Care and Support at Home Service Consultation Report

Content

1. Introduction.............................................................................................................3
2. Background..............................................................................................................3
3. Consultation Methodology...................................................................................4
4. Summary of Questionnaire Feedback.................................................................5
5. Conclusion............................................................................................................9
6. Equalities Statistics Summary.............................................................................9

Appendix

a) Appendix 1: Questionnaire Results.................................................................10
b) Appendix 2: Consultation Questionnaire.........................................................27
1. Introduction

The Care and Support at Home service (CASH) is a countywide provision which supports Residents needing extra care and support, to live in their own home and community. This service is given based on assessed needs. The service is commissioned by Adult Social Care Services, Northamptonshire County Council.

The demand for care and support continues to grow as people are living longer whilst supported to live in their own homes. There are now approximately 1,700 care at home packages delivered to customers within Northamptonshire per week amounting to 21,799 hours. This equates to currently delivering approximately 1,113,550 hours of care per year.

Considering the number of customers and the cost it is important that we provide a service that meets the requirements of our customers and provides us with the best value for money. The wish is to move away from ‘time and task’ home care to more innovative ways of meeting customer outcomes, to be delivered by a holistic approach with the support of community connecting.

We wanted to know the views on how we can improve the service from existing customers and their families by asking about their current provision and also exploring possible community services that could support the care currently being given. We also wanted to hear about the experiences of customers who have used the service.

We were also looking for people who were interested in joining the CASH customer reference group, to work with us further and help us shape the service.

2. Background

NCC is the Lead Commissioner of the Care and Support at home budget. Presently the Care and Support at Home Commissioning Project Board are not aware of what community provision or local networks are in the localities or how the locality can support or be utilised by incumbent providers to provide outcomes-based care to customers. The Care and Support at Home Commissioning Project Board are also developing a Strategy which will include the outcomes-based approach to the service, as well as a Framework agreement, which is due to be operational March 2017.

The aim of the consultation was to gain Customer feedback on how to improve the Care and Support at Home Services. The Care and Support at Home Commissioning Project Board approached the Engagement Participation and Involvement Team (EPIT) at the end of August 2015 to help support the engagement and consultation elements of the Care and Support at Home Services outcomes-based pilot scheme.

The vision is to move away from ‘time and task’ home care to more innovative ways of meeting customer outcomes, which is to be delivered by developing a holistic approach, which at its centre has the benefit of support coming from within the customers local/ immediate community networks/ infrastructure.
3. Consultation Methodology

The following outlines the events and methods used to generate the material for analysis.

The consultation was conducted in compliance with NCC’s Consultation and Engagement Policy and Standard of Required Practice. The consultation approach was agreed with the care and support at home commissioning manager. Due to the nature of the client group and the number of responses required a questionnaire was devised (Appendix 2) and hard copies were circulated to a random sample of 786 customers. NCC’s business intelligence provided the sample avoiding customers who were at the same time being surveyed for adult social care service provision. A copy of the questionnaire was also made available online via NCC’s Consultation Register web pages.

The questionnaire was broken down into three sections. Firstly, to gain an understanding including quantitative and qualitative data, of customer’s experience and priorities customers felt were important to them for the care they received. Secondly to explore areas of how the service could be developed including things missing from the current care providers remit and other community provision that could supplement / extend levels of care and support. Thirdly, it was used as a recruitment tool for respondents to register their expression of interest in being involved with the ongoing inclusion of customers in the development of care and support at home services.

An offer was made to translate the questionnaire into another format, including easy read, however no requests were made for a translated version.

The questionnaire asked questions on the following topics:
- Choice and control over daily lives
- What would make a difference to the care received
- What Community infrastructure could support independent living
- Customer involvement opportunities
- Equality monitoring

The consultation began on 4th January 2016 and ended on 12th February 2016.

3a Social Media and Publicity

As well as the hard copy mail out of the questionnaire a dedicated internet web page was set up for this consultation on our consultation register, which is where all of the Council’s consultations are published. www.northamptonshire.gov.uk/consultationregister

Visitors of the consultation register web page were invited to complete an online questionnaire.

This consultation was also publicised via NCC’s Facebook and Twitter accounts (which have approximately 1400 and 10300 followers respectively) with respondents being given the
opportunity of participating through these social media sites, although no responses were received via Facebook or Twitter.

4. Summary of Questionnaire Feedback

A wealth of feedback was received to this consultation, which a short summary of findings below cannot truly give justice. It is recommended this summary is read in conjunction with the full results which can be found in appendix 1. A copy of the questionnaire can be found in appendix 2.

A total of 786 questionnaires were sent out to customers with 175 questionnaires returned. Responses were received from all 7 districts/boroughs of Northamptonshire.

Question 1: We want people who receive care and support at home to have more choice and control over their daily lives. We know that the priorities listed in the table below are all of equal importance but we need your help to tell us which would be your top 3 priorities.

