

Home Care Users Research Project

Summary report

From August 2012 until February 2013, Reading Borough Council (RBC) and Reading Local Involvement Network (Reading LiNk, which became Healthwatch Reading from 1st April 2013) carried out 57 interviews with people who had used home care services. The purpose of these interviews was to gain a better understanding of:

- what people wanted and expected from home care services;
- how home care services could best protect people's dignity; and
- what support home care users might need to overcome social isolation.

People volunteered to be interviewed either in response to a question included in the Council's *Your Home Care Service* survey, or by replying to a direct invitation letter from the Council. Interviews took place at participants' homes at their convenience, and included family carers or other relatives if the service user chose to have them present. Many of the people we spoke to had significant health problems which impacted on their ability to leave their home and/or take part in group discussions. This therefore limited their ability to give feedback on services through other face-to-face opportunities such as community meetings or user forums.

People told us how much home care matters to them. It is a service which supports some of the most vulnerable - and sometimes very isolated - people in our community to manage their daily lives. Many people spoke positively about their home care services, with some being extremely satisfied. However themes emerged around six key areas where things could be improved: (1) timeliness of visits; (2) having enough time for needs to be met; (3) consistency of care workers; (4) care workers' approach to tasks; (5) support from the care agency office; and (6) training for care workers.

Background

What is home care?

Home care - sometimes called domiciliary care or home help - involves care workers visiting people in their own homes to give them help and support. Care workers can help with personal care needs, such as washing and getting dressed, and practical tasks such as preparing snacks or heating meals. Home care is one of the services which can be arranged for people who are eligible for Adult Social Care support from the local authority - although people who are not eligible for Adult Social Care can also buy this service independently.

RBC commissions approximately 14,000 home care calls per week equating to just over 7,000 hours of care.¹ Home care calls are booked for completion of specified tasks, such as “support Mrs A to have lunch” or “support Mr B to get ready for bed”. How long these tasks take may vary from day to day, usually depending on how well and able the service user is feeling. However, rotas are organised on the basis of how much time will be needed on average to carry out the tasks specified. Users will typically have calls of different lengths throughout the week - from 15 minutes through to longer than an hour.

How are home care services put in place for Adult Social Care users?

Most home care services in Reading are provided through independent agencies. The main exception to this is Intermediate Care (including Reablement, Rapid Response and Palliative Care). The Intermediate Care service includes care workers employed by RBC working alongside health and social care staff. Intermediate Care consists of short and tailored therapeutic packages to maximise independence - typically after an illness or injury - and it lasts for up to 6 weeks (free of charge).

If someone is eligible for ongoing support at the end of Intermediate Care - which could include home care services - this is now arranged by the local authority through the Self Directed Support (SDS) system. Under SDS, the support each person needs is expressed as a Personal Budget.² People can opt to take their Personal Budget as a Notional Budget, which means in effect they ask the Council to buy in services on their behalf. The alternative is they can opt for a Direct Payment, which means they will be supported by the Council to buy the services they need themselves.

In 2010, Reading Borough Council set up the Domiciliary Care Accredited Select List (DASL) to set standards for home care services. Home care providers are only accepted onto the DASL after satisfying the Council they meet certain requirements, and DASL providers are then banded on the basis of a combination of quality and price ratings. (See Appendix 1 for further detail.) Where the Council arranges a home care service (through a Notional Budget) it will always choose a DASL rated provider. People who purchase their own home care support (via a Direct Payment) are encouraged to choose from the DASL list, but can choose a non DASL provider. DASL bandings are published on the RBC website so that people who make care arrangements entirely independently can also draw on this information.

¹ Figures taken from activity for April 2013

² There is then a means test to calculate how much of the Personal Budget will be paid by the state and how much the individual has to contribute from their own resources.

Questions about the experience of home care service users

In 2012, the quality of home care provision was identified as a priority issue for both RBC and Reading LINK to investigate further. Both organisations had received feedback through community meetings that there were concerns with the quality of provision, although feedback was not always coming directly from home care users themselves via these channels.

