

EVALUATION OF OUTCOME BASED HOME CARE SERVICE

2010

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EXECUTIVE SUMMARY

In February 2009 an outcome focused pilot project in respect of Cordia home care services was launched in North CHCP and completed in June 2010. Service users, Carers, Social Work, Health, Cordia, SWIA and the Care Commission all agree that the task driven model of delivering home care requires to change in order to offer a more enabling, flexible and person centred service. Criticisms of the current task driven model include lack of flexibility, home carers too rushed, lack of information provided to the home carers about the service user, service users losing their skills and becoming dependent.

The aims and objectives of the pilot were as follows:-

- Offer a personalised and flexible outcome focussed care at home service which is person centred.
- Empower services users in receipt of Cordia care at home service to influence and shape their service through the assessment, personal support plan and review process.
- Develop a more personalised outcome focussed Social Work assessment form.
- Develop a more personalised outcome focussed Social Work review form.
- Develop a more personalised outcome focussed Cordia personal support plan.
- Provide Social Work and Cordia staff support to understand the principles and values of the personalisation process and implement support plans.

It was critical to the pilot that service users were centre stage in shaping and influencing their home care service. This was achieved through independent focus group consultations pre, mid and post pilot. The outcomes identified within the first consultation event facilitated by Quarriers shaped the content of the individual service user questionnaires and the outcome focussed review form. The questionnaires were completed pre and post pilot.

Personalisation for the purpose of the pilot is about service users determining how and when their service is delivered. The service user identifies their own individual preferences and expected outcomes. Instead of the service being ordered in task and time bands the weekly hours are rolled up so the service user can determine when and how the service is delivered thus affording them choice and flexibility.

During the pilot 35 service users participated in the assessment process. Twenty six service users subsequently had a personal development plan and a review.

Cordia and Social Work staff views about the development of a personalisation approach were also gained via consultation groups and individual interviews. At the initial stages of the pilot it was highlighted that neither the current social work assessment tool nor the Cordia care plan were outcome focussed or person centred. The pilot therefore developed an outcome focussed assessment tool and personal support plan.

FINDINGS

Service users' expectations of the service are best described as moderate. Service users valued routine and did not use the facility of banking hours. Most individuals who were involved were existing service users. There may be greater potential to introduce different ways of working with people new to the service.

Services users valued the relationship with the home carer and the support provided that enabled them to be independent.

There were consistently high satisfaction levels with the morning service. Both service users and home carers evidencing flexibility, service user choice, being listened to and valued. Dissatisfaction was around the out of hours service ie, after 1.00 pm. Due to operational demands it was challenging for

Cordia to include all the out of hours staff in meetings and briefings. It is critical to the success of this approach that all staff are involved in the process of learning.

The personal support plan assisted with some of the issues around communication about needs and preferences however some issues were not resolved until after the pilot. Service users reported reluctance to voice criticism to Cordia for fear of offending and/or causing adverse impact. They valued the independent consultation processes, the focus group and the questionnaires, reinforcing the need to ensure their views are gathered independently of the provider.

This way of working requires a team approach and everyone needs to be aware of roles and responsibilities, and understand the objectives and values underpinning outcomes and personalisation. Both staff groups valued the team approach to this work as they recognised that all their roles were key to the effective delivery of the service.

Throughout the pilot there was some evidence of staff not fully understanding personalisation and similarly the concept of outcomes was one that was grappled with in numerous meetings. Although staff recognised this way of working is best practice and perceived that this is how they already practice they all expressed the need for training as a priority.

A culture change is required if an outcome approach is going to be successfully embedded into practice. Training, reflective practice and outcome focused supervision will enable staff to expand their skills and to work in creative, person centred ways. Quality assurance mechanisms are key to ensuring the service delivered is valued by the service user and carer and meeting an acceptable standard.

It is evident that outcome focussed; personalised planning needs to become mainstream. It therefore needs to be cost effective and sustainable in the long term. As might be expected when piloting a new approach, there were additional time demands on some but not all staff involved, and to an extent it is likely that more personalised planning will continue to take more time. Social Work home care assessors had to reduce their level of assessment and review activity due to the increased time required to undertake the new outcome focussed assessment. Cordia staff, in particular the Operation Manager and Home Care Coordinator had an increased work load as a result of work involved in preparing the personal support plans. However, home carers reported no change to the level of their work. They valued the information from the personal support plans and in particular reaped the benefits when working for the first time with a service user.

There was limited focus on reablement within this pilot. However, evidence from reablement home care pilots suggests that extra time invested in personalised planning which focuses on 'doing with rather than to' individuals, can be offset by reductions in the support required for some service users. Investing time in getting it right at the outset can also reduce time spent on complaints.

RECOMMENDATIONS

SOCIAL WORK

- Develop outcome focussed assessment and review tools.
- Electronic systems to support sharing of assessment information with the consent of service user. This supports staff to work efficiently and effectively and will also add value in terms of performance monitoring and reporting.
- The outcome focussed review questionnaire to be used as a tool to ensure service user receiving appropriate quality service.
- Collate performance management data from individual reviews.
- Carefirst to develop reporting mechanism for performance management. Data.

CORDIA

- Independent body to conduct service user and carer consultation.
- Develop outcome focussed personal support plan.

- Care staff to use the personal support plan on a day to day basis.
- Monitoring and review of all personal support plans i.e. how change in need and outcomes is updated and monitored on PSP.
- Training for Cordia staff specifically around the purpose of the PSP and how to ensure it is a live document that adds value to the service user.
- Cordia booklet for service users that outlines what to expect from the service.
- Cordia to develop quality assurance mechanisms.

BOTH AGENCIES

- Personalisation and outcomes training for all staff.
- Personalisation and outcomes practice to be embedded into current training e.g. assessment and care management, induction training, personal development plans.
- Personalisation and outcomes to be embedded into supervision and quality assurance measures.
- Performance management information sourced by Social Work Review to be addressed at local Cordia CHCP liaison meetings and in the citywide monitoring group.
- The findings of this report to inform the Reablement service reform.

1. BACKGROUND

In February 2009 an outcome focused pilot project in respect of Cordia home care services was launched in North CHCP. The pilot has been supported by a Steering Group of staff from Social Work and Health within North CHCP, Cordia, Adult Services at Centre, Social Work Researcher, Social Work Home Care Finance, Carefirst, the Scottish Government Joint Improvement team and a Carer. The purpose of the report is to evaluate the findings of this pilot to assist the development of personalisation within Cordia home care service as a means to supporting the extension of personalisation across the city. The report provides detailed information on a range of perspectives from service users and carers, Cordia and Social Work Services staff regarding the implementation of personalisation.

North Glasgow Dementia Forum was the initial catalyst for this pilot. Through an audit process and survey of staff, service users and their carers the Forum identified that the task based/ time limited model of home care service delivery did not enable service users and their carers to exercise levels of choice, individuality and independence. The audit was specifically in relation to the home care service provided by Cordia (formerly Direct and Care Services, DACS), which is commissioned by Social Work Services.

A separate survey conducted by Cordia in 2006, with 8000 service users and 3000 home care staff, mirrored some of the findings of the Dementia Forum's audit. The Cordia survey identified that overall satisfaction levels were high but some critical feedback was identified concerning flexibility, resource time and the lack of information about service users given to home care staff prior to commencing the service. One of the recommendations of the survey was that Cordia should deliver the service differently by developing a person centred approach at a local level.

In November 2006 a joint report by the Dementia Forum and Cordia was submitted for discussion to the Head of Health and Community Care within North CHCP. The report recommended that person centred care should be at the heart of service delivery and the need to explore ways in which Cordia home care service could be personalised to meet the needs of people with dementia.

In April 2007, the Service Manager from Cordia, a Health Link Nurse and Project Leader from the Dementia Forum visited Thurrock, London where outcome focussed home care was at an early stage, as a means to assist with their learning. Subsequently on feedback from the visit, North CHCP Committee recommended the implementation of a pilot of a service model on outcome based commissioning of home care in North CHCP.

AIMS AND OBJECTIVES OF THE PILOT PROJECT

A Steering Group was established to oversee the work of the pilot and in the first instance the following aims and objectives were drawn up:

- Offer a personalised and flexible outcome focussed care at home service which is person centred
- Empower service users in receipt of Cordia care at home service to influence and shape their service through the assessment, personal support plan and review process.
- Develop a more personalised outcome focussed Social Work assessment form
- Develop a more personalised outcome focused Social Work review form
- Develop a more personalised outcome focussed Cordia personal support plan
- Provide Social Work and Cordia staff support to understand the principles and values of the personalisation process and implement support plans.

The work carried out by the Joint Improvement Team (JIT) on outcome focussed approaches to Social Work and health practice were to be embedded into work practice of the pilot - using principles of the Talking Points outcomes framework.

It is recognised that personalisation can mean offering service users individualised budgets, direct payments thus shifting the control from the local authority care manager to the individual service user to

purchase their service thus maximising choice, participation and responsibility of individuals to shape their own care services including determining how their budget is spent. Personalisation within the context of this pilot is not about giving financial control to the individual. It is about affording the service user the opportunity to decide how and when their home care service would be delivered. The service user identifying their own individual preferences and expected outcomes for their care at home service. Hence the roll up of the weekly hours to allow the service user to determine when and how the service is delivered thus affording them choice and flexibility.

The pilot sought to explore how individual service users could shape and influence their care at home service. The pilot also evaluated the collective influence that service users could have on service provision.

The pilot was specifically a joint partnership with Social Work and Cordia to test out how to transform a task driven model of home care to a flexible and enabling home care service within the current contractual arrangements between Glasgow City Council and Cordia.

All staff groups struggled in the early months of the pilot about what exactly was meant by personalisation. There were continued debates within the Steering Group and changes in our thinking from radical change to smaller step change.

EVALUATION STUDY

The pilot was to be evaluated over a period of a year where qualitative and quantitative methods would be used. The purpose of the study was to monitor and evaluate:

- The needs of service users, carers and staff at various stages of the pilot i.e. pre, mid and end
- To fulfil requirements for accountability by gathering evidence to support positive and negative achievements
- To monitor processes designed and implemented i.e. outcome focussed tools including Social Work home care assessment forms; Social Work home care review forms; and Cordia home care personal support plans
- What was working correctly and what needed to be improved.

2. POLICY DEVELOPMENT IN SCOTLAND

Personalisation is seen as a key driver in the shaping of all public services, with growing service users and carers expectations that services will meet their needs and help them achieve personal goals and aspirations. The Scottish Executive's Changing Lives Report highlights this and sets the challenge for local authorities to design and deliver support and services around the needs of individuals, their carers and communities. In order to enable a more personalised service, services have to become more flexible, both in relation to the tasks performed, and the times of the day it is provided. The Changing Lives Report defines personalised services as those that;

" Enable the individual alone or in groups to find the right solutions for them and to participate in the delivery of a service.

From being a recipient of services, citizens can become actively involved in selecting and shaping services they receive."

Furthermore the Scottish Executive's guidance on Self Directed Care (including the development of Direct Payments) lends further weight to the promotion of the need to personalise services. In addition work is ongoing with the Joint Improvement Team (JIT) to examine the extent to which services are delivering the outcomes which reflect what service users and their carers want.

Terms such as 'personalisation' and 'outcomes approach' relate to reinforcing what has always been good practice i.e. listening to service users and their carers and working together to meet their needs identified in the assessment.

GLASGOW CONTEXT

Against these national policy developments towards personalisation of services the Glasgow SWIA Inspection, June 2007, highlighted that in relation to home care services "**annual surveys of people who used these services (i.e. .DACS annual surveys) had shown that they were generally positive about them, though similar themes around lack of flexibility emerged each year. These reflected the feedback we received from service users, carers and a wide range of staff. All described the home care service as being very task driven and not sufficiently person-centred**". SWIA recommended that Social Work Services should review their service level agreement with Cordia to ensure home care services are sufficiently personalised.

Furthermore the Care Commission noted Cordia staff dissatisfaction with the task model and recommended change towards a more personalised care at home service. A pilot project for the personalisation of care services, as opposed to task centred service delivery, was seen as a welcome development when first suggested to service users and home care staff in Cordia at the annual stakeholder consultation in 2008/9.

The pilot therefore presented an opportunity to explore and develop within a Scottish context an organisational response to the provision of care at home service which tests a different model of care at home commissioning and provision using an outcome based focus, and which reflects research findings on what service users say about care at home services.

The pilot had to work within existing staff resources and budgetary constraints. During the period of the pilot there were significant organisational changes in both Social Work and Cordia. The changes involved a reduction in staff with consequent increased operational demands on existing staff¹. Some funding from the Joint Improvement Team was provided and used to fund some admin support and the

¹ Social Work Practice Team Review: 1 PTL lost directly involved in the pilot and an additional four at the wider OPPD Team

consultation with service users and carers. The pilot operated within existing eligibility criteria, Home Care Charging Policy and Carefirst recording system with associated service package.

The pilot had to operate within the existing Cordia budgetary allocation for North CHCP as no additional funding was given.

NORTH CHCP

PILOT PROJECT

North CHCP provides a home care service to 1200 individuals. The pilot was conducted in the Carron Scheme in Parkhouse, one of the geographical patches in the North CHCP area. The housing Scheme was used for the pilot because it was led by a home care coordinator who was already committed to personalisation.

Although the Social Work home care team is small (3.8 full time equivalents), they are very effective and efficient due to their understanding and knowledge around the systems and processes involved in assessment and ordering home care (Table 1). They work closely with the Cordia Operation Managers thus enhancing communication that supports both staff groups and the delivery of service.