There were 9 headings listed under this question:
- Your personal cleanliness
- The cleanliness of your home
- Eating/drinking what and when you choose
- Feeling safe
- Socialising with family and friends
- Support with employment
- Volunteering
- Having choice and control over your daily life
- Being treated with dignity and respect

There were 107 answers to this question.

The top three priorities were:
Out of 86 customers who rated personal cleanliness within their top 3 priorities, 52 (60.4%) identified it as their first priority, 24 (28.0%) as their second priority and 10 (11.63%) as their third priority.

Out of 77 customers who rated Being treated with dignity and respect within their top 3 priorities, 26 (33.77%) identified it as their first priority, 27 (35.06%) as their second priority and 24 (31.17%) as their third priority.

Out of the 45 customers who rated Having choice and control over their daily life within their top 3 priorities, 10 (22.22%) identified it as their first priority, 12 (26.67%) as their second priority and 23 (51.11%) as their third priority.

Customers identified the three headings above as the main priorities; Feeling safe was a 4th priority.

Q2: What one thing, which we have not already listed, would make the most difference to your care?

In total 118 customers responded to this question, below is a collection of the frequently used words in the customer responses.
The main topic highlighted by the customer responses was Consistency and Continuity of carers. 29 responses talked about there being a continuity of staff, both in terms of staff knowing what needs to be done but also so the customer knows what to expect. One comment identified that if a team of 4/5 carers were given to each customer on a rota type basis that would enable a team who were flexible and knew customer needs and preferences without her having to consistently repeat her wishes.

Communication was commented on by 14 of the respondents not just in terms of practical tasks needed to be done around the actual physical care, but more in the way of friendly chats and taking time to talk and someone who would listen “read the care plan, instead of second guessing and just doing what you think you will do, and not be in a rush to get in or out” (Customer comment CASH survey 2016) “Friendly carer who could spend a few minutes chatting about the day ahead” (Customer comment CASH survey 2016)

17 responses talked about the importance of person centred care, with the customer’s independence and level of care they received paramount. Comments about carers needing health awareness and an understanding of individuals needs were mentioned along with activities outside of the home to enable independence and choice. “working with the carers to have support to fit in with the way i wish to live, eating, drinking, washing and other care when it is most suitable and physically possible, there is always compromise”(Customer comment CASH survey 2016)

17 individual comments were made about punctuality and timing of visits. Regular appointments for customers with health needs or medication issues was highlighted as very important along with carers arriving when expected or notification if this was not going to happen. “it would be useful, and medically critical to have a regular time for the morning care, as my wife is diabetic and she has to be up and about before she can have her injection” (Customer comment CASH survey 2016).

11 responses indicated that they were happy with the care they received with other things listed as making a difference to care being, befriending, counselling, volunteer visitors and GP accessibility.

Q3: which borough or district of Northamptonshire do you live in?

167 responses were given to this question with all 7 boroughs and districts represented. The largest response came from Northampton (30.0%) with Kettering (17.6%) and East Northants (14.7%) with 27 and 25 responses respectively. Wellingborough with 8 responses (4.7%) was the least represented district.
Q4: Who or what else in your local community do you think could help and support people to live independently at home?

There were in total 97 responses in comment form to this question. The comments have been grouped into similar headings:

- Voluntary groups /charities (20)
  - Sitting services
  - Meals out/ meals delivered
  - Outings
  - Visits / chats
- Local amenities (15)
  - Shops
  - Gardeners
  - Home help
  - Day centres
  - Faith groups
- Transport (9)
- Neighbours /Family (3)
- GP, Nurses, medical support
- Official agencies (12)
  - Local Councils
  - Care agencies
  - Housing
  - Equipment

Many responses included information about voluntary groups that are already offering services across the county, local faith groups and churches were mentioned and the main reason identified for this was companionship and someone to talk to. Transport was included in 9 comments and the importance of it as a social activity not just for medical appointments. The comments regarding official agencies such as care providers and housing, centred around being able to contact someone for support and care needs catered for and being in appropriate housing depending on care needs.

Q5 Do you have any other comments?

Of the 78 additional comments made the main themes to emerge were:

- Carers professionalism (with 24 comments)
- Sheltered housing
- Family members support
- Provision issues mainly opening hours
- Mental health issues

The issues to arise around the carer’s professionalism have been stated as some carers not wearing aprons and gloves and the length of time allowed for each client.

“Need more carers and carers should be allowed more time with clients. A night time care service would be useful” (Customer comment CASH survey 2016).
Care and Support at Home Service Consultation Report

Some comments centred around the good quality of care but consistency again was commented on as an issue. One comment mentions a complaint that had not been investigated properly.

6 responses mentioned the reliance on family support and how there is little or no financial provision and this impacts on the welfare of the whole family. 2 comments discussed how mental health services are not widely available and need to be available for those who are house bound and have other situations that warrant mental health intervention.

