the framework in a timely manner. However, the number of providers that found it difficult to provide us with the information requested, was worrying, especially those ones that have larger amounts of users. It would be really beneficial to focus on user experiences, especially after our experiences with them. Lack of access to data and knowledge from the providers' end may have detrimental effects on a user and their family when hoping to resolve any issues. We also feel that it would be really important to talk to the care workers themselves and to find out whether they face similar issues with communication from providers, as well as their experiences with the personal care framework as a whole.

APPENIDIX

Martyn Lewis Email:

Morning ….,

I believe you recently sought clarity as to whether or not you should provide data (KPI returns etc.) regarding the Personal Care Framework to representatives from Healthwatch.

Can I ask that you co-operate fully with their requests. As I'm sure you're aware they do have statutory powers and have been commissioned to evaluate the success (or otherwise) and performance of the PCF.

Best regards,

Martyn Lewis

Simon Osborne's Email:

Dear ….,

I have been contacted by Tim Spilsbury, Chief Officer of Healthwatch Hounslow, and his colleague Stefan Vlajkovic, Support Officer, regarding critically important KPI information and associated questionnaires which their organisation has sent to the 14 providers on the Hounslow PCF.

Three organisations have failed to respond to repeated requests to provide the requested information and Quality Caring is one of those.

For those organisations registered with CQC, I have copied in my team and will ask them to consider this issue under our "Well-Led" domain at their next inspection of that service.

I know also that Healthwatch Hounslow will be raising their concerns at high levels within Hounslow Council as engagement with local Healthwatch organisations is a key requirement of providing an effective service to local people and being able to demonstrate this from a quality assurance perspective.

I have also copied in Andrew Shirras at Hounslow Council, who oversees all adult social care contracts, for his information.

I would therefore request that you ensure your organisation pays urgent attention to this matter and provides Healthwatch Hounslow with the information it has requested ASAP.

Thank you for your assistance in this matter.

Best wishes,

Simon Osborne