TABLE 1: SOCIAL WORK & CORDIA STAFF INVOLVED IN PILOT				
	Staff Involved	Job Title	No. of Workers	FTE
SOCIAL WORK STAFF	Dedicated Home Care Staff	Social Care Workers	5	3.8
	Wider Care Management Staff	Social Care Workers	2	2
		Care Manager	1	1
		Project Leader (Community Support)	1	1
		Project Assistant	1	0.5
		Practice Team Leader	1	1
CORDIA STAFF	Day Staff ² 8am to 1pm	Area Operations Manager	1	235 hours per week
		Co-ordinator	1	
		Home Carers	11	
	Out of Hours ³ Coordinator from 3pm Home carers from 4pm	Co-ordinator	1	90 hours per week
		Home Carers	10	

² Daytime Staff hours of work include Monday to Friday from 8:00 till 13:00

³ Out of hours Staff hours of work include seven days a week from 16:00 till 22:00

In terms of Cordia staff, twenty two were involved in the pilot – all with considerable experience in care service provision.

ASSESSMENT TOOL AND PERSONAL SUPPORT PLANS

Pre Pilot Social Work Assessment Process

Social Work Home Care Assessors input their assessment to Carefirst, using the Non Residential Service Package (NRSP). The information is documented within the observation headings functional assessment and background information. Alongside a service package that details the tasks and time bands the information was emailed to Cordia Customer Services. The tasks were grouped into Personal Care, Non Personal Care and Housing Support. Tasks are grouped in this manner in order to determine any chargeable elements of the service. The pilot identified however the only information made available directly to the Cordia Home Carer was a list of tasks and any health and safety risk details. The Social Work assessment information was not made available to the Cordia Home Carers.

In summary, Social Work assessments were:

- Not outcome focussed
- Too task based
- Not passed directly to Cordia

Pilot Development of Assessment Tool

The pilot required an assessment tool that supported an outcome focussed framework to assist the development of personalisation. The assessment required to identify service user needs, what the individual wanted from their Cordia home care service and what they hoped to achieve as a result of receiving the service.

There were a series of meetings to discuss the most appropriate assessment tool, ranging from self directed care self evaluation tools to the carenap base line assessment. It was finally agreed that care managers would continue to use whatever assessment tool they currently use and incorporate a narrative around identified outcomes. . It was agreed the home care assessors would complete an element of the carenap and the home care ordering form outlining objectives and outcomes. Staff were encouraged to move away from defining tasks and to identify areas of support.

Once completed, with the consent of the service user, the assessment is passed to the Cordia Area Service Manager and Home Care Coordinator. This is in addition to following the normal home care ordering process through Cordia Customer Services Team. The revised assessment tool (see appendix 1) shared with key Cordia staff ensured Cordia Home Carers had pertinent information – for example what is important to the individual - what outcomes they expect from home care services, significant friends and family, their aspirations and dreams. In essence the assessment tool documented good Social Work practice. All staff valued this change as they considered that it supported their professional values and practice. The Social Work Home Care Assessors found the assessment process more time consuming and therefore reduced the number of visits/assessments which they could undertake.

The Cordia Area Service Manager/ Co-ordinator met up with individual service users to discuss developing their Personal Support Plan (see appendix 6). The Personal Support Plan was drawn up using information from the assessment tool and discussion with the service user and family.

The following Table illustrates the pre and post assessment process as described in the narrative above:

TABLE 2: PILOT STEPS IN PROCESS

Pre Pilot	During Pilot
1. Home Care Assessor prepares the home care assessment and order form that is emailed to Cordia. Assessor inputs service package, time bands, types of care and tasks and forwards to Cordia	1. Assessor prepares baseline assessment with identification of outcomes and totalled hours ordered. This assessment is passed to the home care coordinator and operation manager.
2. Within the service users house the Cordia care diary holds the list of tasks and time bands. The assessment and background information included in the order form is not passed to the home care coordinator or home carer	2. Assessor inputs service package, time bands, types of care and tasks. The service package is input in exactly the same way as pre pilot and emailed to Cordia.
3. annual review	3. Operation Manager and the home care coordinator have assessment information and arrange to meet the service user and family to develop the Personal Support Plan
	4. Personal Support Plan placed in the Cordia Home Care diary
	5. Assessor visits service user for outcome review.

3. EVALUATION METHODOLOGY

TIMESCALE

The pilot was officially launched in February 2009 and completed by June 2010.

MEETINGS

As stated earlier in the report, a Steering Group representing staff across agencies including Social Work, Cordia, Health, the Scottish Government Joint Improvement Team and a Carer was set up to oversee the work of the pilot. Feedback from all consultation exercises with service users, carers and staff was brought to the Steering Group for discussion and relevant action plans and decisions made.

In addition to this, separate group sessions were held with the Social Work researcher to finalise questionnaires for the impending consultations with service users and staff.

Frequent briefing sessions with Cordia and Social Work staff were also held providing an opportunity for Social Work Home Care Assessors and Cordia Home Carers to meet, put names to faces and discuss the impact of personalisation for them and service users. The sessions allowed sharing of thoughts/ views in relation to the opportunities brought by personalisation to staff, services users and carers and some of the issues and obstacles needing to be addressed.

SAMPLE

SERVICE USERS

	agreed	declined	not involved in pilot	Total
cancelled their home care service	1	1	7	9
deceased	6	1	10	17
declined to participate	1	3		4
went in to care			3	3
in pilot from start to finish	26			26
moved house	1		2	3
in pilot patch not involved		1	19	19
Total	35	6	41	82

Throughout the pilot period 82 service users were in receipt of a care at home service with 48 to 53 people at any given time. Operational priorities for both Social Work and Cordia dictated that it would be impossible to include all service users in the pilot. All service users were informed in writing and by the home care coordinator about the pilot. Similarly all were invited to the 3 consultation events and the lunch that marked the launch of the pilot.

- Six service users declined to be involved
- Thirty five agreed to participate though not all stayed to the end of the pilot. A third of service users (9) left the pilot in the early stages as 1 had cancelled the service; 6 died; 1 withdrew from the pilot; and 1 moved house.
- All thirty five participants had an outcome focussed Social Work home care assessment carried out though the nine leaving the pilot did not have a review or a personal support plan completed.
- All thirty five participants were of white ethnic origin where 16 (46%) were aged 70-79; 12 (34%) were aged over 80; 5 (14%) were aged between 60-69; and 2 (6%) were between 51-59.
- Twenty six service users participated in the pilot from start to finish.

STAFF

A range of staff involved in the pilot across Social Work and Cordia were consulted for their views and opinions on personalisation in two stages – pre and mid pilot.

TOOLS USED

TABLE 4: WORK PLAN & CONSULTATION PROCESSES

Tools Used	
Outcome focussed work processes	Social Work outcome focused assessment form (Carenape adapted) Social Work outcome focussed review questionnaire (Social Work assessors) Cordia Personal Support Plan
User/ Carer consultation	Focus group pre pilot (Quarriers) Focus group mid pilot (Quarriers) Focus group end of pilot (Quarriers) Face to face mid pilot questionnaire (Social Work assessors) Face to face end of pilot questionnaire (Social Work assessors)
Staff (Social Work & Cordia) consultation	Focus group using force field analysis pre pilot (Social Work researcher) Face to face mid pilot interview (Social Work researcher)

A range of methods were used to collate information from the pilot in terms of outcome focussed work processes and consultations carried out (Table 4).

Different techniques were developed and employed to gather information from service users and carers to fully encompass the person centred approach. In addition to the traditional semi structured face to face questionnaires, Quarriers were commissioned to conduct focus group sessions using PATH planning tool – *PATH helps people dream about a different future, and creates a plan for action. It takes 2/3 hours and is recorded graphically*⁴.

Quarriers was used to facilitate focus group sessions with service users and carers to ensure a degree of impartiality, autonomy and objectivity. In addition to this, face to face interviews (mid and post pilot) were co-ordinated and analysed by Social Work research. It was important to collect independent views of service users to further support those collectively gathered.

Cordia and Social Work staff views were also collated through a focus group session (pre pilot) and face to face interviews (mid pilot) by the Social Work researcher.

⁴ <https://194.247.40.30/ourwork/projects/pcp/tools.php>

PURPOSE OF PRE PILOT CONSULTATIONS

Pre pilot consultations with service users, carers and staff (Quarrier's and Force Field Analysis sessions) were carried out as they were seen to be constructive in three ways:

- They allowed service users and staff to have an input in terms of their expectation of the personalisation approach before the pilot began. Any barriers or challenges arising were addressed or resolved as best seen fit in the early stages of the pilot.
- They provided a foundation for developing a joint robust action plan in terms of the personalisation agenda.
- They generated outcomes service users, carers and staff wished to see in terms of personalisation which were used to compile and shape questionnaires used in the pilot. Questionnaires were semi structured and employed through face to face interviews.

Subsequent consultations with stakeholders were used to gauge successes or challenges arising within the pilot related to the personalisation agenda.

4. ANALYSIS

SERVICE USER CONSULTATIONS

QUARRIER'S EVENTS 1 & 2

Three focus group sessions were facilitated by Quarrier's with service users and carers from the pilot area on the dates given below:

- 9 December 2008 – pre pilot (14 people)
- 1st October 2009 – mid pilot (10 people)
- 15 April 2010 – end of pilot (12 people)

All three events were facilitated in the absence of Cordia or Social Work staff to encourage people to speak openly and honestly. The first two consultations were similar in their findings and have therefore been largely summed up as one in the write up of the report. Anomalies arising have been accredited as such and discussed further.

Using PATH, broad questions were put to service users and carers in relation to the service provided by Cordia and the results of these have been written up as follows:

Q1. What's Working?



- People valued their home care service and in particular their relationship with their Cordia Home Carers. They also recognised that the service supported them to stay at home:

"I don't know where old people would be without it".

- People really valued it when workers took time to have a breather and also appreciated the range of duties carried out by them:

"Getting help with showering/personal care is good and doing awkward tasks like bed making"

- Having a relationship with their Cordia Home Carer helped them to discuss how they wanted the service.

"Once I know a carer, then it's fine to change how something is done".

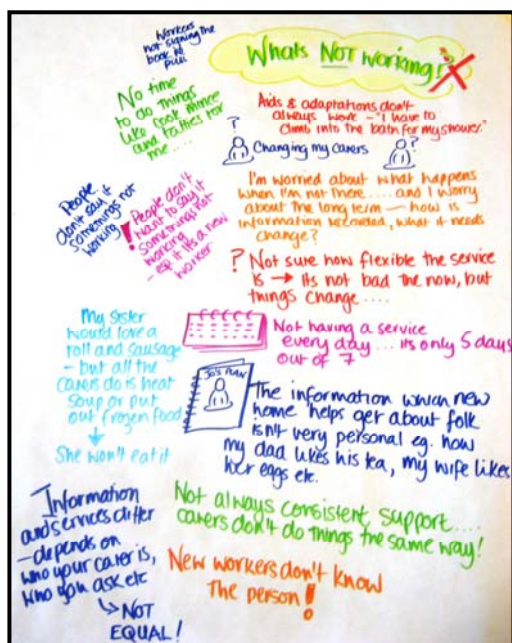
Q2. What's not working?

- Some people were reluctant to voice their concerns to staff or management. The group acknowledged that people

who use the service have to be more vocal in telling workers what works/what doesn't – so things can improve!

- A few were unhappy with frozen or fried food because there wasn't always time to make something fresh. They would like something fresh from time to time, even a roll and sausage.
- Health and safety was mentioned. One carer spoke about her Mums worker getting food from the freezer and letting it lie around all day. If it didn't get used up sometimes it ended back in the freezer! Another person mentioned tablets lying on the floor and another of rotting food not thrown away.

- At the first discussion facilitated by Quarriers, service users spoke about their Care Plans which they felt needed to be more personalised. It was the “wee” things which the group described as being important – e.g. how someone likes their tea, or their toast, or what brand of coffee they like to buy.
- At the second event service Personal Support Plans were in place. The following was said in terms of the new Personal Support Plans:
- It would be really helpful for Personal Support Plans to be checked over with carers/ service users. Sometimes there might be little detail missing that is really important.



- Carers would like to know beforehand when plans are coming out rather than finding out accidentally.
- General format of the plans was ok – but wanted to be sure that the categories were tailored to their needs
- It would be good if it could be amended quickly if circumstances change
- All Cordia workers involved with a person should sign it to show they have read it
- A couple of people were concerned that if support became more ‘personalised,’ either the cost would go up, or cause problems if staff are not allowed to do particular tasks due to the terms and conditions in their contracts.
- Not getting a service every day of the week:

“I need personal care 7 days a week, but only get help for 5 days!”

- Relief workers don't get introduced properly, especially if it's to cover sick leave or holidays.
- Sometimes people are down and need someone to talk to, but there is no time.
- Medication and food was being given too early.

Q3. If you had a magic wand what service would you have?

People spoke about:

- A flexible and responsive service.
- Regular workers, who get to know the person, and are able to identify & monitor any change in needs.
- Being able to bank unused hours – so that they could be used for ‘bigger’ activities – like a haircut
- The service should immediately respond to any emergencies, and carers would no longer worry about their own health impacting on their loved ones care.
- People spoke about communication improving – But that it would be 2 way, that users and carers would feel more able to talk about what they'd like to be different, that there was a easy way for workers to report changes or concerns, and that information would be shared more readily. One carer spoke about the comments section – that she left post-it notes for her brother's workers as she knew that they might not check the section at the back of his plan. Another user described how she'd noticed that users/service users were very reluctant to ask for more help if they weren't coping – that it was important for workers to report changes otherwise no one else would.
- Time spent with people when they're feeling down. One user said that just sitting and sharing her worries with her worker helps her feel much better about things. People were more reluctant to do this now as they knew how busy their workers were.

- Personalised support to each person– and a booklet detailing all the information that workers need to support someone in a consistent way. It would be easy to use.
- A better way of recording important information – like medication, meals etc. Both carers present at the meeting expressed concerns that medication may be missed, or that important appointments etc could be forgotten.
- Two users described the befriending service which they used to have, how important it was for them to have someone to do things with and something to look forward to. They would love a similar service.
- Service users identified improving flexibility and communication so Cordia Home Carers know preferences and what is important to them.
- They identified that a personal support plan documenting these points could be used to enhance communication and consistency. Each service user to have a Personal Support Plan.
- The service will be more flexible and not just about completing tasks.
- There would be time for blether.
- Life will feel “easier” for services users and carers – less worry.
- Reassured and confident that service is responsive to individual’s wishes and needs.

