



LANCASHIRE LINK

REPORT ON DOMICILIARY CARE

"WHO'S LOOKING AFTER UNCLE ALBERT?"

SUMMARY

The Lancashire LINK carried out research with service users and their carers within Lancashire on their experiences and perceptions of domiciliary care services, in collaboration with Lancashire County Council, who monitor the contracts for domiciliary care agencies. The project ran over a six-month timescale, from February 2010 to September 2010.

The results were presented in a report, *Who is Looking After Uncle Albert?*, which was disseminated to service managers, commissioners and service user and carer groups.

As well as identifying people's concerns about domiciliary care, the research also set out to explore positive experiences of care and of individual care workers. The research identified that, although many people had concerns about the care they were receiving, others spoke favourably about their care experiences and about individual care workers. One of the recommendations from the report is to celebrate and share good practice by arranging a Lancashire LINK Care Worker and Care Agency of the Year Award.

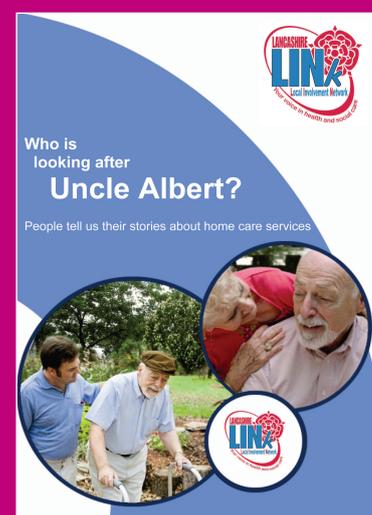
KEY OUTCOMES

- One of the key benefits from the report is that a multi-agency working group, made up of representatives including Lancashire County Council, the Lancashire LINK and the voluntary sector, has been established to take forward some of the recommendations arising from the research. This should, ultimately, have an impact on the delivery of domiciliary care services
- Information that goes out to service users on complaints procedures and advocacy services is being reviewed in the light of comments made by service users and family members.



BACKGROUND

The Lancashire LINK is an independent organisation that supports individuals and organisations in relation to health and social care and acts in the role as a 'critical friend' to the local authority and PCTs. The research project originated from concerns raised by members of the public about the quality of some domiciliary care services.



KEY AIM

To find out about people's experiences and perceptions of domiciliary care services in order to gain a picture of both the positive and negative aspects of the care process, in the light of national policy relating to Dignity in Care and Putting People First. This is to assess how far policy relates to practice.

KEY STAGES OF SET-UP

The project ran over a six-month timescale, from February 2010 to September 2010.

Set up of Domiciliary Care working sub group

A Domiciliary Care Sub Group was established to provide a steer to the project and to identify questions and issues that could form the basis of the research. This was made up of LINK Board members, Community Engagement Officers, representatives from the Lancashire County Council's Contract Monitoring Service and a representative from Age Concern Lancashire.

Participant Recruitment

The research project was advertised extensively through the Lancashire LINK newsletter and local media. In all, 42 service users and carers took part in the interviews and research participants were predominantly older people who were recruited through Age Concern day care services, older people's forums and carer' centres.

Interview Settings

LINK community engagement set up individual and focus group interviews with service users and/or their carers. Many people were interviewed in their own homes, with focus group interviews taking place in a sheltered housing scheme centre and a carers' centre across Lancashire to incorporate as wide a range of demographic and cultural groups as possible.

Interview Structure

The interviews were semi-structured, client-focused interviews with open-ended questions. Qualitative research methods were employed, to supplement the work done by Lancashire County Council, and to get as full a picture as possible about care services. This method allowed people to "tell their story" instead of restricting them to single answer replies.

To establish a balanced perspective people were asked what they felt were the negative and positive aspects of the care they were receiving and if they had had their care reviewed as well as if they knew how to make a complaint via Lancashire county council's complaint system.