6. Conclusion

This consultation was designed to gather the experience of customers or family members who are using the care and support at home services.

Most of the respondents when ranking their top 3 priorities listed similar themes: Personal cleanliness and being treated with respect were the top 2 priorities closely followed by Having choice and control over daily life. Only 1 respondent thought that support with employment was a priority and no respondents identified volunteering as a priority. But this could be as 130 83%of the respondents are above the age of 65.
Many customers appreciated that caring staff have deadlines but reflected that choice and control over caring needs should be considered. Consistency and Continuity was commented on repeatedly in the comment sections along with the need for time for conversation.
When asked the question about what community agencies were available that could offer extra support for individuals, third sector and voluntary agencies were highlighted with Age UK and local faith groups as a recurring theme.

Overall the majority of customers comments did reflect on the importance of a rapport and trust with those carrying out caring duties, there was a sense of isolation in comments referring to loneliness and lack of social opportunities.

“Some one to come and sit with me .I am very lonely” (Customer comment CASH survey 2016)

76 respondents identified they would like to be more involved about the shaping and developing of care at home services in the future.

7. Equalities Statistics Summary

A set of equalities monitoring questions were included with each questionnaire. Full statistics of the responses can be found in appendix 1.

Although not everyone chose to complete this section the analysis of all the completed questionnaires illustrates that 72.0% of respondents were female, with most of the respondents aged 50 years or over.

90.54% of respondents identified themselves as disabled, with respondents having a range of disabilities with the most frequent (83.0%) being a physical disability, which was anticipated considering the target audience. The most common religion was Christian at 78.01% with 16.31% of participants choosing ‘None’.
Appendix 1: Questionnaire Results

Q1. We want people who receive care and support at home to have more choice and control over their daily lives. We know that the priorities listed in the table below are all of equal importance but we need your help to tell us which would be your top 3 priorities?

In total 107 answers were given to this question below the graphs displayed to show the percentage of respondents highlighting the individual priorities.

86 respondents identified this as a priority. 24 selected it as their first priority, 24 as their second priority, and 10 as their third priority.

22 respondents identified this as a priority. 1 selected it as their first priority, 9 as their second priority, and 12 as their third priority.
33 respondents identified this as a priority. 5 selected it as their first priority, 16 as their second priority, and 12 as their third priority.

40 respondents identified this as a priority. 10 selected it as their first priority, 13 as their second priority, and 17 as their third priority.

9 respondents identified this as a priority. 1 selected it as their first priority, 3 as their second priority, and 5 as their third priority.
1 respondent identified this as a priority. 0 selected it as their first priority, 1 as their second priority, and 0 as their third priority.

Volunteering was not a priority for any one of the respondents.

45 respondents identified this as a priority. 10 selected it as their first priority, 12 as their second priority, and 23 as their third priority.
77 respondents identified this as a priority. 26 selected it as their first priority, 27 as their second priority, and 24 as their third priority.

Q 2: What one thing, which we have not already listed above, do you think would make the most difference to your care?

There were 118 responses to this question.

- NCC to stop trying to take it away! You cannot make people choose between being clean and being safe. It's cruel
- To offer continuity of staff, to build a rapport with SU.
- Having my own space, being able to do what I want when I want
- Carers being less rushed
- Morning call for breakfast and others 9.10am
- Nothing
- 1. Treatment or medication which gives better control of my bladder
   2. Free incontinence pads (costs + £35 per month at present)
- Public or volunteer transport so that I could get out to shop and to meet friends
- Flexibility within the care plan
- Carers who think ahead - get food out of freezer for example
- Continuity of carers instead of different ones each day, so that they know where things are and how things should be done
- To have a weekly rota and to be informed of regular carer change in advance. For relief carers to state their allotted time honestly and not rush
- Doing the job properly and being friendly are the most important things. Due to poor care I have badly ulcerated legs
- More social life
- Continuity of carers visiting
- Nothing
- To be able to arrange care around my life and be more flexible around the person the carers are looking after
- Ok at present
Knowing in advance who is coming to you and a call if they are going to be late
A bit more contact between the care givers and the family members
Better timing of visits
Help and understanding of my care needs
It would make a big difference to have regular carers, and to know when they are coming
That the care I receive from the care provider is followed correctly
Someone to come and sit with me. I am very lonely
Continuation of the main carers
Would prefer to have some carer every day
Being on time
Arriving on time when stated
It would be useful, and medically critical to have a regular time for the morning care, as my wife is a diabetic and she has to be up, and about before she can have her injection and her breakfast
Having the local help and support I receive from foundries
To feel independent. Care Agency Staff have good training
No, the main things are covered
Support with travel
Having more contact with a woman social worker. Last time I had any contact with one was three years ago. Also choice and input into care
Visiting times need to be better, as carers don't arrive at 4 hourly intervals, which mean meds don't get given most of the day, Morning great next 3 visits hit + miss
To make sure regular carers are used
Punctuality, awareness of health condition, socialising more
Having understanding of everyone's feelings
"If the carers are treated like people and not cattle.
As long as the clients are covered the carers can go to hell.
Sadly this is all too common and don't make for happy carers"
Continuity of care given by regular staff who get to know you.
Fitted shower
Clean clothes
Mostly care for
"Due care and attention, Not rushed, Awareness of needs"
To be on time for visits at a specific time, only one or two carers to visit not multiple faces
"Knowing that if I have to go into a care home, my house will not be taken to pay my fees. I have worked for long hours to pay for my son and daughter, who are looking after me now. If I had wasted my earnings, I would get looked after for free. Is this what you call treatment? Of course I could simply pop my clogs"
Visits being regular with known carers. Needs to be reliable.
Would be a good idea if one carer was appointed to look and care for me. I know this is not possible always with days off, weekends if they don't work etc, but feel this should be considered and I am asked who that person is
If I could move about more
Going out to get some fresh air once a week. Maybe a trip to the town centre
Having regular Carers who know your needs and you have built up a rapport with them who are friendly and you enjoy seeing them