QUARRIERS EVENT 3

The recent cost increase in home care service coloured much of the discussion held at the third event with service users and carers.

“The increase in cost has made the service too dear. There wasn’t much notice it was going up”

“Have had to cut back on the service because I can’t afford it since the costs went up”

“Some people have stopped the service totally because of costs – these people are at risk”

In spite of this, the day time home care co-ordinator was praised for her work and individuals spoke positively of the personal support plans. There were however some issues with the latter:

- Things are still difficult when there are relief workers
- Not clear how and when plans are updated to reflect changing needs
- There is no space for workers to sign to say that they have read and understood any updates/ changes (meds)
- Someone had discovered that staff were signing at 3pm that they have been there for their evening visit, when they hadn’t. This meant the person was regularly going without meds/meals

Quarriers then asked for general comments about the service, and what needed to be learned for the future.

General Comments noted:

- “What’s the point in personalising the service when there is no money?”
- Staff are being cut
- For some people the home care worker is the ONLY person they see
- If services are cut, how do we fill in the gaps?
- It’s the most vulnerable who always suffer
- “How can we keep the spirit of Personalisation alive in the current climate?”

What needs to be learnt?

- “Are the people at the top listening to our concerns and fears?”
- There is no safety net for people when major problems arise
- Carers feel unsure exactly how much training staff are given in dealing with emergencies – there is a lack of common sense!
- The emergency contacts protocol seems to be unclear for carers and for home care staff – who do you contact in an emergency?
- The consultation process has been helpful, but the current climate is preventing real change.

SERVICE USER ONE TO ONE QUESTIONNAIRE PRE PERSONALISATION OF SERVICE

Service user face to face questionnaires were compiled by the researcher from Social Work Services and implemented by Social Work Home Care Assessors approximately three months after the launch of the pilot. Although service user views and opinions regarding receipt of their home care service from Cordia had already been obtained through the focus group sessions facilitated by Quarriers, it was deemed necessary to gain views from an individual service user perspective. The face to face interviews also ensured a higher response rate to participation than the focus group discussions.

Service User Profile

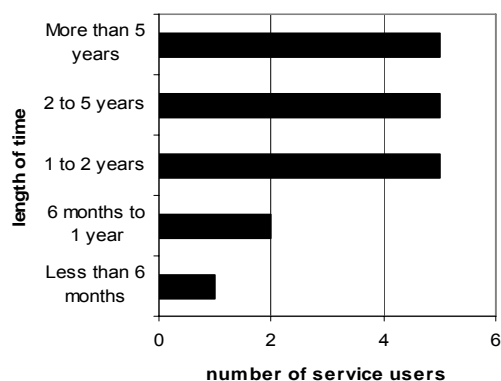
Nineteen questionnaires out of a possible 26 were completed by service users with the aid of Social Work Home Care Assessors or family members.

Eleven services users had indicated they were in receipt of other care services in addition to Cordia (Table 5). In terms of 'other', one person said it included Marie Curie; Stepping Stones and Hope Programme, whereas another said it included Chiropodist for 3 months and CPN until a given time.

The length of time individuals were in receipt of home care was given as shown in Chart 1 below.

meals at home	1
day centre	3
day opportunities	2
Community District Nursing	4
Leisure activities	4
other care services	3

Chart 1: Length of time homecare received



Q1. Were you involved in the decisions about your home care service?

Involved in decisions?	yes	no	not answered
What type of jobs you wanted help with	13	5	1
How you wanted the jobs to be carried out	8	7	4
The amount of time you needed help for	7	8	4
When the home care could visit you	12	4	3

Two thirds (13) of service users said they had been involved in the decision making process regarding their home care service when it came to *the type of job they wanted help with* and *when the Cordia Home Carer could visit them* (Table 6). To a lesser extent, over a third (8) said they were consulted in terms of *how the work was to be carried out* or in deciding *amount of time help was required for*. Eleven individuals gave no comment to further support their answer and 2 said they had been indisposed at the time of discussions taking place:

“Due to circumstances when service started was unable to give input”

“At time of hospital discharge, due to health problems at time unable to participate/remember discussions prior to hospital discharge”

Q2. How satisfied are you with your home care service?

Twelve service users were extremely satisfied with their home care service, whilst 6 were satisfied and 1 was neither satisfied nor dissatisfied. Although most service users showed satisfaction with their care at home service, 11 provided commentaries where some individuals offered simple statements supporting the service they were in receipt of (6), whilst others detailed various aspects of the service they were satisfied or dissatisfied with (5):

"I have excellent home care workers who are very caring"

"The home helps do a good job"

"I am happy with the service received"

"Home care staff visit at a time that suits me but they do appear to be in a rush"

"I have no complaints with home care breakfast and lunch call. My visits at tea and tuck could be delivered at better times, feel home care evening staff could be more friendlier towards myself. ASM advised that if I don't speak to staff they won't speak to me"

"I am satisfied with the service when I have a regular home carer. However I become very dissatisfied when my care is changes as other staff have to repeatedly ask what tasks need done, what I want to eat, where I keep things such as utensils"

Q3. Do your Cordia Home Carers come at times that suit you?

They always come at times that suit me	14
They sometimes come at times that suit me	5
They never come at times that suit me	0
I don't know/ no comment	0

Almost three quarters (14) of service users said that the Cordia Home Carers always came at a time suitable to them whilst 5 said this was only sometimes the case. Of the service users stating staff always came at times to suit the individual, 5 evidenced their responses further by saying:

"Yes I am very happy and like that I get my allocated time at early slots"

"Very happy at information given on times of home care workers visit"

"I get my carer four times a day that suit me"

"My carer always comes early in the morning"

"Home care visits at 8:45 and 9:15"

Where responses recorded staff coming sometimes at times to suit the service user, 3 provided further commentaries to include:

"Tuck visit I feel is a very poor service and does not always meet my care needs I am fortunate I have my friend to support me in the evening"

"Home care workers who call at week-end come at different times"

"Regular worker tries to come at a time that suits me. If there is a change in carer then the allocated time is often changed to suit their workload"

Q4. Did you have a say in how your hours of home care would be used up?

Eleven service users said they had been consulted to say how their hours would be used up as opposed to 8 who said they had not. Only 8 individuals offered comments to support their answer and most were positive even where service users said they had not been involved:

"I didn't get a say in how my hours would be used, however I am very happy"

"I was advised of what days and hours I would get and when allocated carer arrived it was decided what tasks would be carried out on what days"

Q5. Are you kept informed by your home care service about any changes?

Chart 2: Told about changes to HCS

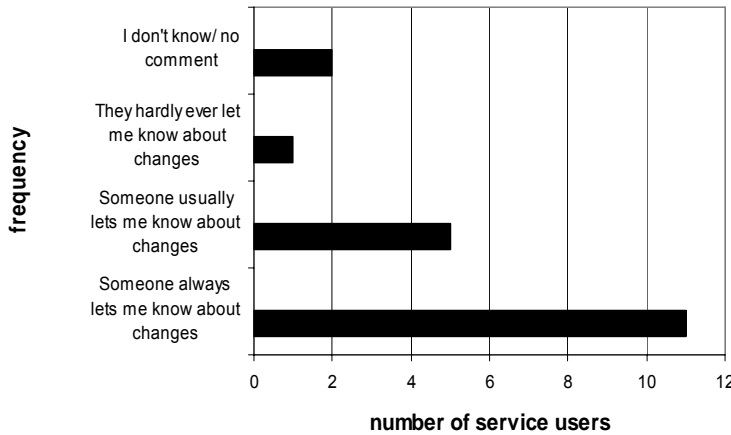


Chart 2 shows, eleven service users reporting that Cordia staff always let them know of changes to their service, backed up with commentaries such as:

"I would say they mostly keep me informed 99%"

"Excellent communication with home care co-ordinator and home care workers"

"On one occasion I was left without assistance and the care diary had contact numbers which I used and the

situation was promptly dealt with"

Five service users stated that usually someone notifies them of any change to their service and three provided further information to say:

"Morning home carer has a lot of meetings to attend which can cause a delay to my service I'm usually informed of changes"

"Always told about day time changes but it's a different team at night time this can be changeable"

"my home care usually lets me know if she will be on annual leave"

One service user stated Cordia staff hardly ever let them know of changes said:

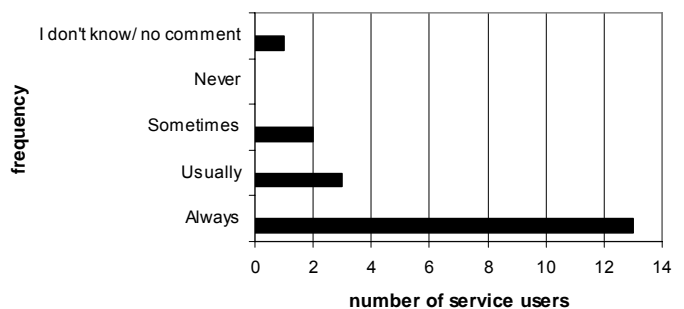
'Until recently if there had been any changes made I was unaware until a stranger arrived at my home. However, my carer was changed recently and the co-ordinator contacted me in advance to advise me of the forthcoming change.'

Q6. Do your Cordia Home Carers do the things the way you like them done?

Over two thirds (13) of service users said they got things done the way they liked them and spoke well of the service (Chart 3).

'My home care workers are very obliging' 'tasks always carried out perfectly.'

Chart 3: Home carers do things the way I like them?



"I feel happy that the carers do the tasks in a way that is satisfactory to me"

"I strive to remain as independent as possible. I would benefit from housework tasks however I do not feel the cost of service reflects the input staff are able to give to clearing my house"

Where service users (3) had reported Cordia staff usually carried out tasks to suits them, one person said:

"I have a good relationship with morning home carers"

However, two service users saying staff sometimes carried out tasks the way they liked them said:

'The regular carers normally do things the way I like them done. However, if there is a change in service then things do not get done right.'

'I would like more home cooked fresh healthy meat, I would like more vegetables especially for my evening meal. I would rather have my food cooked in the oven/ grill than fried.'

Q7. If you had a change in your home carer at any point, did you feel there was a consistency in the level of support provided?

Fifteen service users answered yes, 2 said no, and 2 said don't know/ no comment.

Of the 15 people saying yes there was consistency in level of support provided when there was a change to the service, 10 provided favourable comments in support of their answers of which the following are an example:

'I have meals delivered by Wiltshire Meal Company, sometimes I feel like different foods and the home carers have purchased alternatives.'

'I have had home care for a number of years I feel staff are aware of my daily routine.'

'Relief workers always know routine.'

"There is a small team of carers in this patch who all know me very well and know how I like things done"

The two service users answering no said:

"There is absolutely no consistency to the level of support I receive when there is a change in care worker. As previously stated new workers often have to be guided as to where utensils etc are stored. Time also changes to suit the workload of the new carer."

"Like having my regular home help best as I get used to them"

Q8. Please say if there are things you would like done differently by your home care service?

Six people did not answer the question. A further 8 were completely happy with the service provided currently whilst 5 spoke of things they would like done differently:

'I would like to have regular carers whom I can build a trusting relationship with as at present it is difficult for carers to get to know me'

"I would like housework however would not be prepared to pay the cost of service."

"I would like a later tuck with staff spending a little more time"

"I would like them to stay longer - home care staff are like greyhounds stuck in a trap"

"I would like to have more healthy cooked food....I would like my kitchen area to be cleaned after cooking"

Q9. In your opinion, which of the following statements best fit the support you receive?

My home carer always manages to support me fully in the time they have	15
My home carer usually manages to support me fully in the time they have	3
My home carer sometimes manages to support me fully in the time they have	1
My home carer never manages to support me fully in the time they have	0
I don't know/ no comment	0

Of the 15 people saying the Cordia Home Carer always manages to support me fully in the time they have, 5 provided comments saying:

'Home care worker always tries to accommodate me, offering excellent support.'

'I feel that my home care worker goes out of her way to support me.'

'I try to remain as independent as possible.'

"Morning home carers are really good at helping me in my morning routine including personal care, and getting ready to go out"

"Workers must and do go at my pace"

Where service users were usually supported the following was said:

'I have no complaints with day home carer; evening staff could be a little more friendlier.'

"home care staff are restricted slightly as Mr X does not always accept services in particular if he is under the influence of alcohol"(assessor)

The service user who felt supported only sometimes by Cordia staff, stated:

'I feel that the carers are always in a rush therefore it is difficult to request any additional support if I feel this is needed.'

Q10. & Q11. Would you be able to ask for changes in the way your care is provided and who would you ask?

Sixteen service users said yes they would be able to ask for changes in the way their care was provided and 3 said no. Where service users reported they were able to ask for changes, 9 gave additional comments in support of their responses of which the following are an example:

"Very comfortable and confident that home care co-ordinator would tackle any needs I have"

"I have never had reason to ask for change. However, I feel I could ask if I needed to"

"I am aware I contact Social Work services for changes to my care plan"

"Sometimes if I have an appointment I speak to my carer and change is not a problem"

'I feel I would be able to ask for change in the way my care is provided. However, I am not confident that changes would take place.'

