

# Formal Response to Healthwatch Surrey's 'Can you hear me?' Report

December 2019



**SURREY**  
COUNTY COUNCIL

# Background

Healthwatch Surrey has a set of three year strategic priorities and one of those priorities is 'care at home'. To support this priority a project was initiated in 2019 called 'Do care at home users have a voice?'. The research project had two primary questions:

- 1) Do the systems in place give care users a voice?
- 2) Do users feel safe to express themselves, and do they feel listened to?

To answer those questions Healthwatch Surrey spoke to people receiving care at home and care providers. Surrey County Council's (SCC) priorities and practices around home care were also reviewed. There is a link below to the report.

## [Can you hear me? Report](#)

SCC welcomed the project by Healthwatch Surrey and regards it as a further means to strengthen the oversight of the delivery of home care and the opportunity to hear directly from people who receive home care. The report is very timely for SCC, which is due to re-commission its Home Based Care Service during 2020/21. The report provides additional evidence and guidance as to how best to design the service specification and contract to meet people's needs and maximise their independence.

# Recommendations

The report made some important findings and put forward recommendations for SCC and providers of care as to how they can improve people's experiences of receiving care at home. SCC is statutorily required to provide a formal response to Healthwatch Surrey's report.

The findings and recommendations are set out below.

## **Finding One**

There are some vulnerable care users who are less willing or able to express their needs. These are people who are not able to engage with the system and do not have an emotionally engaged advocate to engage on their behalf and clients who have reason to be scared of losing their care e.g. special needs, scarce resource.

### Recommendations

- 1a) Identify service users who would benefit from advocacy support early in the care journey and be prepared to offer additional support.
- 1b) Enable access to funded advocacy.
- 1c) Identify and support an organisation that could be tasked to represent domiciliary care service users.

## **Finding Two**

Care workers do not always feel it is their responsibility to feed informal information back to their agency about the care their users receive. Few would consider raising a safeguarding alert without going through their agency management, or even know how to do this.

### Recommendations

- 2) Encourage training and refresher training for care workers in: their role and responsibilities as key listeners; reporting lines and safeguarding procedures.

### **Finding Three**

Some agencies' systems for capturing verbal client and care worker feedback are very informal, and can be vulnerable to error and oversight.

#### Recommendations

- 3a) Promote best practice recording systems e.g. digital.
- 3b) Promote best practice listening and recording techniques.

### **Finding Four**

Some agencies do not include care worker feedback or insight when reassessing or reviewing their care plans for their clients.

#### Recommendation

- 4) Encourage/ enable care agencies and key care workers to input to Social Services reassessments.

### **Finding Five**

Some care folders do not contain an accessible complaints procedure; some contain no information on safeguarding for either care user or care worker; some contain out of date information.

#### Recommendation

- 5a) Provide templates or a model for: agency contacts page; SCC contacts page; safeguarding information; accessible complaints procedure including advocacy.
- 5b) Ensure care folders are reviewed when carrying out service user assessments.

### **Finding Six**

While SCC does include Engagement measures in its care agency Key Performance Indicators these do not explicitly cover quality of listening. The data generated in these KPIs around complaints is subjective and may not be comparable across agencies.

#### Recommendation

- 6) Reconsider KPIs to improve consistency by: standardising the definition of a complaint and providing mandatory questions to be included in the customer survey.

## **Response to recommendations**

### **Recommendation 1a**

SCC does commission an independent advocacy services which are available to anyone free of charge. The lead provider for advocacy services in Surrey is Surrey's Disabled People's Partnership who can be contacted on: tel/text **0800 335 7330** (free phone) and e-mail: [info@advocacyinsurrey.org.uk](mailto:info@advocacyinsurrey.org.uk). There are also specific advocacy services: Independent Mental Health Advocates and Independent Mental Capacity Advocates.

SCC will ensure better promotion of the advocacy services by:

- Requiring all providers to have advocacy information and service details in people's care folders;
- Working with care agencies to help identify people who cannot advocate for themselves and then actively refer them to Surrey Disabled People's Partnership;
- SCC commissioning to ensure that Locality Teams are referring people when appropriate to advocacy services;

- SCC Quality Assurance Team to build this requirement in to their work with providers; to check that providers are aware of the service, that the information is contained within the care folder and that where appropriate people are being referred; and

### **Recommendation 2**

SCCs HBC service specification states that safeguarding training in accordance with the Surrey Safeguarding Adults Board is mandatory for all staff (section 4, page 13 of the HBC specification). A KPI on training is included and as part of that KPI we expect all provider staff to have received safeguarding training. Safeguarding is a priority area for SCCs Quality Assurance Team when they visit and review providers. As part of the evaluation to be on SCCs HBC framework, providers must answer adequately a question about safeguarding and the associated policies and processes.

### **Recommendation 3a**

As part of the re-commissioning exercise SCC will be reviewing how providers record information about the people they support. At present the contract states that it expects providers to be working towards having an electronic monitoring system in place, but in the new contract it is likely that it will specify that providers must have electronic monitoring.

### **Recommendation 3b**

To promote existing listening and recording training and to build this requirement into the next service specification.

### **Recommendation 4**

Ensure that practitioners fully involve care agencies in the assessments and reviews of people. Remind senior managers that this should be happening as default. As part of the re-commissioning exercise the trusted assessor model will be investigated, if selected much greater involvement will be given to the provider.

### **Recommendation 5a**

SCC to consider as to whether it should develop a best practice care folder for providers to use, this best practice document could be referenced in the new HBC service specification and made a requirement.

### **Recommendation 5b**

SCC to ask practitioners to include checking people's care folders as part of the review process.

### **Recommendation 6**

SCC will review its KPIs for HBC as part of the re-commissioning exercise and will consider whether mandatory guidance on what a complaint is should be included and how best to hear feedback from people who use the services.

## **Conclusions**

- SCC to continue to work with Healthwatch Surrey to ensure that these recommendations are embedded and that they are used as a baseline for developing the new HBC service specification.
- SCC will work with Healthwatch Surrey to ensure that the user voice is heard throughout the re-commissioning exercise for HBC.