The questions raised with LINK about users' experience of home care services were particularly focused on the impact of how care workers' travel time is arranged. LINK was keen to learn more about this from the perspective of home care users given LINK's role in giving communities a stronger voice in how their health and social care services are delivered.³

RBC's interest in this issue is primarily as a commissioner of home care services on behalf of people eligible for Adult Social Care support. However, the Council was also interested in learning more about what sort of information vulnerable adults would need to help them choose between providers and understand how to stay safe. Questions had been raised through the Council's user forums about the consistency and flexibility of home care services.

The Care Quality Commission notes how difficult it can be to get user feedback on home care,⁴ and hence the need to be quite proactive in this area. RBC committed to gathering home care user feedback annually in 2012, and issued its first *Your Home Care Service* survey then. The 2012 survey showed⁵ that only 68% of home care users knew how to complain or give feedback on their service, and only 35% were able to complete the questionnaire without assistance. However, 90% of respondents said care and support services helped them to have a better quality of life, and 87% felt home carers respected them and their home. 69% of people were always or usually advised of changes to their service (e.g. to the carer or the time of calls), but 9% reported their home carers often or always spent less time with them than they were supposed to.

Both RBC and Reading LINK / Healthwatch also have a shared interest in how services generally meet the needs of people who may be socially isolated. There is growing evidence⁶ that isolation and loneliness can put people's health at risk, and a growing expectation from communities that this is recognised in how services for elderly and other vulnerable adults are planned. People who use home care services often fall into high risk groups for experiencing loneliness⁷, and many home care workers have traditionally felt that part of their role is to offer companionship and conversation,⁸ even though this is not explicitly stated. Although just 6% of people responding to the *Your Home Care Service* survey in 2012 described themselves as 'socially isolated', only 36% of people said they had as much social contact as they wanted.

How the interviews were carried out

Each interview was carried out jointly by an RBC officer and a LINK worker or volunteer. Users had the option of having a friend or relative sit in on the interview to assist them in answering.

³ From 1st April 2013, this role is being taken over and developed by Healthwatch Reading

⁴ *Not just a number: home care inspection programme national overview* - Care Quality Commission [2013]

⁵ Based on a response rate of 45% (348 returned questionnaires)

⁶ *Loneliness and Longevity: meta-analytical data examining the influence of social connections on mortality risk* - Holt-Lunstad et.al. [2010]

⁷ *Close to Home: an enquiry into older people and human rights in home care* - Equality & Human Rights Commission [2011]

⁸ *Time to care - a UNISON report into home care* - UNISON [2012]

There were 56 face-to-face interviews in the service user's home, with one set of feedback in the form of email from a service user's next of kin.

A script was developed to frame semi-structured interviews, i.e. capturing agreed key points but with considerable scope to include further information. Both partners were keen to understand home care experience in the context of what other services and support people had available to them. Service users were therefore asked to map out the support and social contact they have in a typical week, and then to explain which were the best and worst aspects from their individual perspectives. Interviewees were prompted to include their experiences of home care services in their responses if these services weren't mentioned spontaneously.

At the conclusion of each interview, service users were offered information about services or further support to take up socialisation opportunities if they had expressed an interest in having more social contact. The interviewers found they were often able to identify services which might be appropriate for individuals based on the information shared about the service user's interests and priorities. From the user's point of view, these interviews gave them an opportunity to ask questions about new services they might want to try.

Benefits of a partnership approach

Strong partnership working throughout this project has meant that vulnerable adults have been supported by a recognised and trusted organisation - Reading Borough Council and been able to gain access to an independent source of information, advice and support - Reading Healthwatch.

Repeatedly, people told us that they make contact with new services as a result of recommendations from people they already know. Healthwatch Reading, as a new service, has therefore benefited from introductions brokered by Reading Borough Council, and several of the people interviewed for this project have gone on to raise further issues with services through Reading Healthwatch. Similarly, Reading Borough Council has been able to gather fuller and more frank feedback from users by working with a body which is totally independent of how home care services are provided or commissioned in Reading. The Council will seek to build on this by promoting Healthwatch Reading to social care users more systematically through its future communications with users of social care services.