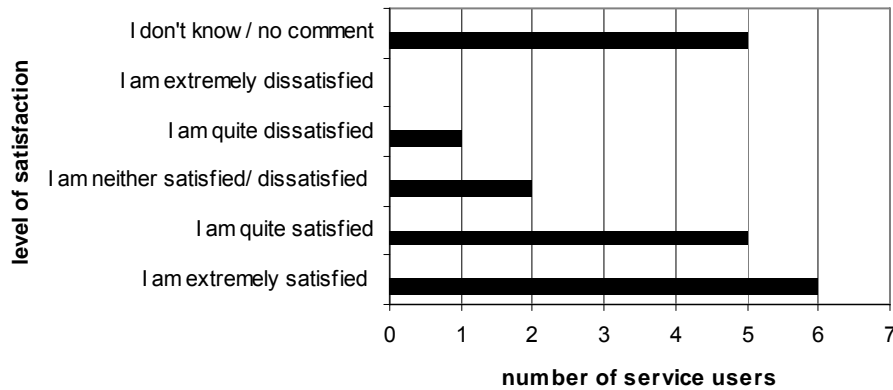
Of the 3 that answered 'no' 2 had misinterpreted the question thinking they were being asked if they wanted a change to their service. The third person said they would not be able to ask for change as they didn't know who to contact.

Q12. & Q13. Are you aware you have a Care Plan and how satisfied are you?

This question was asked at point in pilot when service user needs were still recorded on care plans produced by Cordia home care staff (pre Personal Support Plan). Eleven service users were aware of their care plan of which over half were extremely satisfied and just under half quite satisfied. Eight service users were not aware of their care plan of which 5 did not rate their satisfaction levels, 2 were neither satisfied nor dissatisfied and 1 person was quite dissatisfied.

Where service users were aware of their care plan, only 3 provided additional comment:

Chart 4: How satisfied are you with your Care Plan



“I wouldn't change anything”

“I never look at it. All is well all the time”

“Not personal not enough information. No mention of likes/dislikes strengths/weaknesses”

Eight service users said they did not know they had a care plan. In some cases, when home care Social Work Home Care Assessors were interviewing service users they spoke in depth about the individuals care plan and showed copies which prompted four people to say:

“Only became aware that I had a care plan when the assessor highlighted it this to me. I cannot follow the codes on the plan. However I am satisfied that carers endeavour to carry out the tasks”

“Assessor discussed my care plan with me. However, I found the codes very confusing”

“Mrs X was unaware of her care plan but has now been informed and has a little insight into her plan” (assessor)

“After going over care plan in diary with service user, service user commented care plan is exactly what happens in the house” (assessor)

Q14. How much do you agree or disagree with the following statement?

Table 9: How much do you agree with the following:	Strongly agree	Agree	Not sure	Disagree	Strongly Disagree
The HCS makes me feel comfortable and safe in my own home		6	2		
I have as much contact as I want with other people	9	7			
I get up and go to bed at times that suit me		6		1	

The question in this part of the survey was in three parts whereby it attempted to determine:

- If vulnerable individuals ‘at risk’ felt safe and comforted in their own home knowing the home care worker would be around
- if individuals had social contact with others, at professional or non professional level, and were not left isolated within their own home settings
- If service users were given choice with a daily routine such as going to bed whenever it suited them – taken for granted by many.

Questions in rows one and three of Table 9 were poorly answered in comparison to that in row two. Unfortunately, no comments were collected to evidence service user answers but statistics in Table 9 are positive apart from the one individual who did not have a choice in when they went to bed. The following statement does however highlight an example of a service user feeling safe and looked after in their own home knowing that the Cordia Home Carer would be visiting:

“I have been found lying on the floor on numerous occasions by the home care staff. Therefore just knowing that they are due to visit alleviates some of the pressures that I experience due to my illness”

Q15. How much control do you have over your daily life?

Table 10: How much control do you have?	
I feel in control of my daily life	13
I have some control over my daily life but not enough	2
Services help me to feel in control of my daily life	2
Total	17

Definition of ‘control over daily life’ was given to service users as doing things they wanted to do and when they wanted them done. Examples such as choice in the food they ate, when they slept and freedom to come and go as they liked were given. Of the ones that answered this question, three quarters said they felt in control of their daily life and comments such as the following were recorded supporting their answers:

“Home care service has given me confidence and reassurance being at home alone during the day when my grand-son, who lives with me, is out at work”

“I have total control of my life even though I have a home care service three days a week”

“I feel reassured that I have a carer on a daily basis. This enables me to remain living in my own home”

Two people had stated they had some control over their daily life where one person went on to say:

“The home care service does allow me to have control over my life. It is my illness which prevents me from having enough control”

Two people had said that services helped them feel in control of their daily life but no comments were provided to support their responses.

Q16. Please give examples of how the current home care service has made a difference to your life?

Seventeen service users responded to this question stating how the home care service had made a difference to their lives and some of the comments below provide an example of what was said:

“I would struggle with most tasks without their input. My balance is poor and I can't cook, wash or go out independently”

"Home care supports twice daily with personal care after I suffered a fall dislocating my shoulder, my son lives at home with me and home care offers him peace of mind when he is at work"

"I can rely on someone popping in to check I am ok and bringing me fresh bread/ milk etc., I appreciate the help I receive it alleviates and y pressure on my family who work full time and can't manage to visit daily"

"I would not be able to have a shower and feel clean and comfortable in my home with out carer's assistance"

"I do not get out due to poor health and feel that home care workers are very caring/ kind towards me and often give me a lift if I'm feeling down"

In summary, outcomes such as the following are seen to emerge from comments provided by service users:

- stress relief, peace of mind and feeling of being more relaxed;
- not being a burden to any family members;
- being cheered up and made to feel good;
- feeling of cleanliness due to personal care provided;
- being allowed to stay in their own home and having a degree of independence;
- having a daily routine and a degree of normality;

Q17. Please say what would help to improve the service for you?

In response to this question 5 service users offered no comment whilst 7 stated their satisfaction with the service with no further change required offering comments such as:

"I am satisfied with the current service. Therefore I find it reassuring to know that should my health deteriorate than I can request additional support"

"I feel the service I receive and the carers who visit me are both adequate"

"Carers are providing a good a good service at present no need for improvement at present:"

Seven service users spoke of how the care they received at home through Cordia could be better supported in terms of more time with carers; healthier meals; greater flexibility; better service at night time – as detailed in a sample of the comments listed below:

"Social Work assessors should visit on a regular basis and it would be helpful if assessor was recognisable/ known"

"A regular carer would afford me consistency in my daily routine. This coupled with home made food which would afford me a better balanced diet thus meeting my nutritional needs would be an ideal way to meet my needs"

"Would like carers to have more time"

"Would like to go to bed at 8pm and have staff care about my feelings"

"Great support in the morning and this could be improved in the evening. More home cooked meat fresh fruit and vegetables"

Q18. Did you receive any practical help from others?

Over three quarters of service users (15) said yes they did receive practical help from someone living in another household and 4 said yes they did from someone living in the same household.

SERVICE USER REVIEWS

Service user outcome focussed review forms developed for the pilot were based on the Talking Points outcome framework as developed by the Joint Improvement Team. Using similar principles, another pilot in Glasgow's South West CHCP had devised a service user review form to test the framework in terms of Social Work assessment and care management practice in 2009. The review form was judged to be a success as it had been positively received by Social Work staff on implementation. The personalisation pilot therefore adapted this review form to use when reviewing home care services. Outcomes measuring satisfaction levels such as those listed in Table 11 and 12 were replicated from the pilot in Glasgow's South West CHCP.

Eighteen reviews, using the revised outcome focussed review forms, out of a possible 26 were completed by Social Work Home Care Assessors within the time frame of the pilot. These reviews were with service users they had conducted the one to one interviews with earlier in the pilot.

Overall, the majority of service users (14) said the home care service received was excellent, 2 said it was good, 1 said it was neither good or bad, 1 said it was bad and 1 provided no response.

Most of the comments received by service users were positive with not many individuals wanting to change the service at all. The following is a sample of what was said:

"The service is excellent and my regular carer is like a daughter to me"

"On the whole the support workers are really nice and pleasant and they do their best to help me. I believe they are genuinely concerned for my welfare"

"I really appreciate the service and feel that I could not do without the support of my worker and the other home carers"

"No complaints in regards to the home care service – my quality of life is benefited and I look forward to visits"

However, five service users had shown some level of dissatisfaction in comments provided and the following is a summary of their concerns.

One person's complaint was in relation to frozen meals being delivered but not always cooked by the Cordia Home Carer and that often sandwiches were offered instead. The person in question required encouragement to eat her food and often her daughter would find uneaten food thrown in the toilet. The general feeling was a lack of choice in terms of food being offered and the service user not supported to eat it by the home care staff.

Three people were unhappy with the evening and weekend service and considered that their care at home care was not personalised. One individual felt there was a lack of respect in terms of fairness and quality demonstrated by the workers who cooked the same meals most nights which was not felt to be healthy or fresh.

Although one person had the home care eligibility criteria explained to her, she was still unhappy with the reduced hours given following a review of her service. Also during public holidays, the same service user felt that she was left alone for up to a week sometimes without seeing the carer again. A pendant alarm had been provided for the person but she wanted reassurance with a physical presence of a Cordia Home Carer.

In general, most service users were either very satisfied or satisfied with the outcomes relating to how

Table 11: How satisfied were you with the staff provided in terms of the following:

	Very Satisfied	Satisfied	Not Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied	Don't Know/ No Comment	Total
Being listened to	13	3	1	1			18
Valued and respected you as a person	14	3		1			18
Gave you a say in the service provided	13	2	1	2			18
Responded to your changing needs	13	2	1	1		1	18
Reliability	14	2	1	1			18
Gave you the service you wanted	13	2	1	2			18

staff delivered the home care service and treated individuals. Most areas scored quite favourably (Table 11). Where service users showed some dissatisfaction, their comments have been covered in the summary above.

Table 12: To What Extent has the Service you Received Improved the Following:

	Large improvement	Small Improvement	No Improvement	Worse	Total
The quality of life for you	15	1	2		18
Your own health and well-being	14	1	3		18
Having time to yourself to do other things	10	1	7		18
Relationship with your family & you	12		6		18
Feeling safe & secure	14	1	3		18
Fairness and Equality	8		9		17

When asked to comment on the extent of improvement in terms of outcomes listed in Table 12 since their home care assessment, the majority of people stated their had been large improvements, in particular in relation to their quality of life; their health and well being; feeling safe and secure and relationship with their family member. No one reported the situation as having got worse. Where people stated no improvement, most had been satisfied with the service they were receiving pre pilot and had therefore not noted any change with the pilot.

SERVICE USER END OF PILOT QUESTIONNAIRE

Level of Satisfaction

<i>Table 13: Level of satisfaction of home care service</i>	Very satisfied	satisfied	Not satisfied or dissatisfied	dissatisfied	Very dissatisfied	Don't know/ no comments	n/a	Total satisfaction
Pilot consultations carried out	5	11	6	1		1		94%
Flexibility of service	9	13			2			92%
Day time service	12	9	1	1	1			91%
Timing of service	10	11			3			91%
Personal support plan	3	10	2	2		2	5	87%
Hours awarded	5	14	1	3	1			83%
Staff changes	4	14	1	3	2			78%
Meals provided	4	6		1	2		11	77%
Night time service	1	6		1	2		14	70%
Value for money	6	8	2	4	3	1		67%

Twenty four service user interviews were conducted at the end of pilot by Social Work Home Care Assessors out of a possible 26. The purpose of the exercise was to reassess satisfaction levels around various aspects of the home care service and the consultation process conducted during the life of the pilot at various stages. The end pilot questionnaire also gauged individual perceptions on the Non Residential Charging Policy as a result of what was said at the third Quarriers.

Table 13 shows that overall service users were very satisfied or satisfied with their home care service in terms of the listed areas⁵. In support of their answers, many individuals provided comments of which the following are a select few:

"I receive a great service which allows me to maintain my independence. I enjoy spending time with the carers as they are kind and caring individuals"

"I am very satisfied with the service I am receiving and have no complaints or suggestions on how to improve it"

"I really depend on the support I get from Cordia. I would not be able to manage on my own. I have a routine and I don't like any changes to it"

"Girls were very good, obliging and friendly...well organised, when lifter were off – home carers phoned me to check if I needed anything - they always phoned ahead"

However, having said the above, a truly personalised home care service at this point in time of the pilot should have scored a 100 per cent total satisfaction amongst all its service users. All anxieties or concerns should have been picked up and dealt with by Cordia either through its personal support plans, Social Work review forms, the consultation process and/ or through discussions with Social Work or Cordia staff. However, Table 13 shows that this was not the case. Although low in number, service users have scored dissatisfaction in all areas of the above table. Meals provided, night time service, staff changes, and value for money are areas showing greatest levels of dissatisfaction. Comments below provide more detail as to why some service users were dissatisfied with their care at home.

"Home carers are in and out in 6 – 7 minutes, they should take time to say hello how are you."

"They give you a shower and leave you to dress yourself – don't clean the shower, pickup towels or dry the floor – serious risk of falling on wet floor"

⁵ Percentage calculations have excluded scores from responses given as: not satisfied or dissatisfied; don't know/ no comments and n/a.

“Very dissatisfied with my dads service at night and weekends. Often find my dad in bed with the previous days clothing on, unshaven and smelling of urine.....carer’s need to be trained in dealing with service users with dementia.”

“Regular home help left approx 4 months ago and since then the home helps do not understand x’s needs as well”

“Cordia staff do not always read the personal support plan. There is no discussion about changes and some tasks are not being completed.”

“Flexible during the day but poor service evenings and weekend”

Copies of the end of pilot questionnaires were shared with Cordia Service Manager for action where service users had shown dissatisfaction with the home care service.

Council’s Non Residential Charging Policy

Of the 24 people interviewed, 11 did not know how much Social Work Services contributed towards the care of their service. Thirteen people were aware of the full cost of which a quarter illustrated Glasgow City Council paying between £30 -£59 (Chart 5).

Chart 5: How much do SWS pay towards your service?

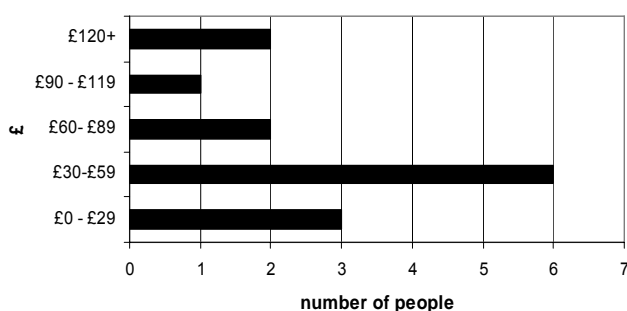


Chart 6: How much do you pay towards the cost of the service?