Carers who arrive on time and speak good clear English

Simply someone to talk to rather than being on my own all day, except when my son's call in (deity)

Efficiency of the care system! Too many staff at NCC paid doing nothing to assist in the daily care requirements

Assistance with shopping and helping choose items

Care the time I need it

Somebody who can speak/understand English and consistency with carers coming in

I am satisfied with the care of yet

Phone contact that does work 24/7. Not unanswered messages that have to be left on machine. It would only be polite and less worrying if messages, left by the carer to their office saying they would be late, would be passed on to us, not just ignored

Support for my husband - my full time carer

The carers coming on time and if possible have the same carers

Having carers who can speak English and don't have to rush off to next client

Continuity of carers and time keeping

It is important that the agency when they make the weekly rota's they realize that leaving a 91 year old in bed for 11-12 hours is not good for the client. For instance my carers rota for Jan 1st 2016 bedtime call 9.20pm, morning call 2/1/16 9am, and most days it is 10 hours between bedtime and the morning call.

Carers turning up on time not 2-3 hours later

No extra charges for the new service

Continuity of care is important. Being visited by same group of carers regularly helps. Carers become trusted friends and can better understand the needs of the client

More communication in the office

Good time keeping from the carers

Knowing which daily carer is coming and when

Safely and regularly giving medication from blister packs in my own home

More help around the house

I think that everything has been covered. My mother has excellent support from comfort call, weekly cleaner, home visits for eye, ear and foot care, and a weekly hairdresser. I deal with her other needs

We are happy with the support we receive

To always have a limited number of carers involved in delivering my care

Regular time slot for carer

Care at the moment very good

Kindness

Counselling - to come to terms with losing independence

nothing

To have regular permanent carers. Sometimes there are so many different ones coming in, you don't see the same one twice!!

Volunteer visitors

At the moment I am happy and with support I am getting

Consistency and continuity in the delivery of the 'care'

Having people who care for me I am able to trust
• Carers who have a few minutes to listen
• A Doctor 7 days a week
• "If carer could just have a chat for a few minutes, they already do but only while they are signing out.
• I do understand that they cannot, because there are clients who need more help. I only need the commode taken upstairs."
• Nice Carers
• Less change in carers. Regular pattern of carers. More government monetary help.
• Continue carers for us disabled
• "Require carers
• Copy of weekly rota"
• Carers having time to chat, not a quick in and out
• It is very important to like and trust your carers
• Read enclosed care plan, instead of second guessing and just doing what you think you will do, and not ne in a rush to get in or out
• All fine
• Flexibility
• Satisfied as I am
• For the carers not to be so rushed
• None. Very happy with my carers
• I do all his needs for clothing and anything he needs for the house. Also all his finances
• Having a regular carer who is appropriately trained, rather than numerous strangers coming into my home
• Familiar faces
• To have a team of 4/5 same carers that know my personal needs and circumstances. I would not then have to repeat myself every day
• Carers spending more time with me
• Friendly carer who could spend a few minutes chatting about the day ahead
• An organised befriending scheme
• Not having to wait for care in the morning. Need to be on time
• Feeling safe in my home
• I'm happy with what's going on
• Regular visits at the same time daily including weekends
• Working with carers to have support to fit in with the way I wish to live, eating, drinking, washing and other care when it is most suitable and physically possible, 'tho there is always compromise
• To be able to employ spouse
• getting to places if you live in a very rural place
• N/a
• Time duration to deliver care should be sufficient and timing to fit in with the individuals life style
• Good quality of care
Q3: Which borough or district of Northamptonshire do you live in?

There were 167 responses to this question. 51 (30.0%) of responses live in Northampton with 24 (14.1%) in Corby, 15 (9.0%) in Daventry, 25 (15.0%) from East Northants, 28 (17.0%) from Kettering, 16 (10.0%) from South Northants and 8 (4.7%) from Wellingborough.