Findings

A strong and universal message was that home care is a very important service. People using the service value having help which enables them to continue living in their own homes. Family carers also benefit from extra help to manage certain tasks or a back up service which means they are able to take breaks. The majority of people interviewed (72% or 41/57) described their experiences of home care overall as being positive.

If I didn't have the care workers I couldn't have managed on my own. Most important things for me are getting up in the morning and being put into bed. I can do other things like get a cup of tea or warm something up in the microwave.

I value the independence I can enjoy from having a bit of extra help to manage things around the

home.

This service is crucial and invaluable to us. Without it, my wife would be in a nursing home. We tried that option, but neither of us was really happy with it. It's easy for someone with my wife's condition to get depressed, and I felt us being separated was putting her more at risk of this.

It is a real help to receive home care and know that someone will come along and do things as I was struggling on my own. At first I found it difficult to wash my husband because he wouldn't let me, but the care worker comes in a uniform and my husband is getting better at doing as he is told, especially when he sees the care worker.

1. Timeliness of home care visits

Home care workers are expected to offer some flexibility to meet user needs. How much support one person needs to complete certain tasks may fluctuate from day to day. Because of this, most homecare calls are planned within a 'window' rather than to take place at an exact time, although some calls are flagged as 'time critical' - for example, when someone needs support to take medication at a precise time. Home care providers on the DASL are required to record any calls more than 30 minutes after the indicated time as 'late'.

Overall, fewer than half, 43% (25/58) of people that gave feedback had positive comments to make about the timeliness of calls. Most spoke negatively or were disappointed by the lack of communication about late calls.

In the main, service users understood and accepted that there was bound to be some variation in the time when their home care workers arrived. Many were hugely sympathetic towards their care workers about the challenges they faced in trying to get through their calls. They talked about traffic problems, difficulties with sharing parking permits, busy schedules and needing to work around emergencies. However, the majority of people had experienced some problems with the times when their care workers arrived. Most service users we spoke to had experienced late calls although some people were more concerned about calls being too early - usually evening calls to support the user to get ready for bed. They were particularly frustrated when they had experienced regular delays, or weren't kept informed about delays.

Some people explained the practical consequences for them of their home care call not happening when it was expected. These included difficulties in scheduling the best time to take medication, restricting fluid intake to try to avoid continence pads getting soaked through, or simply being in the middle of something else when their care worker arrived. For other people, the most significant consequence was the anxiety they felt waiting for the care worker to arrive, and sometimes wondering if the care worker would arrive at all.

Home care's always been good. No problems with anything really. Timing is fine. Sometimes they call to say they're a bit pushed, but I can be flexible.

The care worker's timing is 'bang on'. She has only been late once and rang to say she would be late because she had to wait for an ambulance for another person.

I had a 'bedtime' carer who came at 7:15pm once. That was far too early and I was in the middle of

doing some family history research. I sent her away and called her office about this. She came back at 8pm and was perfectly pleasant.

The care workers get to me when they can. I know traffic can be very heavy in Reading, but I think the office gives them unrealistic schedules sometimes. I dare say it's difficult if they're short of staff, but one of the care workers told me there's no travel time allowed for in their schedule.

Lateness is a problem. It is a priority to get breakfast served before 8am because of my insulin injection. 9 times out of 10 breakfast is not served by the care worker because of lateness. This means I have to make my own breakfast which is dangerous because of my blindness and the risk of potential harm or injury.

If care workers are late, pads get wet though and sheets get wet.

The lowest point of the week for her mother is when the care workers are late as her mother becomes agitated. She wants to go to bed.

If they turned up late you had to sit and wait in your night clothes. Once I had to wait until 11am (they were supposed to be there around 9.30am).

2. Having enough time for needs to be met

Most people who commented on how much time care workers spent with them were satisfied their care workers had enough time to meet their needs. Users who felt they had a good rapport with their (regular) care workers were generally more satisfied with this aspect of the service. Some users felt it was a struggle for their care workers to get through everything they needed to in the time given. This meant some people felt rushed and a few people had concerns about whether they were being overcharged for the amount of home care they actually got.