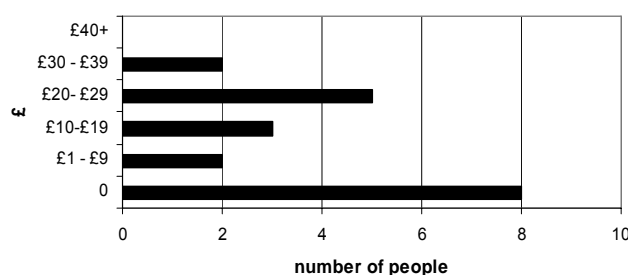


Table 14: Value for money questions	
Are you happy with this arrangement?	Yes 17
Are you getting value for money?	18
Would costing affect your decision whether you continue the service?	9

Twenty one people knew how much they paid towards the cost of their own service (Chart 6) of which over a third stated they paid nothing towards their service. When asked if service users were happy with the charging arrangements, almost three quarter said they were. In addition to this 75% thought they were getting value for money. However, over a third said that if the cost of the service was to increase again, their decision to continue with the Cordia would be affected. In this situation service users suggested alternative home care arrangements ranging between family and/ or private agency. Three service users of the 24 participating in the end of pilot survey had cancelled their care at home service due to the increase in charges and another was intending to. Others had the following to say:

“It would depend on what I could afford and what support my daughter would be able to provide”

“Wouldn’t pay money for the standard of service – would get direct payment and co-ordinate with family...it isn’t value for money for the taxpayer to pay for thirty minutes and get 6 or 7 minutes”

“Depends what level the charge is set”

5. STAFF CONSULTATION

FORCE FIELD ANALYSIS

A focus group session was held respectively with staff from Cordia and Social Work using a technique called force field analysis. 'Force Field Analysis was developed by Lewin (1951) and is a method widely used to inform decision-making, particularly in planning and implementing change management programmes in organisations. It is a powerful method for gaining a comprehensive overview of the different forces acting on a potential policy issue, and for assessing their source and strength.'⁶

Total	Driving Forces to Change		Driving Forces Against Change	Total
		Plan: To change the homecare service from Task base to Personalisation Approach		

The exercise involved a maximum of 10 individuals of various designations at any one time and discussions covered a range of issues that were recorded on flip Chart paper. The focus of discussion was around 'changing the home care service from being task driven to a more personalised approach' to obtain staff opinions on the pros and cons of personalising the home care service. On one side of the Chart, all the forces in support of change were listed, and on the other all the forces holding back change. Once listings had been exhausted, a weighting scale was applied to each one on each side where '1' was the weakest and '5'

the strongest. The scores were totalled and measured against each side. Discussions then focused on reducing the restraining forces to capitalise on the existing driving forces. Sessions lasted between two to three hours and the end result was used to inform action plans and impending consultations.

Driving Forces for Change

Discussions in both groups were vibrant and expansive. Staff across agencies were in agreement with several driving forces favouring the move towards personalisation e.g.:

- It is person centred and flexible – examples given included staff having the time to provide fresher & healthier meals, be sociable to service users, and offer personal care suitable to the individual's needs.
- It will be open to scrutiny and there will be accountability
- Care Plans currently drawn up by Cordia will improve involving service users and their families
- Social Work Assessments will be outcome focussed
- Working relations and communication between Social Work and Cordia will improve. Social Work staff also felt the way information is currently shared and communicated between Cordia Home Carer and service user will improve.
- Carer outcomes such as free time and gaining peace of mind will be achieved.

Some driving forces were mentioned individually by organisations. Cordia for example only said that personalisation would help them keep their jobs whereas Social Work staff spoke of:

- Better service user information recorded on CareFirst and passed to Cordia minimising risk

⁶ http://www.odi.org.uk/rapid/tools/Toolkits/Policy_Impact/Forcefield_analysis.html

- The service will be better value for money
- It will promote individual independence & encourage service users to remain in the community in their own homes
- It will be more supportive than intrusive
- Changing attitudes and work practice.

Driving Forces against Change

The following Forces against change highlighted shared concerns from Social Work and Cordia staff:

- Clarity needed in terms of what personalisation means for this project
- Non Residential Charging Policy is too task driven and not personalised
- No new money
- Achieving true personalisation without funding & time constraints will be difficult. Realistically, what can be achieved?
- Don't want to mislead people or build up expectations i.e. what happens if you run out of time and service user wants more time?
- Staffing issues – are there enough resources? When on annual leave who will pick up the work? Staff ability to maintain the new role? What if there is an ongoing conflict with a service user and Cordia Home Carer? – Under personalisation they will have to spend more time with each other.

In addition to the above, Cordia staff also spoke of better communication between the Cordia Home Carer and the co-ordinator whereas Social Work staff discussed the following:

- Training required. What are priorities for Cordia? What form will training take place?
- Requirement to monitor service under personalisation
- Service users don't like change so may not want to participate in personalisation pilot
- Personalisation project was coinciding with big changes to service provider so uncertainty existing, Also timing with Social Work structures in current climate not suitable timing.

Next Step

Outcomes from these sessions were taken to the Steering Group for discussion where it was agreed that the two leads Social Work and Cordia would meet to develop an action plan to steer the work of the pilot.

STAFF FACE TO FACE INTERVIEWS

The face to face questionnaire for staff was compiled using themes that had arisen from the force field analysis sessions held with staff earlier in the pilot. Its aim was to focus on discussions around the restraining forces staff had spoken off and to see if any headway had been made three months on.

A total 21 interviews were conducted with staff, involving 8 from Social Work (4 Social Care Workers; 1 Social Care Assistant; 1 Practice Team Leader; 1 Care Manager; and 1 Project Leader) and 13 from Cordia (10 Home Carers; 2 Co-ordinator; 1 Area Operations Manager). Two of the Cordia staff worked night time shifts only, a further 2 worked both morning and night time shifts whilst the remaining 9 worked daytime shifts only. Findings of the research were as follows:

Impact of Personalisation on Workload

- Almost all Social Work staff (7) and 2 from Cordia stated that personalisation had had a big impact on their workload. Most of this was attributed to carrying out detailed assessments, return visits and attending regular briefing sessions/ meetings.
- Most Cordia staff (9) said there was no change in their workload and felt they had always provided a personalised service. Only the Co-ordinator and Area Operations Manager spoke about additional meetings which had impacted on their current work load.
- Cordia staff commented on the huge improvement in Personal Support Plans replacing Care Plan diaries. They added that it gave them a better insight to the service user and how they were expected to carry out their duties. However, some Cordia staff had still not seen any plans.
- In terms of service users and carers, staff felt there was more awareness and clarity in terms of the roles of the two departments.

Use of Social Work Assessment Form; Cordia Personal Support Plan; Guidance Notes

a) Outcome Focussed Assessment Form: Nine staff from Social Work spoke positively about the adapted assessment form and said it was more condensed and outcome focused. Most Cordia staff (9) did not know anything about the new assessment form.

b) Outcome Focussed Personal Support Plan: Fourteen (67%) very positive comments were received (6 Social Work staff and 8 Cordia) in terms of the Personal Support Plan being more informative and personalised. Five Cordia staff were unaware of the new Personal Support Plan.

c) Personalisation Guidance Notes: Eleven (52%) staff (4 from Social Work and 7 from Cordia) said there was more clarity since meetings and briefings had been held which included the visit from Emma Miller from Joint Improvement Team. However, this could be improved further if written packs were produced. This would help to standardise the process. Seven (37%) people still spoke negatively with comments such as:

'goal posts keep changing' and 'confusion about some aspects of personalisation.'

Three Cordia staff felt that clearer guidance identifying their duties under personalisation would be a big step forward. Example given – should they be cutting someone's toenails? It was also essential that service user be given separate set of guidance notes determining what they can or cannot do when the Cordia Home Carer is in their house, such as 'no smoking.

Training

- All 21 staff interviewed said they had not been offered any training related to personalisation. Seventeen (6 Social Work & 11 Cordia) said that training in some form was needed. Of the 17, eight said that the briefings, meetings and paperwork circulated had been useful.
- Type of training staff spoke about included:
 - Information packs (covering guidance and form completion)

- Emma Miller talk and use of digital stories. These should be shared with everyone involved in personalisation in the early stages
- Person Centred approach for Cordia staff. Especially in terms of dealing with different service user group categories and for it to be applied across the city if rolling out.
- Personalising the current Social Work Non Residential Charging Policy without increasing costs
- Team building days and more discussions with colleagues in terms of good practice
- Basic first aid. If service user collapses how to deal with situation.

Communication a) within own organisation b) across agencies i.e. Social Work & Cordia

a) Within own organisation: Nineteen staff (7 Social Work & 8 Cordia) said that communication was good or had improved. For most staff the contributing factors for this were briefings, meetings and local level discussions. In addition, Cordia staff credited some of this towards the day time co-ordinator who regularly gave feedback on any updates concerning personalisation pilot.

b) Across agencies: Thirteen (68%) staff spoke positively around this question. Much of this was accredited to increased interaction between Social Work and Cordia since the start of the pilot i.e. face to face discussions and meetings. One Cordia member of staff said:

'you can now put names to faces, there is a much better understanding of what each other does.'

Six Cordia staff said they had no contact with Social Work so were unable to answer the question.

Time Management

- Eighty one percent staff interviewed said that the process had been straightforward and time management was not a problem as initially assumed. They reported that none of the service users had asked for any significant changes to their service. Where Cordia staff felt they were rushed in terms of getting certain support needs completed they 'worked around it' i.e. did the service users shopping while doing their own, cooked food in their own home then taken to service users. One Social Work member of staff said that time was not seen to be as big a problem during the daytime as it was in the evenings.
- Four people (3 Social Work and 1 Cordia) had said that time management was a problem. Social Work staff felt that 30 mins was not enough time to personalise but that Cordia staff were coping very well but were limited with what they could do. One Social Work member of staff related the time management question to their own work remit and said that under personalisation their workload had increased quite a lot.
- Many Cordia staff felt that time management was not as great a problem as it was for the part-time staff who seemed to be more rushed.

a) What information is supplied by Social Work in outcome focussed assessment form b) What Cordia Customer Services Team pass onto Cordia Home Carers c) How Cordia use this information

a) Information supplied in outcome focussed assessment form: Only 5 Cordia staff knew what information was included in the Social Work assessment form before being passed onto Cordia. Of the 5, two had worked closely (daytime Co-coordinator and Service Manager) with Social Work staff since the start of the pilot in terms of collecting the assessment forms and putting together the new outcome focussed Personal Support Plans for service users.

b) What Cordia Customer Services Team provide to home care staff: Of the 8 Social Work staff interviewed 7 now knew what was passed onto Cordia Home Carers. Since the start of the pilot direct contact between Social Work and Cordia staff had been initiated in terms of sharing information. One Social Work member of staff had been on long term leave and therefore was not aware of what was happening.

c) How Cordia staff use this information: All Social Work staff interviewed now knew that information from the assessments would be used to inform Personal Support Plans.

How personalisation is working for a) the worker b) service user c) carer

a) The worker:

- Staff members across both organisations commented on improved communication and more job satisfaction. Workers on both sides saw this as a team exercise 'regularly *coming together as workers not managers*.' Personalisation had brought this to the forefront.
- In addition, Social Work Home Care Assessors saw the positivity in using the new person centred assessment forms which provided them with detailed service users information giving a better perspective of service users needs. Respect and valuing individuals was seen as the core to personalisation.
- Just over a quarter Cordia staff (4) said that nothing had changed for them, in terms of what they were doing, as they were still doing the same as they always did. Those who had seen the new Personal Support Plans were unanimous in that they were better than the old *Care Plans* 'there is comfort knowing that you don't have to follow the *Care Plan* so rigidly.' Outcome focussed Personal Support Plans were giving them a chance to familiarise themselves with the service user and family members before providing the service in a manner requested by the service user.

b) Service user:

- Social Work staff in the main spoke of service users afforded their basic rights, needs, dignity, and choice. Some felt their awareness level of roles played by Social Work and Cordia had increased through the assessment and Personal Support Plan process.
- Five Cordia staff said service users would not have noticed any change because the service was the same, whereas a further five spoke of spending more quality time with the individual; allowing stronger bonds to be built; improving confidences; service user awareness of options available to them & flexibility in the personalised approach available to them.
- Two Cordia staff felt it was unfair that only service users from the pilot were benefitting from the pilot and that personalisation should be rolled out further.

c) Carer:

- Seven staff interviewed said they had not had any contact with family members/ carers and could not therefore comment on this question. Where there had been contact, staff thought the personalised service had relieved a lot of the pressure of caring. There was comfort knowing the person cared for was being looked after in a respectful and dignified manner. Carers were also more aware of the two agencies and as to what role each played – approaching them was now much easier.

What needs improving for a) the worker b) the service user c) the carer?

a) The worker:

- The most frequent response to this question was to roll out personalisation further. Other 'worse off' areas could benefit from it.
- Social Work staff wanted more resources in terms of staff carrying out assessments. Linked to this, Cordia reported that Personal Support Plans could not be written up as assessments had been slow in coming through.
- Social Works Service Package and charging systems on Carefirst need to reflect elements of personalisation rather than being task focussed.
- Generally, out of hours service was identified as being less personalised than day time service.
- There were still time constraints in personalising the service for some individuals – Twenty minutes was not enough to help with shopping, escorting, cooking meals:

'need more time to cook rather than using microwave, there needs to be a personal touch to cooking.'

- Clearer guidelines for Cordia service users were needed regarding what to expect of the service.

b) Service user:

- Feedback on this question mostly replicated what was said in the above i.e. more time to personalise support needs; change Non Residential Charging Policy as it puts service users off asking for things; Promote more healthy heating than just using microwaves and heating up food.
- Some Social Work and Cordia staff had said that:

'Personalisation shouldn't just be in the living room, should be able to expand this out into community.'