Q4: Who or what else in your local community do you think could help and support people to live independently at home?

- No one - charities are over stretched an families are at breaking point. You've cut enough.
- Support groups & family involvement
- age concern and other voluntary organisations that offer support and advice on benefit rights and meal companies that would provide good nutritional meals at a reduced cost
- Age UK do a great job
- Don't know
- Don't know
- A return of small local shops, but it can't happen, we have lost a shop and post office
- a single comprehensive service delivered by the local council (not county council which is too far away)
- Voluntary sitting services
- Community transport for other outings rather than just medical appointments
- Home help to do cleaning
- Helpful gardeners
- Communication between carers & clients GP
- Not sure
- More elderly people social clubs and more transport available to take people to and from the club
- More care from neighbours in a phone call as many old folks have no family
- Make it easier to have a home visit from the doctor.
- Hospital clinics - impossible to park so very difficult to attend
- Meals on Wheels (not for mum)
- Someone to help with paperwork"
- All being done very successfully
- Reliable care companies
Visits for conversation and support for more able people to visit me as I am housebound
• I belong to an Acmuron and drop in centre and they are kind to me
• Rates of transport
• I feel that the support people who helps us to independently, would be caring not only to me but also to my dog. Don't dismiss this because our animals mean such a lot to us, so respect my animal or don't come in, the other thing respect my home, my belongings, they belong to me not you, there are not your things
• More co-operation from GP relating to Home Visits, Dentist etc
• Groups of volunteers who could come & take you out for a walk occasionally, or popping in for a cuppa and a chat
• Social Services, Local Council Help
• More choice with going to bed later. Not having to suit care agency
• Age Concern
• Local charities; family; services provided by NCC
• Day centres to get people pot into the community. Being able to share ideas and see different perspectives, with initial help. These should be self run. That is if there is the need for this idea
• Easy for people to get into the community by making pavements suitable for people to walk on, making them level for walking wheel chairs
• Just enjoy our own company
• Have more day centres for under 60s
• Care organising should be a set figure right across the county
• People who come in to chat to relieve loneliness
• More support from surgery over the care side
• I am 95 and would love a woman to live with me. I've already had marriage over 50 years and I miss the working between a couple
• More volunteers
• Neighbours & friends/relatives
• Muslim/Bangladeshi community
• Volunteer Carers
• GPs/District Nurses
• I also receive support from Serve based in my town for washing, shopping and hovering
• More transport to get people like me about
• District Nurses in your local GP Surgery could give a once a week telephone call, to check on elderly people's wellbeing
• Pick up and transport service to take people out for shopping or trips
• Not sure who can help
• Doctors are not actively helping to reduce the care needs by ensuring medical needs are catered for
• Royal Voluntary Service
• Don't know
• A regular warden - who could see what is needed - not once a month - People who can shop , clean call doctor - all if no family support network
• Extra care
• Not aware of any
• A better and more accessible GP service
• Having the right type of housing would help a lot. The right type of care
A mobile shop to go round less able bodied people
Home transport to get to shops. Can get taxi but always handy to have easier access
More carers
Visits of encouragement especially when Mental Health clients become more unwell (at times)
Again, I think that everything is covered. Doctors are not always willing to do home visits (due to their workload, but if needed, the volunteer service will take Mum to the Doctors. Although this often proves stressful as she is housebound.
More contact with neighbours
Sorry but don't know
Clubs for socialising would help with individual wellbeing and so independence
A shopping/delivery service
Little more help at time when needed
Visits
A transport service as some people can't use buses & taxies - are expensive
nothing
Someone from the Council popping in once a week to check on the elderly to make sure everything is ok
Don't know
Easier access to get into shops
The joining up of services offered post hospital stay is paramount, and the stated purpose and objective should focus on quality of life for the patient, and not just keeping the patient out of hospital. The two can be mutually exclusive
Having a good care provider that is able to take you out
A Doctor 7 days a week
More or less as in answer to question 2.
Like a good few of the women in my family is to keep busy, I do have my chairs, my trolley, to help me to do my jobs what I'm already used to. I love achieving what may be others wouldn't be able to. I do not mind my own company at least one day in the week."
Doctors
Family, carers, community nurse, voluntary bodies.
Vetted volunteers, Churches etc
A good reliable bus service, 7 days a week plus a definite disabled bay or seat, no such thing exists here
A befriender, someone who keeps an eye out for my welfare i.e nip to shop etc
Frequent visits from carers or support staff
Carewatch
Satisfied as I am
Not at the moment
My Care Company Direct Health
A laundry service
Social! Communication, so that I know what is going on in my area. I am very lonely and never go out
Don't know
Is there a local W/R/V/S?
Being able to have more contact with community
Care and Support at Home Service Consultation Report

- My daughter lives with me and gives me any other support, I need to live at home safely
- People need family's help
- No one
- Appropriate equipment and OT assessment/support
- Transport to go out and about
- Medical support at home from Gp is hard to come by, making it difficult for the individual to go so they don't until it is too late. A mobile practice would be so much better for over 70s
- Help for young people and adults to have a support worker come see and evaluate what needs to be done to help the individuals. More for mental health as it's not known to people who suffer such as myself.
- A directory of support services, facilities and equipment and how and where to obtain them. This could be put in surgeries and libraries.