If I ask them to do something extra they do it for me, but they have a short time to do everything – only 30mins.

Care workers don't rush us. They provide care in 20 mins and have 5 mins at each end of visit to do the paperwork. They also ensure we both have alarms on.

Only have 15 minutes but they do one hour's work in that time!

Some carers make you feel rushed as if they need to be somewhere else although one person didn't.

Supposed to provide care for 30 mins. They don't always stay for 30mins in the morning visit, but will stay longer to help with putting on shoes and socks if I'm going out.

15 minute call isn't really long enough – goes very quickly and doesn't give a lot of time. Even the hour for the shops isn't really enough.

They don't get enough time to stay a bit longer and have a chat.

3. Consistency of care staff

When service users spoke positively about their home care services, they often linked this to having the same care workers all or most of the time. Of the people that we spoke to 38% (22/58) commented on the importance of consistency and some spoke specifically of negative experiences. Communication around the timing of visits was often better between service users and care workers who had got to know each other. Delays were less likely to lead to concern about the possibility of a missed call when the service user was relying on care workers they knew and trusted. Also, when care workers and service users were used to one another, users were more likely to feel their support could be delivered effectively in a shorter space of time. With unfamiliar care workers, on the other hand, service users were more likely to report feeling rushed or finding a significant part of their visit was taken up with explaining their care needs. Some users also found seeing strange care workers made them quite anxious.

Some service users had a different view, however, and were content with - or even preferred - seeing a variety of care workers. This was more common amongst people using home care on a shorter term basis.

I tend to see the same carers at the moment and I'm very happy with them. It's wonderful when I see them but I dread it when it has to be someone else, although I realise they need a day off.

It's important to have the same carers. It's difficult to talk through everything with new carers. It's good to have people who are familiar with what needs to be done.

About 30 people from the care agency have my key code number - I don't want this. I do not feel safe as they could give that number to anyone.

When the home care first started they turned up at any time, different care workers came and no routine could be established. Routine is important for people with dementia.

The agency sends different girls all the time. But they all seem to be very nice. Not really bothered who comes as long as breakfast is served before 8.

I have four favourite care workers but thought all nineteen of the care workers were good. If I had had same care worker all the time I might be stuck with someone I'm not keen on. So I didn't mind having many different care workers.

Care workers who understand my routine can get through things more efficiently. I resent having to pay for a longer call just because someone's not used to me.

I've been in Reading 8 years now, and I think I've seen about a million care workers. I pick my own care workers now and the social worker is helping me work out how much to pay. There's just a few who take it in turns and I know them.

4. Care workers

The great majority of service users, 79% (46/58) spoke very positively about their care workers, although some people also reported difficult experiences.

Many service users commented on their care workers' professionalism and their caring attitude. Some people really valued the social interaction they enjoyed with care workers, and even talked about their reliance on their care workers to keep them from feeling too lonely or isolated. The users who had experienced problems talked about a lack of consideration in how care workers approached their tasks. Sometimes this meant tasks weren't completed effectively and at other times although the care provided was satisfactory, the care worker's manner left the user feeling their dignity had been compromised.

I honestly think that care workers do care.

I've been with the same agency a few months now and they're very good. I have one lady who's absolutely wonderful. She made me feel at ease as soon as she walked through the door the first time.

Most care workers are very professional. The door is always left unlocked for them but they call out when they arrive so they don't appear unexpectedly in the lounge.

When I was having home care, the evening call was the one I looked forward to as the care worker I mostly had in that slot was so lovely. She was really bubbly, would ask how I'd been and just talked to you in way that made you feel good. I was quite tearful around that time, but the evening care worker always lifted me up.

One or two care workers are very good, as they will talk about football and their families etc. Other care workers are not good: they do not say anything, then I just want them finished and out of my house.

I like to chatter. If you are on your own all day, it gets lonely. While the care workers are here I just want to chat. Having a chat about interests is just as important as giving care, but some care workers just walk past me as if I am not here.

The regular carers will do little things like empty my waste paper basket from the living room. The others don't check that but I don't know if they should.