It was generally felt that personalisation within the pilot was restrictive in that it only personalised care at home for the service user in terms of what they had been receiving pre pilot. It did not offer any additional support such as being escorted to the shops, paying bills, attending hospital appointments etc.,

- Social Work should assess service users again to see if they are interested in other community activities especially where there is early onset of dementia:.

If caught early enough, community activities are a great way of forming links which the individual can hold onto when deteriorating at later stage.

- Regular follow up on service user is needed, hopefully reviews will cover this.

c) Carer:

- Only two comments were given in relation to this category – allocate more time for service user and provide more meaningful respite for carers.

Provide examples where personalisation has made a difference a) to service user b) the carer

a) Service user:

- Cordia staff helped a service user who was constantly losing keys and locked out from his own home. Put his key on a string and around his neck. No further incidents recorded of being locked out.
- Help service user with hearing aid before starting any duties so can interact with him better.
- Service users wife taken into long term care and he stopped eating, relying heavily on alcohol. With gentle persuasion and care he is now eating, looks after himself and has time to visit his wife.
- Put heating on for service user this makes a big difference to them.
- Took service user with fractured shoulder to the clinic as his family couldn't manage.
- Take service users clothes home to iron so that he can wear them to church.
- Cook service users food at my home because there is not enough time when working.
- Bedding bought for the service user from shops on my way to his house.
- Have a cup of tea with the service user and do wee favours like buying fish suppers when they want.
- Sit and chat with the service user and give them the respect they deserve 'treat people the way I would like my own mother/ father to be treated.'
- Alcohol dependent service user needs showering, but not always able to, due to the state he is in. With the flexibility under personalisation, I can now shower him when he is in a fitter state.

- Helped service user fill passport form. Also phoned Social Work Services on her behalf and they came and helped her with rent and council tax.
- Put rollers into service user's hair. Sits in her chair all day and isn't able to move around in her own home. Help her to look in her cupboards and drawers to see what clothes she has so can choose what she wants to wear.
- Service user loves fish, so I go to Morrison's and buy her fish as no fish mongers nearby. Now have made Wednesday her fish day.
- Have encouraged service user with dementia to put notes around the house to help remember things i.e. lock the door once someone leaves, phone a family member before leaving your house so they know you are out and don't worry if they try to contact you.
- Allocated extra time for bathing/ showering for two service users. Has made a big difference to their lives.
- Blow dry service users hair. Ask her how she likes it.
- Night time staff going in earlier at request of service user if having trouble with mobility and requires help with toileting etc.,

b) Carer:

- Carer has her own life now and can look after her granddaughter and business interests. There is reassurance that her brother's needs are met, not have to give up any part of her own life.
- Refurbishment programmes have made a big difference to the carer.
- Daughter stays in England but appreciative of care her mother is getting as it gives her peace of mind.
- Working daughter wanted her dad to be taken to the hospital. Cordia staff washed the service user and dressed him before taking to the hospital. Gave his daughter *'peace of mind.'*
- Family very happy that their father is getting cooked meal and vegetables.

Additional Information

In general most reiterated facts already covered above i.e. training, Home Care Charging Policy, limited support needs, workload management, additional time required etc.,

How is personalisation going to be rolled out across the city?

If emergency referral, co-ordinator should go and see the service user first and see what their needs are because sometimes Cordia staff 'go in blind' and don't know what their needs are. 'It is largely guess work.'

6. FINDINGS

THINGS THAT WORKED IN THE PILOT

- Brought staff together from both agencies in terms of briefing sessions and meetings held linked to the personalisation agenda
- Consultation exercises which allowed:
 - service users, carers and staff the opportunity to have their say and shape the service
 - action plans used in briefing sessions and stakeholder questionnaires to be developed
 - issues or concerns of individuals to be highlighted which could be resolved
- Cordia developed outcome focussed Personal Support Plans which replaced old Care Plans
- Social Work developed outcome focussed Social Work assessment forms and review forms
- Identified many areas of good practice and areas where improvements are still required (see section under recommendations).

LIMITATIONS AND CHALLENGES OF THE PILOT

- Preparatory work leading up to the launch of the pilot was more intensive than anticipated e.g.:
 - Establishing a steering group
 - Formulating a framework for evaluation and strategic work plan
 - Devising an outcome focussed Social Work Assessment form
 - Devising an outcome focussed Social Work Review form
 - Devising an outcome focussed Cordia Personal Support Plan
 - Devising a work strategy for staff briefing sessions.
- Population within the pilot area consenting to participate constantly fluctuated i.e. through death, hospitalisation, dropping out of the pilot or cancelling the service – it was therefore difficult to keep the numbers high and stable through the life of the pilot.
- The Council's Non Residential Charging Policy increased at an inopportune time. Some Social Work staff had viewed the charging system as a barrier to personalisation prior to start of pilot. The Steering Group recognised that it could limit personalisation to some extent but there was still a large scope to personalising the home care service.
- Cordia Personal Support Plans evolved through the life of the pilot. Quarriers, Alzheimer's and Community Lifestyle person centred plans were used to shape versions of those used by Cordia. This however meant that service users at the start of the pilot had an older style of the personal support plan whereas new service users had the most updated.
- Social Work outcome focussed assessment forms used for the pilot required more detail and time with service users than the current home care assessment/ order form used across the city. Designing the new assessment form for the pilot had proved to be a challenge. Attempts were made to compile a form from scratch which proved to be difficult. Glasgow City Councils Social Work Carenap assessment form for over 65's with a home care element added to it was used.
- Service users in the pilot area already had their service personalised according to most Cordia home care staff.
- Tools and processes designed for the pilot need to be further tested to see how outcome focussed they really are i.e. outcome personal support plans – are they flexible enough to take into account changing needs of service users? What measures are in place to ensure that new workers are consulting service user personal support plans?

SERVICE USER FEEDBACK

- The two methods (Quarriers focus group and face to face interviews) used to collate service user and carer views on the care at home service delivered from Cordia were useful to the pilot in that they greatly complemented each other. Focus group sessions empowered and enabled individuals to speak collectively without reservation in front of an impartial body conducting the research. The face to face interviews however engaged a greater number of people to participate and secondly allowed individuals, who may have shied away from speaking openly in the focus group sessions, to speak up. The collective method would have enabled individuals to share views whereas the face to face method allowed them to express their views independently.
- Overall, the consultation exercises with service users and carers showed most individuals to be content with all aspects of their home care service delivery. They spoke highly of Social Work and Cordia staff saying they felt listened to; valued and respected; and had a say in what they wanted. They welcomed the consultation process through the life of the pilot and appreciated being involved and included at all stages of the process. Various examples of how personalisation had made a difference to their lives were given by a number of service users during the one to one interviews with Social Work Home Care Assessors. Outcomes such as the following are examples of what service users got from the home care service: stress relief; peace of mind; not being a burden to family members; feel good factor and self worth; cleanliness; being able to stay in their own home...
- However, throughout the pilot, approximately a third of individuals showed their dissatisfaction with some aspect of their care at home service. It was not always the same individuals showing their dissatisfaction though there were two or three individuals who did this. The main points of concern were around: the out of hours service; quality of meals provided; health and safety issues e.g. tablets left lying on the floor or mouldy food; flexibility of staff and relief workers.
- Areas of concern raised by service users were discussed with Cordia home care managers and issues were resolved in discussion with service users (see appendix 8).
- The consultation exercise facilitated by Quarriers and the face to face discussions with Social Work Home Care Assessors, service users and carers had all been critical of the Cordia care plans used to record service user home care needs pre pilot. They were seen to be too task driven, difficult to understand and not person centred. Consequently, Cordia replaced the plans with outcome focussed personal support plans welcomed by most. However, implementing them was a slow gradual process and their format changed over a period of time.
- The end of pilot service user questionnaire also highlighted just over half of the service users were satisfied with their personal support plans, 2 were dissatisfied, whilst a further 7 said they had either not seen their plans or did not know they had one. The personal support plans also came under criticism by some service users and carers during the second focus group event with Quarriers, with the following reported: plans should be easy to change if circumstances change; all Cordia Home Carers should sign them to say they have read them; relief workers did not always check personal support plans to see how service users liked things done; and plans should be checked with carers in case 'little details are missing that are really important.'
- Processes embedded into work practice such as Cordia personal support plans and Social Work reviews should have had the capacity to resolve issues/ concerns voiced by service users The pilot fell short of this in some situations as the following example highlights which was taken from the end of pilot consultation:
- A family member in the early stages of the pilot had expressed concerns in relation to the poor quality of service received specifically in the evening by her brother. There was criticism in terms of the personal support plan not being followed through, poor communication with staff and lack of understanding around what the service user wanted, meals not provided as requested, lack of respect and dignity for the service user. Consequently a meeting was set up with the service user, family member, day time co-ordinator and operations manager to discuss the person's needs and personal support plan. The family member voiced her disappointment as the out of hours co-ordinator was absent from the meetings and there was a huge discrepancy in the way support was provided and monitored in the evening compared with day time. Ultimately, the carer was still not satisfied with the outcome of discussions held and took it upon herself to increase her own role in

the care of the service user in that tasks were increased in terms of cooking, planning ahead, recording information and leaving notes for staff. According to the care manager, the carer is now more stressed as she has less time to adhere to her other caring responsibilities.

- The Home Care Charging Policy was discussed repeatedly through the life of the pilot. The issue however came to a head as a result of changes to the Charging Policy from April 2010 which led to increases in charge to some people and consequently impacted on the evaluation study. Almost a third of service users thought the service was not value for money of which three cancelled their service and another one expressed intention to cancel in the end of pilot questionnaire.

STAFF FEEDBACK

The following summarises staff feedback from the consultation exercises:

- Staff from both agencies had shown their appreciation in being asked to give their opinion at various stages of the pilot. Their input helped with formulating strategic work plans and in the design of questionnaires.
- Personalisation evidently impacted to a greater extent on Social Work staff, in terms of their workload, than Cordia in that there was more paperwork to complete and meetings to attend. Social Work assessments were very time consuming which decreased the number of visits completed by Social Work Home Care Assessors. Operational priorities and structural changes throughout Social Work were a real concern at the time of the pilot.
- Only Cordia's day time co-ordinator and service area manager had felt an increase in workloads as they now had to liaise with Social Work Home Care Assessors and service user to develop the personal support plan.
- Most Cordia Home Carers did however say that personal support plans had made a difference to their work practice by supplying in depth information on the service user likes and dislikes rather than 'going in blind' to carry out duties.
- Cordia staff had also stated that time management and work practice was not as great an issue as initially anticipated. Once concepts and definitions of personalisation had been explained to them at briefing sessions, time management was not seen as being problematic. Most had assumed that under personalisation service users would be using the time given to them to go out in the community with support from their Cordia Home Carer i.e. shopping, hospital appointments, visits etc. The briefings clarified this by stating that the personalisation of the service related to care within the home. Cordia Home Carers would undertake the same duties but would be flexible and personalised to suit the service user i.e. shower times and days could be interchangeable.
- By the end of the pilot, both agencies felt: they had a better understanding of each other's role and responsibilities; communication had improved between them; staff briefing sessions had allowed them to network and put names to faces.
- Support in the form of briefing sessions was welcomed and appreciated by staff from both organisations. Many of the issues raised during the force field analysis sessions were discussed and resolved i.e. personal support plans; clarity & guidance; and time management.
- Although the briefing sessions went a long way to inform staff about personalisation, a high proportion felt that training of some sort should have been offered. Social Work staff thought it vital to be trained in terms of completing assessments and reviews whereas Cordia staff wanted a degree of clarity in their roles and responsibilities.
- Carers and Social Work staff had also expressed that Cordia staff should be better trained and equipped to support people with learning disabilities and dementia.
- When consulted face to face, some Cordia staff had been unsure of what personalisation meant. The researcher gave examples before interviews commenced and on acknowledging the definition given, many Cordia Home Carers said 'but I've always worked that way.' However, when asked to give examples of differences made to individual lives as a result of personalisation some struggled to provide answers. The assumption on the researcher's part was that there was still confusion as to what personalisation meant – a factor that training should take on board.

- Social Work staff had voiced concerns in terms of the Non Residential Charging Policy and the impact on personalisation. It was felt that the system was still task based and therefore did not have the capacity to personalise individual's service package without impacting on the service users charges.
- It is important to acknowledge the commitment of all staff, Cordia Home Carers and Social Work Home Care Assessors and care managers to provide a quality service which is person centred. The fact that we recognised task driven work disadvantages service users and care providers is not a criticism of the Cordia Home Carer or Social Work Home Care Assessor. Joint sessions with care managers and care staff created a much needed opportunity for communication. Care staff benefitted from hearing that their contribution was valued and respected. This opportunity for discussion assisted to eradicate misconception and bolstered the confidence and energy of both groups of staff. The service user consultation feedback further reinforced the value of Cordia Home Carers in supporting individuals to stay at home. The Cordia Home Carers recognised their valuable contribution and became more vocal in providing examples of how they deliver a personalised service.