Q5: Do you have any other comments?

- This is a cruel way of making cuts & then claiming it's what people want, because you did a consultation that forced people to choose
- Review care more frequently, as SU needs change & review waiting time is too long.
- I think we need more sheltered housing schemes that have 24/7 care available. One and two bedroom flats.
- Some carers are excellent. Low salaries and Pressured timetable lead to a high tumour
- Desperately waiting to be visited in the morning, rather than in the afternoon at 2:00pm. I am disabled and can do with the afternoon or evening call as well
- Have carer morning & night, they are Direct Health. They use a wheelchair to move me from (chair to the bed, bed to the chair). Other things are the same from 2004
- Only thanks for possible treatment
- Carers that actually care - Take an interest, less rushing
- Only regular carers wear aprons and gloves, and shoe covers, some do not remove their jackets
- Need more carers and carers should be allowed more time with clients. A night time care service could be useful as well
- On the one hand are the carers, on the other is 111 on the GP. It would be nice to have a middle man in contact with both sides
- Mum is very happy with her carers. She is at very sheltered housing - very good - although she is on an older contract which is better then the new ones. She thinks it is great so I think there should be more places like this - supported, safe independence
- Care workers are normally family members, and could do with support financially and given relevant advice
- I have completed this for mother as she doesn't have the skills to answer the questions. I have cared for her for 15 years with help from carers for the last two years
- No, I do not like having to have carers but I understand I need them
- Unable to be any help personally
- Getting the right support is paramount for us
- My care is good but not consistent. Having a team of very regular staff would make a big difference
• My wife is 90 years old, housebound with Arthritis. I am her carer husband, 96 years old and find it hard at times
• Trust issues with the Carers who visit - 90% ok other 10% not. Complaints not being thoroughly investigated properly. The specific times I was offered were adhered to.
• A volunteer on each estate who could assess when the situation, doesn't warrant emergency calling the emergency services
• Standard of care received at home is currently extremely poor. Much improvement and accountability needed
• Would also like to be taken for a bath once a month. Only feel safe with certain carers though
• Carers of family members are not given enough financial help or credit, for the amount of time they give up on a daily basis, for loved ones. It is a 24/7 365 day a year job
• Stop wasting public money on pointless surveys
• Better logging in system
• Care in the community relies too much on family. If there was no family my mother would be in dire straits. You can pay people to clean, iron, wash etc but it is the little things they miss
• All carers have been good without exception. But its a pity the office are so disorganised
• Care agencies in this borough are not fit for purpose. They are having staffing issues
• The local office of my care agency is only open 9-5 Mon-Fri. and although outside of these times calls are still local ones, it goes to a call centre in Wolverhampton which is not always easy to get through to due to the high volume of calls. I feel the local office should be physically manned at least until 8pm and also weekends.
• Also I find some of the carers difficult to understand as their English is not particularly good, particularly as I am hard of hearing and use hearing aids.
• They also always give me the impression they are too busy to do everything I need, particularly the evening carers who seem to want to rush off before they ensure I have everything I need for the night and am comfortable in bed. (I am unable to get out of bed on my own and therefore need everything within easy reach).
• More training for carers
• The care system in our area is good but time keeping, and the central office is very poor on rotas and staffing. Some days my carer (care bureau) turns up 2 hours late. You pay them so look into their working system closer
• If possible I would be safe & encouraged if the local Mental Health Helplines (phone) were more aware of Gender Disphoria clients. There has been treatment (mentally) for gender trauma and depression since 1967. At times I'm a male mostly now - in sexuality trauma and receiving mental health assistance.
• Just that I (as Mum's main carer) am grateful for the support of Comfort Call for their specialist advice and extra care. Plus she has good neighbours
• Some days the only visitor is the carer. It is important to chat and feel comfortable
• Having experienced ‘care’ at home for some ten months, I am convinced that the system is fundamentally flawed, by the fragmentation of services and accountability. A grass roots review is needed now!
• I get looping care. No complaints, wonderful carers
• I would like the carer provided to be on time for my calls
• Being blind (6 ops left eye 1 on right), and a Celiac, I need someone who arrives on time
• It is a shame that the carers are so run off their feet, sometimes especially of late and have to phone in case I am forgotten.
• It would be helpful if the carers assigned to a patient, had a very good understanding and speech of the patients mother tongue
• Wish Care Company would inform me if carers are going to be late
• I was a volunteer. There is a vast community if you are able to tap into it.
• More input into the care received i.e visit times and who visits
• All care services are good at present
• The carers need to be tactful when dealing with health issues
• No. Quite/very happy with the care I receive
• The administration offices should plan routes to enable regular carers, to service clusters of clients avoiding wastage of time in travelling long distances
• Some help with my garden would be great. I can no longer get out to do my garden, and its all I can see from my living room
• I have a carer everyday to help with bathing and dressing. They brighten me up and are so friendly
• To make sure carers arrive about same time
• Staff could have more knowledge of whole system ie correct charges involved.
• More for mental health in the town. 6 weeks counselling on the NHS is not enough. If there is more you need to let people know.