Care workers don't always leave home tidy and clean. They leave things untidy – aprons, jars etc. Need to keep an eye on care workers.

Some care workers assume that because of your age you're 'deaf and dotty'. It would be nice if they asked if you can hear instead of shouting at you.

5. The care agency / office

Many service users (or their family carers) had quite a lot of contact with their care agency's office, and their opinion of the service overall was influenced by office staff's customer care. Users also often had strong views about how their agency was organised - particularly how care workers' rotas were managed. There was concern that care workers were being given unrealistic targets by their agency. In general, it was important to people that they felt able to approach their agency's manager or office staff when they had concerns.

It's important to me that the office staff are helpful, as well as the care workers.

The office don't return calls and are always "in a meeting" Nobody ever rings you back. Never deal with issues raised with manager. The office isn't working out of hours.

Nobody ever rings to say if they are going to be late. The care worker says sorry when they arrive, but I never hear from the management.

Service user believes agency works their care workers too hard. Care workers are often dead on their feet.

6. Training

A number of service users or their family carers made suggestions about areas where care workers needed to have better training. In most instances, people were commenting that training was required to cover basic care and support, including help with personal hygiene or food preparation. In other instances, though, people felt more specialised training was required such as providing personal care for service users with a colostomy bag / stoma care, or training to provide care to service users with dementia.

They don't train new care workers very well. I think that the new care workers are learning on the job when they come for the care visit. They should know exactly what they are doing before coming to your home.

Lack of training evident, instance where pads used which had 'sticky' fastenings but care worker stuck part to user's flesh and was painful taking off in the evening.

Am I the guinea pig here?

Feedback on social contact / isolation

There was a wide variation amongst the people we interviewed in terms of how much social contact they had on a regular basis. Some people spoke to several others every day, whilst others had little opportunity for conversation besides the time their care worker was with them.

When we asked people who they saw regularly, there were 48 references to family members, 31 to neighbours or friends, 35 to professionals and service providers, 15 to people from faith groups, and 23 to people from other voluntary or community groups.

Some people who saw few others on a regular basis were quite content with this and wanted simply to be comfortable at home. For the majority, though, time spent with other people was the best part of their week. Many were frustrated that they couldn't do more. Some people felt their health condition meant they were at the limit of what they could do. Others felt it might be possible for them to do more, but they were put off by anxieties about transport, the physical accessibility of venues, or the cost. Many people needed support from others to get out and about, but either didn't have anyone they could ask or worried they would be putting too much pressure on friends or relatives if they asked them to do more.

Understandably, people who had less social contact than they would like valued having care workers they could chat to. Some of the care workers were clearly willing to engage with people in this way - others less so - but there were practical limitations to how much they could offer.

I miss getting out more. I used to go out often - to London for theatre trips, for example. One of my friends takes me out and pushes me around but she's quite elderly herself.

I used to get out to meetings when my husband was alive. Now I'd be too worried about falling.

Sundays drag a bit. Can't use Readibus to get to church as times are not convenient. It's a long day when no one comes or when there's a long wait for the next care worker to come.

My 7am call is the longest one so it's my chance for a natter and I need someone who speaks good English. I tell the agency this.

I appreciate it that the care workers sit down for a few words with me at the end of the visit. My hearing's not so good, so I can't hear if they try to chat with me while they're busying about.

How people get information about things to do

Home care users got information about what was going on locally, and services which might be of interest, in various ways. Word of mouth through friends, family and community groups was the most common and trusted way to get to know what was available. Some people also relied on formal newsletters or bulletin boards. Some people reported they struggled to get hold of information, and felt their understanding of what was available to them was incomplete.

Some people were reluctant to take information from the interviewers about local services (or directories / advice points) because they thought it was unlikely there would be anything suitable for them. Sometimes, there was a sense that the services they could access as an older

or disabled person were distinctly unappealing, e.g. a perception that day services were only for people with very high level or complex needs.

Finds out about services through other people.

Gets to know about things via church, such as coffee mornings etc. Knowing people who go to things and ask you to go along.