LEARNING

- It is evident outcome focussed; personalised planning needs to become mainstream. It therefore needs to be cost effective and sustainable in the long term. Evidence from the pilot is that this approach is not less expensive. Social Work Home Care Assessors had to reduce their level of activity in terms of assessments and reviews due to increased time required to undertake the outcome focussed personalised assessment. Cordia staff, in particular the Operation's Manager and Home Care Coordinator had an increased work load as a result of work involved in preparing Personal Support Plans.
- All staff have to be involved in all aspects of personalisation due to operational priorities some Cordia staff were not involved in briefings i.e. out of hours and weekend staff.
- A culture change is required if an outcome approach is going to be successfully embedded into practice. Training, reflective practice and outcome focused supervision will enable staff to expand their skills and to work in creative, person centred ways. Given the range of learning styles staff had varying learning curves. Although staff recognised this way of working is best practice and perceived that this is how we already practice they all expressed the need for training as a priority.
- Independent service user consultation is essential to ensuring the voice of the customer is heard. Service users generally did not have great expectations, indeed they were best described as moderate. They were not demanding or unrealistic in their views or suggestions Service users valued the independent consultation processes, the focus group and the questionnaires. Service users are reluctant to voice criticism to Cordia for fear of offending and /or causing adverse impact.
- Service users valued routine during the daytime and did not ask for significant changes to the routine of the delivery of their care. The evening and weekend service however still needs to be personalised.
- There were no requests to bank hours.
- Generally service users spoke highly of the service and valued the contribution Cordia Home Carers made to their lives.
- A number of service users experienced poor service after 1pm i.e. out of hours that was not addressed to their satisfaction in spite of being in the pilot area and the assessment and care management activity. This highlights the requirement for Cordia to analyse the data and consider how best to transform the out of hours service.
- Quality assurance mechanisms are key to ensuring the service delivered is valued by the service user and carer and meeting an acceptable standard. Cordia requires to implement quality assurance methods to drive up standards of care, support the learning and development of staff and improve customer satisfaction.

7. RECOMMENDATIONS

SOCIAL WORK

- Develop outcome focussed assessment and review tools
- Electronic systems to support sharing of assessment information with the consent of service user. This supports staff to work efficiently and effectively and will also add value in terms of performance monitoring and reporting
- The outcome focussed review questionnaire to be used as a tool to ensure service user receiving appropriate quality service
- Collate performance management data from individual reviews
- Carefirst to develop reporting mechanism for performance management data.

CORDIA

- Independent body to conduct service user and carer consultation
- Develop outcome focussed personal support plan.
- Care staff to use the personal support plan on a day to day basis.
- Monitoring and review of all personal support plans i.e. how change in need and outcomes is updated and monitored on PSP
- Training for Cordia staff specifically around the purpose of the PSP and how to ensure it is a live document that adds value to the service user.
- Cordia booklet for service users that outlines what to expect from the service.
- Cordia to develop quality assurance mechanisms.

BOTH AGENCIES

- Personalisation and outcomes training for all staff.
- Personalisation and outcomes practice to be embedded into current training, e.g. assessment and care management, induction training, personal development plans.
- Personalisation and outcomes to be embedded into supervision and quality assurance measures
- Performance management information sourced by Social Work Review to be addressed at local Cordia CHCP liaison meetings and in the city wide monitoring group.
- The findings of this Report to inform the Reenablement service redesign

8. FURTHER READING

Changing Lives: Report of the 21st Century Social Work Review. Edinburgh: Scottish Government, 2006.

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Sawyer, L. "An Outcome Based Approach to Domiciliary Care." *Journal of Integrated Care*. Vol 13, No.3 (June 2005)

Social Care Institute for Excellence. Outcomes-focused services for older people. University of York, 2006

Social Work Inspection Agency. Performance Inspection Summary. Glasgow: 2007

Time to Care: An overview of home care services for older people in England. London: CSCI, 2006

Waddell, C, McCrum, J and Pyper C. Outcome Based Commissioning of Home Care Services. Glasgow: North Glasgow Partnership 2006

<http://www.jitscotland.org.uk/home/>

9. APPENDICES

APPENDIX 1 – HOME CARE CARENAPE ASSESSMENT

Personalisation Pilot North CHCP

CarenapeE

Care Needs Assessment Package

For the Elderly

Version 3

August 1999

NAME:

DOB

ASSESSOR:

DATE OF ASSESSMENT		
UP-TO-DATE ASSESSMENT:	By:	
DATE OF REVIEW		
DATE OF REVIEW		
DATE OF REVIEW		
DATE OF REVIEW		

Crown Copyright 1999

CarenapE Basic Information Sheet

PERSON'S FULL NAME:	CENTRE NUMBER:
	PERSON NUMBER:
PREFERRED NAME	OTHER NUMBER (<i>SPECIFY</i>):
DOB	GENDER:
LIVES ALONE -	

REASON FOR ASSESSMENT	DATE OF REFERRAL:
DAY CARE PLACEMENT	
WHO REFERRED THE PERSON:	
NAME OF REFERRER:	TELEPHONE:

RENTED – CITY COUNCIL	PRIVATELY OWNED	RESIDENTIAL HOME – LOCAL AUTHORITY
RENTED – HOUSING ASSOC.	SHELTERED HOUSING	RESIDENTIAL HOME – PRIVATE
RENTED – PRIVATE LANDLORD	HOSPITAL	RESIDENTIAL HOME – VOLUNTARY
RENTED – OTHER (SPECIFY WHAT)	NURSING HOME	OTHER (SPECIFY WHAT)
RELATIVE'S HOME (SPECIFY WHO)	DAUGHTER	<input checked="" type="checkbox"/>

PRESENT ADDRESS:	HOME ADDRESS (<i>IF DIFFERENT</i>):
POST TOWN:	POST TOWN:
POST CODE:	POST CODE:
TELEPHONE:	TELEPHONE:

MAIN CARER (<i>NOTE OTHERS OVERLEAF</i>)	NEXT OF KIN (IF DIFFERENT) (<i>NOTE OTHERS OVERLEAF</i>)
RELATIONSHIP TO PERSON:	RELATIONSHIP TO PERSON:
KEYHOLDER: ADDRESS:	KEYHOLDER:
POST TOWN:	ADDRESS
POST CODE:	POST TOWN:
TEL (DAY):	POST CODE:
	TEL (DAY):

WHO IS THE GP?	IS THE PERSON'S FIRST LANGUAGE ENGLISH?
ADDRESS:	IS AN INTERPRETER WANTED:
POST TOWN:	IS AN INTERPRETER PRESENT:
POST CODE:	SIGN LANGUAGE REQUIRED?
TEL (DAY):	

Background History To include where appropriate : *Work/employment, Family, Marital Status, Any other factors – recent change in abilities/function, Concerns, Risks, Social network, Bereavement*

PAST MEDICAL HISTORY (INCLUDING CURRENT MEDICATION):

--

CarenapE Assessment Consent

I UNDERSTOOD THE PURPOSE OF THIS ASSESSMENT AND I AGREE TO PARTICIPATE. *(DELETE WHERE APPROPRIATE)*

I CONSENT FOR THIS INFORMATION TO BE SHARED WITH OTHER AGENCIES. *(DELETE WHERE APPROPRIATE)*

I PERMIT MEDICAL INFORMATION TO BE OBTAINED.

(ONLY CONSIDER THE FOLLOWING WHERE APPLICABLE. OMIT OTHERWISE)

I understand the purpose of the Mini Mental State Examination and I agree to undergo assessment with this tool.

PRINT NAME:

SIGNED:

DATE:

CARENAPE NEEDS ASSESSMENT - PERSON

PERSON'S FULL NAME:		CENTRE NUMBER:	
ASSESSOR'S NAME:		PERSON NUMBER:	
PROFESSION:		OTHER NUMBER (SPECIFY):	
BASED AT:		DATE ASSESSMENT COMPLETED:	
		UPDATED:	

PERSON'S PERCEIVED NEEDS (if not consulted give reasons)

--

CARER'S VIEWS (IF APPROPRIATE) (if not consulted give reasons)

--

CURRENT CARE AND SERVICES – BEFORE ASSESSMENT

Is the person receiving services prior to assessment?

(include Care Manager if appropriate)

	Service	CONTACT PERSON	CONTACT NUMBER	

Care Plan Objectives/Outcomes and Weekly Hours

--

		TASK(S) REQUIRED PLEASE (4)	PROVIDER	COMMENTS
CODE	PERSONAL CARE (continued)			
12	Assistance with mobility			
13	Assistance with specialist feeding			
14	Assistance with stoma care			
15	Assistance with catheter care			
16	Assistance with skin care			
17	Assistance with oxygen administration			
18	Support with rehab			

Code Non Personal Home Care Services

TASK(S) REQUIRED PLEASE (4) PROVIDER COMMENTS

21	Shopping for client/Errand running/Pension Collection/Prescription Collection			
22	Weekly Shopping			
23	Non specialised laundry			
24	Weekly Laundry			
25	Preparation of meals (no service user involvement)			
26	Check Visit			
27	Meals at Home			

APPENDIX 2 – SERVICE USER FACE TO FACE QUESTIONNAIRE (PRE PILOT)

1. Were you involved in decisions about your home care service in terms of the following: Please tick [] one box per row

What type of jobs you wanted help with	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Comments here:
How you wanted the jobs to be carried out	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
The amount of time you needed help for	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
When the home care could visit you	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

2. Overall, how satisfied are you with your home care service? Please tick [] only one box

I am extremely satisfied	<input type="checkbox"/>	Comments here:
I am quite satisfied	<input type="checkbox"/>	
I am neither satisfied nor dissatisfied	<input type="checkbox"/>	
I am quite dissatisfied	<input type="checkbox"/>	
I am extremely dissatisfied	<input type="checkbox"/>	
I don't know/ no comment	<input type="checkbox"/>	

3. Do your Cordia Home Carers come at times that suit you? Please tick [] only one box

They always come at times that suit me	<input type="checkbox"/>	Comments here:
They sometimes come at times that suit me	<input type="checkbox"/>	
They never come at times that suit me	<input type="checkbox"/>	
I don't know/ no comment	<input type="checkbox"/>	

4. Did you have a say in how your hours of home care service would be used up? Please tick [] only one box

<input type="checkbox"/>	<input type="checkbox"/>
Comments here:	

5. Are you kept informed, by your home care service, about changes in your care? (E.g. your visit will be late or you'll have a different carer) Please tick [] only one box

Someone always lets me know about changes	<input type="checkbox"/>	Comments here:
Someone usually lets me know about changes	<input type="checkbox"/>	
They hardly ever let me know about changes	<input type="checkbox"/>	
They never let me know about changes	<input type="checkbox"/>	
I don't know/ no comment	<input type="checkbox"/>	

6. Do your Cordia Home Carers do the things the way you like them done? Please tick [] only one box

Always	<input type="checkbox"/>	Comments here:
Usually	<input type="checkbox"/>	
Sometimes	<input type="checkbox"/>	
Never	<input type="checkbox"/>	
I don't know/ no comment	<input type="checkbox"/>	

7. If you have had a change in your home care at any point, did you feel there was consistency in the level of support provided e.g. the way you like your tea etc., ?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments here:			

8. Please say if there are things you would like done differently by the home care service

9. In your opinion, which of the following statements best fits the support you receive:

- My home carer always manages to support me fully in the time they have
- My home carer usually manages to support me fully in the time they have
- My home carer sometimes manages to support me fully in the time they have
- My home carer never manage to support me fully in the time they have
- I don't know/ no comment

Comments here:

10. Would you feel able to ask for changes in the way your care is provided? Please tick [] only one box

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Comments here:

11. If you were not happy with your Home Care Service would you know who to talk to about it? Please tick [] only one box

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Comments here:

12. Are you aware that you have a Care Plan?

Yes No

13. What do you think about the Care Plan that has been provided for you? Please tick [] only one box

- I am extremely satisfied with it
- I am quite satisfied
- I am neither satisfied nor dissatisfied with it
- I am quite dissatisfied with it
- I am extremely dissatisfied with it
- I don't know/ no comment

	Comments here:

14. Please read the following statements in terms of the home care service you are getting and then put a tick () next to the answer which comes closest to the one you want to give.

- The home care service makes me feel comfortable and safe in my own
- I have as much contact as I want with other people
- I get up and go to bed at times that suit me

Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree

15. To what extent is the home care service allowing you to have control over your daily life? By 'control over daily life' we mean you have the choice to do what you want when you want to, for example having meals, going to bed and getting up, going out etc. Please tick [] only one box

- I feel in control of my daily life
- Services help me to feel in control of my daily life
- I have some control over my daily life but not enough
- I have no control over my daily life

	Comments here:

16. Please give examples of how the current home care service has made a difference to your life:

--

17. Please say what would help to improve the service for you:

--

18. Do you receive any practical help from any friends, neighbours or family members? Please tick [] all those that apply

Yes, from someone living in my household	<input type="checkbox"/>
Yes, from someone living in another household	<input type="checkbox"/>
No	<input type="checkbox"/>

19. How long have you been receiving your home care service? Please tick [] only one box

Less than 6 months	<input type="checkbox"/>
6 months to 1 year	<input type="checkbox"/>
1 to 2 years	<input type="checkbox"/>
2 to 5 years	<input type="checkbox"/>
More than 5 years	<input type="checkbox"/>
I don't know/ no comment	<input type="checkbox"/>

20. During the past month did you use any of the following services?

	Yes	No
Meals at home	<input type="checkbox"/>	<input type="checkbox"/>
Day Centre	<input type="checkbox"/>	<input type="checkbox"/>
Day Opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Community/ District nursing services	<input type="checkbox"/>	<input type="checkbox"/>
Leisure Activities	<input type="checkbox"/>	<input type="checkbox"/>
Other care services (e.g. short breaks/residential care)	<input type="checkbox"/>	<input type="checkbox"/>

If other, please say what it is. If you take part in a Leisure Activity, could you say what it is?
--

21. How many hours of home care: Please write your answer in box below

Are ordered for you?	
Do you actually receive a week?	

22. Are you male or female? Please tick [] only one box

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

23. How old are you? Please tick [] only one box

Under 65	<input type="checkbox"/>
65-74	<input type="checkbox"/>
75-84	<input type="checkbox"/>
85 or over	<input type="checkbox"/>

24. To which of these groups do you consider you belong? Please tick [] only one box

White (British, Irish, any other white background)	<input type="checkbox"/>
Mixed (White & Black Caribbean, White and Black African, White and Asian, any other mixed background)	<input type="checkbox"/>
Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background)	<input type="checkbox"/>

Black or Black British (Caribbean, African or any other Black background)

Chinese

Any other ethnic group

APPENDIX 3 – SERVICE USER END OF PILOT QUESTIONNAIRE

FINAL SERVICE USER QUESTIONNAIRE FOR PERSONALISATION PROJECT

Your views and opinions for the personalisation project have been invaluable in helping us improve the service for you and we would like to take this opportunity to thank you for participating. This is the final consultation we will be conducting - the questionnaire should take no more than 10 or 15 minutes of your time.