KEY FINDINGS OF REPORT

The Report highlighted a number of points which can contribute to a positive experiences of care:

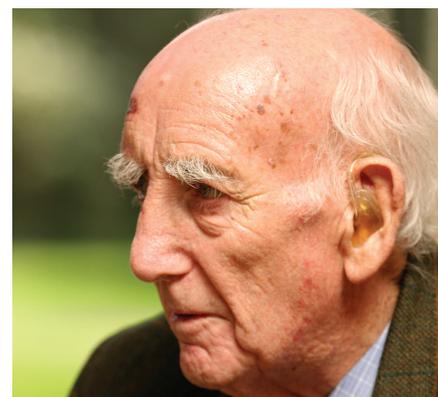
- Service users and their carers feel happy and reassured about their care when their care agency provides a rota, showing which care workers are coming on which particular day
- Care agencies or care staff who telephone the service users or their family to notify them when and if they are going to be late, offers reassurance and allays anxiety. Individuals accept that there may be times when care staff are unavoidably late, but a simple phone call puts their mind at rest
- Care workers who show friendliness, a willingness to engage in conversation, and sense of commitment and willingness to go the extra mile to accommodate the needs of service users, are seen as providing a valuable and worthwhile service. Individuals described how having a care worker to talk to was the high

point of their day. Conversely, those for whom care had been described in less positive terms, described how their care worker was either too busy or simply lacking in skills to engaging in interpersonal communication. This led to people feeling devalued

- Service users and their carers described how care agencies and workers who work flexibly and creatively and in a person-centred way contribute to a positive and worthwhile care experience. For example, one man described how his care agency was able to support him to engage in voluntary work for half a day each week. This was seen as valuable for both the service user and his wife, who was able to use that time to create her own space. This is seen as an example of how self-directed support can make a genuine and meaningful commitment to people's lives.

RESOURCES

There were no additional resources allocated to the project. The research was conducted in-house by LINK community engagement staff with experience in academic and practitioner research, supported by staff from Lancashire County Council, who were able to provide relevant background information, and from Age Concern and a Carers' Centre, who were able to provide us with access to service users and carers.



KEY CHALLENGES

- It was a challenge conducting research with a range of people, with limited resources. In order to capture the needs of vulnerable and isolated older people interviews were conducted with service users in their own homes. This was time-consuming and labour intensive but was overcome by running focus group interviews in carers' centres and day care centres.
- There was difficulty recruiting individuals from BME groups; this raises the issue of whether this should be an area warranting research in its own right.

KEY LEARNING**From the Report**

Care agencies can contribute to a positive care experience by:

- Providing services users and their families with a simple rota
- Having in place protocols for alerting service users if care staff are going to be unavoidably delayed
- Creating a comprehensive induction and continuing professional development programme that emphasises a person-centred approach to care planning and delivery, including interpersonal communication, dignity and an emphasis on the individual needs of the service user, including a recognition of their holistic health and wellbeing needs.
- Opportunities for celebrating and sharing good practice in care work at locality level can be one way of raising the profile of care work, contributing to the morale of care staff and increasing levels of retention and recruitment.

In creating the Report

- Qualitative research is important as it allows researchers to listen to people's stories as a way of helping them retain dignity and shows respect for the person and their families as whole. It also enables more complex information to be gathered in order to make sense of quantitative research.
- Most of the people interviewed were over 60 with some in their 90s, many with complex health needs. However during an interview at a carers' centre it emerged that some clients were younger than the defined age group. As their views were of equal relevance to the research they were therefore also included.

SUSTAINABILITY**How are findings embedded in every day practice?**

- The role of the multi-agency working group (see above) is to ensure that the findings can be embedded into domiciliary care practice. This will require a commitment from domiciliary care agencies to ensure that staff are appropriately trained and supported during training, and that protocols, such as having a rota and notifying service users of delays, can be developed.
- A partnership approach to staff training is being developed; for example the Help Direct frontline information and advice service has agreed to deliver training to domiciliary care agencies and staff about their service, and how care staff can signpost service users to this service.
- Information on complaints procedures is also being reviewed, in the light of findings from the research, and a simplified flow chart, showing people the stages involved in

making a complaint is being produced. Lancashire County Council's contract monitoring team has shown a commitment to ensuring that the recommendations from the research are reflected in on-going monitoring of care agencies.

NEXT STEPS

The domiciliary care working group continues to meet. In the meantime, we are inviting service users and family carers to nominate their Care Agency or a Care Worker for the Lancashire LINK Care Agency and Care Worker of the Year Awards, aimed at celebrating and sharing good practice. Nominations close on 31 December 2011.

SUPPORTING MATERIAL

The following resources are available as an appendix to this case study

- 'Who's Looking after Uncle Albert' Report
- Powerpoint presentation - summarising main points of the research and recommendations

FURTHER LINKS

Lancashire LINK at
www.lancashirelink.org.uk

**CONTACT FOR FURTHER INFORMATION**

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