Big notice board in extra care housing communal area – has information about events etc

Accommodation has monthly newsletter and residents meetings – which service user likes because if you suggest something it gets put down for thinking about and it can be very useful.

I don't want to go to a Day Centre – I want to be on my own and see my own people.

I would not be interested in things like bingo. It would put years on me. No, thanks, it's not for me

The building organises social events, such as Christmas parties. However all information is in English and user finds it difficult to communicate with other residents.

The lady is aware of day services and a local day centre but has no interest in attending as she feels that she is more able than many service users and would not want to sit there with no body to have a good conversation with. She does not need any other input but says that as her needs change she knows she may want to get more support.

Conclusion and next steps

At the outset, RBC and LINK agreed on a series of desired outcomes from this project.

1. The development of performance indicators for home care services (in addition to existing indicators and particularly focused on customer care / dignity / respect) which can be incorporated into the Domiciliary Care Accredited Select List. This will enable RBC to publish information which helps people choose between providers on factors that matter to them, and provide data on these issues which can then be used to drive up performance.

RBC is now working on a DASL 2 framework, and will be working with Healthwatch Reading and DASL 1 providers over coming months to agree how DASL 2 will reflect the findings from the Home Care Users Research Project and draw on best practice examples and guidance.

2. Being able to specify more accurately the criteria for services commissioned to combat social isolation in vulnerable adults.

RBC commissions a range of services which offer older or vulnerable adults support to strengthen their social connections. Much of this is through the Council's grant allocations to voluntary and community groups.

Future grant allocation rounds issued by the Council will invite applicants to demonstrate how their proposals would increase support for vulnerable adults to socialise. Healthwatch Reading will use its Voices Forum to share the findings of the Home Care Users Research Project with voluntary and community sector providers and support them to develop their services in ways which respond to this feedback.

3. Generating best practice examples of how and when people feel they are supported in a respectful way.

More detailed reports have been prepared on this Project, collating service users' feedback across two phases. The Phase 1 report covers interviews from August to November 2012. It was used to develop RBC's Dignity in Care campaign and charter, and published at the launch of this campaign in January 2013. The Phase 2 report covers interviews from November 2012 to March 2013, and was published in May 2013. These more detailed reports contain large numbers of direct quotes from service users illustrating the impact of good and of poor service from the user's point of view. These reports have been shared with home care providers who are using the reports as training tools.

4. Identifying issues which could be supported through the timebank projects to be piloted in Reading as part of the Adult Social Care prevention agenda.

As themes have emerged from this research, they have been shared with Circles Network which has been commissioned to pilot timebanking in three Reading neighbourhoods. The timebank co-ordinators are using the findings to shape their proposals with potential timebank members about the sorts of - often very simple - help which older or vulnerable adults would value to help them re-connect with their communities.

5. Greater involvement of service users in the shaping of local services.

These interviews have been immensely valuable in developing our understanding of where users' concerns lie about home care services, and where to focus in carrying out further work with providers to drive up quality and user satisfaction. Both RBC and Healthwatch Reading are committed to keeping the user voice strong in how these services are developed in future. This will take the form of further interviews with a small sample of home care users in summer 2013, continuing to gather annual feedback from home care users through survey methods, and both partners building on this project to gather feedback on other services via home visits or the use of 'enter and view' powers to take the investigation to the service user where this is most appropriate.

Appendix 1 - Quality Criteria for RBC Domiciliary Care Accredited Select List (extracted from 2009 protocol)

Quality criteria are grouped into six key standards:

- timeliness and reliability of services;
- committed workforce;
- internal quality assurance;
- service user safety;
- service user empowerment;
- Care Quality Commission (CQC) star rating.

Each key standard will be scored from four bands, A - excellent, B - good, C - satisfactory and D - unsatisfactory. Providers will be awarded an overall quality rating in accordance with the following:

<u>Key Standard Ratings</u>	<u>Overall Quality Rating</u>
Failure to reach C on any key standard	D - unsatisfactory (Provider will not be accredited)
C on a majority of key standards and no failure to reach C	C - satisfactory
B or above for a majority of key standards	B - good
A for the majority of key standards and no Cs	A - excellent

This means a provider scoring three As and two Bs will be rated A overall. If any key standard is rated as a C, the overall quality rating cannot be an A.