Service Users Name _____ Assessors name _____

1. Please rate your satisfaction levels with the following:-	very satisfied	satisfied	not satisfied or dissatisfied	dissatisfied	very dissatisfied	don't know/ no comments	Comments if any
flexibility of service							
meals provided							
service generally received during the day							
service generally received at night time							
time you receive the service							
the number of hours awarded to you for the service							
changes in any staffing							
your personal support plan							
consultations carried out for the personalisation project							
value for money							

2. In terms of value for money:

(i) How much do SWS cover the cost towards your service? £

(ii) How much do you cover the cost towards your service?

(iii) Are you happy with this arrangement? yes no

(iv) please comment on the answer you have provided

(v) Do you think you are getting value for money in terms of what you are putting in?
yes no

(vi) please comment on the answer you have provided

(vii) In terms of the costing - would it affect your decision whether you continue with the service?
yes no

(viii) If yes, please say what you would do instead

3 Any additional comments related to the service you are getting?

APPENDIX 4 – SERVICE USER REVIEW FORM

HEMOCARE SERVICE USER REVIEW INTERVIEW – FACE TO FACE

Assessor Name.....

Client Name.....

Are you male or female? Please tick [] only one box

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

How old are you? Please tick [] only one box

Under 25	<input type="checkbox"/>
25-34	<input type="checkbox"/>
35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>
55-64	<input type="checkbox"/>
65-74	<input type="checkbox"/>
75-84	<input type="checkbox"/>
85 or over	<input type="checkbox"/>

To which of these groups do you consider you belong? Please tick [] only one box

White (British, Irish, any other white background)	<input type="checkbox"/>
Mixed (White & Black Caribbean, White & Black African, White & Asian, any other mixed background)	<input type="checkbox"/>
Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background)	<input type="checkbox"/>
Black or Black British (Caribbean, African or any other Black background)	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>

A. OVERALL RATING OF SERVICE PROVIDED

Satisfaction Rating

Q1. To what extent has the service you received improved the following:

	Large improvement	Small improvement	No improvement	Worse
The quality of life for you				
Your own health and well-being				
Having time to yourself to do other things				
Relationship with your family & friends				
Feeling safe & secure				
Fairness and Equality				
Accessing Financial Advice				

How:

Q2. How satisfied were you with staff and support provided in terms of the following:

	Very Satisfied	Satisfied	Not satisfied or dissatisfied	Dissatisfied	Very dissatisfied	Don't know/ no comment
Being listened to						
Valued and respected you as a person						
Gave you a say in the services provided						
Responded to your changing needs						
Reliability						
Gave you the service you wanted						

Please explain:

Q3. Which of the following areas were covered in terms of identifying your needs in order to offer you support? (Include carers in this discussion if necessary)

Access to information & advice	Leisure & recreational opportunities
Employment	Spiritual needs
Education	Cultural needs
Training	Health & Care
Financial support and planning	Other
Breaks away from caring	
Housing	

Comments

Q5. Were you given the opportunity to openly discuss your circumstances in relation to your Personal Support Plan or was your discussion restricted to a tick box type form?

Open discussion	Restricted by tick box form
<input type="checkbox"/>	<input type="checkbox"/>

Comments

Q6. Were you given the choice of talking in the presence of your carer/ family or away from them?

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

Comments

Q7. On the whole how would you rate the service you received?

Excellent	Good	Neither Good or Bad	Bad	Very Bad	Don't know/ No Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Q8. Is there anything further you would like to comment regarding the homecare service you have received?

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

Comments

APPENDIX 5 - STAFF QUESTIONNAIRE FACE TO FACE INTERVIEW

NORTH CHCP STAFF FACE TO FACE QUESTIONNAIRE 2009

Official use only

ORGANISATION SW Please tick (✓) one
 CORDIA

DESIGNATION

1. Briefly describe the impact personalisation has had on: (10mins)

a. your work remit

b. service user

c. carers

2. How would you rate the following since introducing personalisation to homecare? (10mins)

	greatly improved	improved	stayed the same	deteriorated	seriously deteriorated	don't know/ no comment
a. SW assessment form						
b. Cordia's Personal Support Plan						
c. Personalisation Guidance						

3. Briefly provide additional information related to question 2

4. Since implementing personalisation to homecare, has any training been offered to? (10mins)

	yes	no	don't know
a. SW staff			
b. Cordia's staff			

5. If training has been offered, how would you rate it?

excellent	
good	
neither good/ bad	
poor	
very poor	
don't know/ no comment	

6. Briefly provide additional information related to question 5

7. Since personalising homecare, in terms of the following, how would you rate communication? (10mins)

	greatly improved	slightly improved	not sure	improved a little	not improved at all	don't know/ no comment
a. within your own organisation						
b. across agency staff ie Cordia & Social Work						

8. Briefly provide additional information related to question 7

9. Has time management (in terms of providing a service for the user) under personalisation:(5 mins)
 been straight forward

 problematic
 don't know/ no comment

10. Briefly provide additional information related to question 9

11. In relation to service user information, are you aware of: (10 mins)

	yes	no	not sure
a. What is supplied by social work staff at assessment			
b. What customer services pass on to Cordia			
c. How Cordia use this information			

12. Briefly provide additional information related to question 11

13. Briefly say, in terms of personalisation, what is working for: (10 mins)

a. you the worker

b. service user

c. carers

14. Briefly say what needs to be improved under personalisation in relation to (10 mins)

a. you the worker

b. service user

c. carer

Can you briefly provide some examples where personalisation has made a difference to the client?

15. (5 mins)

Can you briefly provide some examples where personalisation has made a difference to the carer? (5

16. mins)

17. Please feel free to add anything else you think the research has not covered in the above (5 mins)

Thank you for taking time to complete this questionnaire.

APPENDIX 6 – CORDIA PERSONAL SUPPORT PLAN

Janice White

Caretracker.....

Who is Janice?

- ◆ A great Mum and gran, and great gran. She is 89!
- ◆ A very lively cheerful person
- ◆ Has a big and loving family – Janice has 4 daughters and 3 sons:karen; dora; liz; sharon; brian; martin; and frank
- ◆ Always likes to be dressed smartly - loves her jewellery and make up
- ◆ Likes to attend church regularly with her family
- ◆ Like listening to Frank Sinitra records
- ◆ Janice like to look through her photograph albums regularly. Her long term memory is better than her short term

What do you need to do to support Janice best?

- ◆ Janice cannot hear very well – speak clearly so she hears you, and shout hello when you arrive.
- ◆ Remind Janice to go to the toilet – especially at bed time. She will often say that she doesn't need to go, but if you ask her again she'll be happy to go.
- ◆ Put your hand gently on the middle of her back if you want Janice to get up, for example to go to the toilet.
- ◆ Janice uses a zimmer to go to the toilet, and has a trolley next to her chair in the living room. The trolley has all her important things, like her tea, her nail varnish etc.
- ◆ Janice has telephone numbers of her family on top of her tv set
- ◆ Janice may need a little help with her food. You have to constantly remind her to eat up
- ◆ Watch Janice take her tablets – sometimes she'll spit them out after you've gone. She likes a warm glass of water as her teeth are sensitive to the cold
- ◆ Janice always has good health, and won't tell you if she's feeling ill. You should look for signs that she's not her usual self – like she's very quiet, listless or pale.

Janice has a cat called Smokey. The cat is usually fed by her neighbour. She might ask you if it has been fed. The neighbour will always leave a note to say time the cat was fed.

Emergency Contact Numbers

Family:

Cordia:

Social Work Services:

Service User or Service User Representative:

Date:

Cordia Signature:

Date:

APPENDIX 7 – FORCE FIELD ANALYSIS RESULTS

Force Field Analysis: Session with DAC's Home Care Staff 28/01/09					
Total	Forces to Change	Plan: To change the homecare service from Task base to Personalisation Approach	Forces Against Change	Total	
5	More time to cook meals for service user			Better communication needed with social work. Sometimes not sure who we work to – should social work be telling home helps what to do? Should this go through co-coordinator?	5
5	Old system worked well for service users and staff – would be good to reintroduce it			Not sure where home carer time going. Won't be able to deal with all current allocated service users	5
5	***Get rid of Care Plan diaries, though imperative to have some structure and written guidelines			When on annual leave, who will pick up these service users	5
4	New Care Plan will allow clients to have more say			***What if ongoing conflict with a service user? If under personalisation having to spend more time with them – need to be able to speak to someone re problem	5
5	Personalisation is all about common sense			Unsure how personalisation will work	5
5	New elements to the service will be introduced such as shopping; bringing in newspapers for service users			More communication with carer and co-ordinator needed within DAC's	5
5	Communication will improve			What happens if you run out of time and service user wants more done?	3
5	Time better spent			All to do with money!!!	5
3	New service users will be better off			***Charging Policy a big negative	5
5	Every service user will have an allocated social worker which doesn't exist at the moment			Currently the service is not proper home care	5
5	Will help us keep our jobs as there will be more work				
5	Better social work assessments				
5	SW and DAC's should work better together (whether it happens...) There is more scrutiny to how the service is running which will lead to a better service				
62					48

Force Field Analysis: Session with Social Work Home Care Staff 28/01/09

Total	Forces to Change		Forces Against Change	Total
4	Better socialisation for service user	Plan: To change the homecare service from Task base to Personalisation Approach	Clarity of what personalisation means for this project (mixed messages)	5
5	More person centred		Realistically what can be achieved	3
5	DAC's more proactive/ taking more ownership		Achieving true personalisation without funding	5
5	Better working relations between DAC's & service user		Core time restrictions? Are there any?	5
5	More satisfaction re DAC's & SW staff (assessment to offer more) and service user (more quality service)		Charging Policy	5
5	Service users will have more say in how Careplan is implemented		Staffs ability to maintain the new role	5
5	Relation of time constraints		Training availability i.e. induction to personalisation, person centred planning. What are DAC's priorities? How will it be done?	5
4	Choice in the carer they have and if any changes made – should be done in consultation with user		Staff issues – do we have enough resources	5
5	Value for money		How does the new service get monitored	5
4	Better improved Careplans on how specific tasks to be carried out		If restricted to current service package – big barrier. How can you improve in that time?	5
5	Communication between service user & worker – how this info is shared/ communicated i.e. food diary		Some not see it as positive	5
5	More flexibility i.e. day you want the task carried out		Service users/ carers don't like change of home helps. High percentage therefore may not participate in personalisation if their worker is changed	5
5	More knowledge re service user - careFirst observation. (Would be good to know how much info DAC's take this info provided by SW). Will minimise risk to service users (Careplan)		No new money	5
4	Carers more reassured because family member getting better service – being listened to		Don't want to mislead people or build up expectations	5
4	Carer time freed up		Service user adaptability	5
5	Scope for different approaches not too restraint		Coinciding with big changes with service provider – uncertainty. Also timing with SW current climate – not right	5
5	Promotion for service user individual independence			
5	Improve quality of life			
5	More options brought into homecare setting i.e. more access			
5	Prevention from going into care – maintained home longer			
4	More supportive than intrusive for service users			
5	Changing of attitudes – across the spectrum			
104				78

APPENDIX 8 - ISSUES RAISED BY SERVICE USERS AND CARERS AND COMPLAINT RESOLUTION

(Please note: some resolutions were reached after the pilot had finished)

Mid Pilot

Service User Issue 1:

- Poor quality of evening meal provided by the home care staff.

Cordia Resolution - Personal Support Plan amended to instruct home care staff that evening meal should not have fried food and that food should where possible be grilled

Service User Issue 2:

- Home care staff signing in times of visits inaccurately

Cordia Resolution - Home care manager met with service user and family however no date could be identified when this had happened and family requested no further action be taken.

End of Pilot

Service User Issue 1:

- Poor quality of evening meal
- Poor consistency in staff attending in the evening
- Personal support plan required updating with emergency contact numbers

Cordia Resolution - Home care manager, coordinator and care manager met with service users sister who is main carer. The main carer advised that issues regarding the service provision had been resolved through measures put in place to improve communication. The care plan was updated with the emergency numbers from the care manager..

Service User Issue 2:

- Service user had had a change of regular home carer that she was unhappy about
- Unhappy with timing of visit

Cordia Resolution - Home care manager met with the service user. She advised that she was now happy with the new home carer and the service being provided. The issue with the timing of the visit was resolved before the home care manager visited

Service User Issue 3:

- Timing of the weekend morning visit was too early
- Change of carer
- Relief home care staff were not reading the personal support plan

Cordia Resolution - Home care manager met with service user and family. The service user's sister had been staying with her for the previous 2 months and preferred to have the home carers assist with personal care tasks and then she would make the breakfast for both of them. The timing of the weekend visit had already been resolved by moving to a later time. In relation to the change of home carer this was as a result of absence however the manager arranged for another regular home carer that the service user said she was happy with. The home care manager met with the home care staff to advise them that there had been a concern raised that they were not taking time to read the personal support

plan and that this was essential to them delivering a service in accordance with the wishes of the service user.

Service User Issue 4:

- Service user had dementia and his daughter was concerned that the home carers were not trying hard enough to persuade her father to change his clothes and maintain his personal hygiene.

Cordia Resolution - Home care manager met with service user and his daughter. Daughter confirmed that situation had improved significantly in the previous couple of weeks. A strategy between staff and family member was agreed that she would be contacted should her father refuse to get up from bed rather than just noting in the care diary.

Service User issue 5:

- Service user was satisfied with the service received during the day Monday – Friday. However, was unsatisfied with the evening and weekend service

Cordia Resolution – No action taken as the end of pilot questionnaire completed had no name attached to it and was therefore difficult to track down and resolve the problem.