Q6: We are looking for customers to help us shape this service. If you would like to be more involved with developing this service please tell us your name and contact details. We will then contact you with further information about how you can assist us to shape our services. The answers you have already given will remain anonymous.

A total of 76 respondents added their personal details with 99 skipping the question

Demographic Questions

1) What gender are you?

![Gender Chart]

There was a total of 156 responses to this question. 26.9% answered Male, 71.8% answered Female and 1.28% prefer not to say.
2) Are you currently pregnant or had a baby in the last 6 months?

There were 133 responses to this question. 0.00% answered Yes, 98.50% answered No and 1.50% Prefer not to say.

3) How old are you?

There were 157 responses to this question. 0.0% answered 0 to 9, 0.64% answered 10 to 19, 1.91% answered to 20 to 29, 5.10% answered to 30 to 49, 8.92% answered to 50 to 64, 17.20% answered to 65 to 74, 65.61% answered to 75+ and 0.64% Prefer not to say.

4) Do you have a disability?
There were 148 responses to this question. 90.54% answered Yes, 8.78% answered No and 0.68% Prefer not to say.

4a) If Yes, please tick the appropriate box (es) which best describes your disability?

There were 141 answers to this question. 17.73 answered Mental Health, 82.98% answered Physical Disability, 20.57% answered Hearing Impairment, 5.6% answered Learning Disability, 18.44% answered Sight Impairment and 6.38% answered Other

5) What is your Religion or belief?

There were 141 responses to this question. 16.31% answered None, 78.01% answered Christian, 0.71% answered Hindu, 0.71% answered Jewish, 1.42% answered Muslim, 0.71% answered Sikh, 0.00% answered Buddhist and 2.13% Prefer not to say.

Other responses:
- Church of England (5)
- Catholic (3)
- Mormon
- Anglican
- Jedi
6) How would you describe your ethnic origin?

There were 156 responses to this question. 86.54% answered English, 5.13% answered Scottish, 1.28% answered Irish, 1.28% answered Welsh, 0.645 answered Northern Irish, 0.005 answered Gypsy or Traveller, 1.28% answered Other White background, 1.28% answered Indian, 0.64% answered Bangladeshi, 0.00% answered Pakistani, 0.00% answered Chinese, 0.645 answered Other Asian Background, 0.64% answered White and Black Caribbean, 0.00% answered White & Asian, 0.00% answered White & Black African, 0.00% answered Other Mixed / multiple background, 0.00% answered Caribbean, 0.00% answered African, 0.00% answered Other Black Background and 0.64% Preferred not to say.

Other Responses
- White & Black Caribbean (2)
- White (2)
- Scottish

7) If you are 16 or over which of the following options best describes how you think of yourself?
Care and Support at Home Service Consultation Report

There were 110 responses to this question. 1.82% answered Bisexual, 0.91% answered Gay Man, 0.00% answered Gay Woman / Lesbian, 90.005 answered Heterosexual and 7.27% Prefer not to say.

8) Is your gender identity the same as the gender you were assigned at birth?

There were 144 responses to this question. 97.92% answered Yes, 0.69% answered No and 1.39% answered Prefer not to say.

9) What would you describe your marital status as?

There were 150 responses to this question. 41.33% answered Married, 17.33% answered Single, 0.67% answered Civil Partnership, 37.33% answered Other and 3.33% Prefer not to say.
Do you have a view about what would make a positive difference to the way care and support at home is provided to many people in Northamptonshire?

It may be that you have physical or mental health problems which makes it difficult for you to manage at home on your own. This may have made you eligible for support from your local authority; or you may be the relative or a friend of someone who finds it difficult to manage at home and have a view on what could make a difference.

Northamptonshire County Council (NCC), like the majority of other areas in the country, currently meets this need by paying a range of organisations to employ home carers to help with personal care, meals and keeping people safe in their own homes. A plan is developed which states the care needs of the individual; the tasks to do and times when these have to be done by the home carers. The plan has little opportunity to be influenced and therefore limits how support is delivered.

Over the next two years, NCC’s intention is to work with care providers to do things differently. It means starting with the customer as an individual with strengths, preferences
and aspirations and allowing for them to make more choices about how they are supported to live their life.

While the intention is for more choice and control there is as always the need to manage public money in a responsible way. NCC, will be looking more widely at how needs can be met rather than just relying on paid ‘hands on carers’.