Providers will not be accredited if they fail to achieve at least C, satisfactory, in all of the key standards. The Council will not commission services from Providers with a CQC zero star rating.

To remain on DASL, providers must continue to comply with the Quality Criteria (and Service Pricing Criteria), and keep achieving satisfactory quality and performance ratings from the Council's continuous monitoring process. The Council will make quarterly quality and performance monitoring assessments of each provider's performance based on the Council's Events Log, the Provider's Action Plan (if any), and the Key Performance Indicators (KPIs) described in the Continuous Quality and Performance Monitoring Criteria.

Appendix 2 - Profile of home care users interviewed

For this project, feedback was taken from 57 people who were using home care services at the time of interview (between August 2012 and February 2013), or who had used home care services at some point from April to October 2012. People were recruited from:

- (a) those who had indicated in their responses to the *Your Home Care Service* survey (issued in April 2012) that they would be willing to take part in further research;
- (b) those who replied to a personal invitation⁹ to take part in this project issued by the Head of Adult Social Care to all RBC home care users as at October 2012; or
- (c) people who had contacted RBC independently with feedback about home care services over the summer and autumn of 2012.

At the mid-point of when interviews took place - November 2012 - the total number of people receiving home care services arranged through RBC was 747. This group was taken as the 'overall home care user population' for comparison purposes.

The Home Care Users Research Project is a qualitative study, deliberately confined to a relatively modest sample size to allow for more detailed feedback than could be gathered through a survey approach. Nevertheless, across the project as a whole, we sought to interview a sample of users which roughly approximated to the overall home care user population.

Age

Interviewees' ages ranged from under 25 to over 85. Roughly one quarter of the people interviewed (14/57) were aged under 65 and three quarters (43/57) were 65 or over. This means that the over 65s were slightly under-represented as 80% of the overall RBC home care users population is over 65.

Gender

21 interviews (37% of the total) were with male service users and 36 (63% of the total) were with female service users. This is in line with the overall representation of men and women within those who use home care services - which is an approximate one third to two thirds split.

Ethnicity

86% (49/57) of the users interviewed were White British, whilst 14% (8/57) belonged to minority ethnic groups, of which Pakistani / British Pakistani was the biggest group (3 people). This makes the interview group very slightly less ethnically diverse than the overall group of people who have home care services arranged by RBC, 83% of which is White British.

Length of time using home care

One third of the users interviewed (19/57) had been receiving home care services for less than one year. Approximately the next third (20 people) had been receiving services for between one

⁹ A small number of home care users responded to this invitation indicating their willingness to be interviewed but supplying only limited contact details. Interviews with this group have been deferred until the summer of 2013.

and four years, and the final group (18 out of 57 people - just under one third) had been receiving services for more than four years. This is broadly in line with the breakdown across the overall home care user population. Within the overall group, 29% have been using services for up to a year, 36% between one and four years, and 35% for more than four years.

Number of visits and total care hours per week

The number of home care visits which the users interviewed were receiving each week ranged from 2 to 31. The average number of weekly visits was just under 16, which is slightly higher than the average across the total home care user population (12 visits per week).

Home care users receiving the smaller care packages were under-represented in the sample. 21 people (37% of those interviewed) received fewer than 10 home care visits per week, whereas across the overall home care user population, 80% of users come into this banding. 13 people interviewed were receiving between 11 and 20 home care visits per week, and 23 people received more than 20 home care visits per week.

The total support time which people interviewed for this phase were expected to receive from their home care package ranged from 2.5 to 20.5 hours per week. The average time was just over 8 hours a week.

Financial Contribution

6 of the service users interviewed (11% of the total group) were responsible for the full cost of their home care services. 14 people (25%) received some funding from Adult Social Care but were also making a contribution themselves to the costs of their care. 37 people (65%) had their care costs fully met by the local authority. The breakdown between full funders, part funders and nil contributors across the whole home care service user group is 23% full funders; 47% part funders; 30% nil contributors.