NCC are working on a Care and Support at Home Strategy which will change how we do things over the next three years. We want to hear your views about what is most important to you by completing this short questionnaire by **12th February 2016**.

You may already have a care plan with the Council or maybe you could be a future customer of the service. You can ask someone to help you complete this questionnaire if you are unable to complete it on your own. Your feedback will be anonymous and the results will be used to help us plan for how we deliver the Care and Support Home services

Please do not worry if you are unable to complete this questionnaire. Please just discard it.

Once completed please send us the questionnnaire in the pre-paid envelope (you don’t need to put a stamp on the envelope) by **12th February 2016**.

If you prefer you can complete the survey online at [https://www.surveymonkey.co.uk/r/CareSupportAtHome2015-18](https://www.surveymonkey.co.uk/r/CareSupportAtHome2015-18)

Further information about this service is available on the Home Care page on our website [www.northamptonshire.gov.uk](http://www.northamptonshire.gov.uk)
Questions

Q1. We want people who receive care and support at home to have more choice and control over their daily lives. We know that the priorities listed in the table below are all of equal importance but we need your help to tell us which would be your top 3 priorities?

Please tick (√) your 3 priorities

<table>
<thead>
<tr>
<th>First priority</th>
<th>Second priority</th>
<th>Third priority</th>
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<tbody>
<tr>
<td>Your personal cleanliness</td>
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<tr>
<td>The cleanliness of your home</td>
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</tr>
<tr>
<td>Eating/drinking what and when you choose</td>
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<td>Feeling safe</td>
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<td>Socialising with family and friends</td>
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<td>Support with employment</td>
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<td>Volunteering</td>
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<td>Having choice and control over your daily life</td>
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<tr>
<td>Being treated with dignity and respect</td>
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Please contact us either by email EPIT@northamptonshire.gov.uk or telephone 01604 367611 if you have any queries or would like a copy of this questionnaire in another format.
Q2. What one thing, which we have not already listed above, do you think would make the most difference to your care?

Q3. Who or what else in your local community do you think could help and support people to live independently at home?

Q4. Which borough or district of Northamptonshire do you live in?

Please tick (v) relevant answer
- Corby
- Daventry
- East Northamptonshire
- Kettering
- Northampton
- South Northants
- Wellingborough

Other (please specify)
Q5. Do you have any other comments?

Q6. We are looking for customers to help us shape this service. If you would like to be more involved with developing this service please tell us your name and contact details. We will then contact you with further information about how you can assist us to shape our services.

The answers you have already given will remain anonymous.

<table>
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<tr>
<th>Name:</th>
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<tr>
<td>Email address:</td>
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<td>Postal address:</td>
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<tr>
<td>Telephone number:</td>
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</tbody>
</table>

Thank you for completing this questionnaire. Please return it in the pre-paid envelope (no stamp required) by 12th February 2016 to:

**Engagement, Participation and Involvement Team**  
**Northamptonshire County Council**  
**County Hall**  
**Northampton**  
**NN1 1BR**
Equalities Monitoring

1) What gender are you? (Please tick the appropriate box)
- Male
- Female
- Prefer not to say

2) Are you currently Pregnant or have you had a baby in the last 6 months? (Please tick the appropriate box)
- Yes
- No
- Prefer not to say

3) How old are you? (Please tick the appropriate box)
- 0 to 9
- 10 to 19
- 20 to 29
- 30 to 49
- 50 to 64
- 65 to 74
- 75+
- Prefer not to say

4) Do you have a disability? (Please tick the appropriate box)
- Yes
- No
- Prefer not to say

4a) If Yes, please tick the appropriate box(es) which best describes your disability?
- Mental Health
- Physical Disability
- Learning Disability
- Sight Impairment
- Hearing Impairment
- Other

5) What is your religion? (Please tick the appropriate box)
- None
- Christian
- Hindu
- Buddhist
- Muslim
- Sikh
- Jewish
- Any other religion (please write in)

6) How would you describe your ethnic origin?
Tick one category within the option which best describes your background

White
- English
- Scottish
- Irish
- Other White Background

Asian or Asian British
- Indian
- Pakistani
- Chinese
- Bangladeshi
- Other Asian Background

Mixed / Multiple ethnic Background
- White & Black British
- White & Black African
- Other mixed / multiple background

Black or Black British
- Caribbean
- African
- Other Black Background

Other Ethnic group (please state)

Prefer not to say

7) If you are 16 or over which of the following options best describes how you think of yourself? (Please tick the appropriate box)
- Bisexual
- Gay Man
- Gay Woman/Lesbian
- Heterosexual
- Prefer not to say

8) Is your gender identity the same as the gender you were assigned at birth? (Please tick the appropriate box)
- Yes
- No
- Prefer not to say

9) What would you describe your marital status as? (Please tick the appropriate box)
- Married
- Single
- Civil Partnership
- Other
- Prefer not to say