

healthwatch

Blackburn with Darwen

Care at Home Open Forum Event

12th November 2019

- Triage and Assessment
- Complaints Handling



Care at Home Forum 2 Summary

Acting on what the public have told us, Healthwatch BwD have chosen to focus on home care provision across the borough by facilitating four open forums, inviting service users, family carers, service providers, and commissioners to attend and talk about the issues raised which will be given to commissioners to inform and challenge where necessary service improvement and quality.

People present:

- Healthwatch BwD, Linda Brown (Forum Facilitator) Sarah Johns Project Manager, Sal Bax Senior Project Officer, Chloe Dobson Project Support and Volunteer Coordinator.
- Joe Slater, Non Executive Healthwatch BwD Board Member.
- Suzanne Kinder (SK) Service lead Intermediate Care, Reablement, Hospital, Home First and Provider Services Blackburn with Darwen Adult Social care (BwD ASC)
- Guardian Home Care
- Home Instead Senior Care
- Derwent Hall Day Care services
- Members of the public

Topics discussed:

- Triage and Assessment
- Complaints Handling

Triage and Assessment:

Some people told us that they do not meet the ‘criteria’ to be able to get home care support but they did not understand why.

They wanted to know how to find this information and how to get more help if they needed it.

Suzanne Kinder of Blackburn with Darwen Adult Social Care (BwD ASC) gave some explanations as to what happens when a person rings up for help at the Triage stage:

‘The Customer Liaison Officers ask a lot of questions and take a lot of details from the person ringing in’.

BwD ASC have recently changed to a ‘strength-based’ approach when making an assessment, whereas before they used a ‘deficit model’.

This means that the Customer Liaison Officers will ask what the person can do themselves instead of only focussing on what they cannot do.

This is normally done over the phone which can take from 20 mins to an hour depending on what the persons needs are. The Customer Liaison Officer then decides what the persons support options are.

If they can do a lot for themselves they may not get social care support but may be advised to go to Carers Network for help and advice.

Healthwatch BwD asked for reassurance that people are signposted to other services if they do not meet the triage criteria for help and that there is accessible information to refer to. Healthwatch also pointed out that not everyone had access or the ability to use online resources.

SK of BwD Adult Social Care gave assurance the Customer Liaison Officers do signpost where direct Adult Social Care support is not needed and there is information on the Councils website. Information can also be obtained from Carers Network. The Central Library and Age UK can also support people to access online services and information.

Reassurance was also given that the Customer Liaison Service is monitored to ensure the correct procedure is being followed and information is being given.

A Care Provider asked how long it took for someone to receive support if they were eligible?

SK of BwD ASC explained that this would depend on the persons need. If the person were in a crisis BwD ASC would have to act straight away. “We would put crisis care in immediately and would then assess within a short period of time what the persons needs are so a provider can take over that care and support.”

If the person does not need an immediate response and can wait 28 days we schedule a visit to see them and assess their needs.

BwD ASC were asked if they were confident that crisis care was available at the point of crisis?

SK of BwD ASC said they were “very confident that this was working well as BwD ASC would soon know (though complaints) if this was not happening”.

A member of the public shared that ‘the day after their relative arrived home from hospital the GP had to be called out because her unresolved health issues were causing confusion. Home care support was **not** offered on discharge and they live on their own with some support from a family member who works full time. The ‘Crisis Team’ was contacted by the relative and is now coming in to support them. This member of the public wanted to highlight the good work the crisis team have done since they have been involved, the relative’s condition has improved and the risks to her health have reduced.

SK advised the family member to complain to PALs if they were unhappy with the service they had received.

One Home Care provider said they are also faced with similar challenges even though they have really good liaison with the local authorities' social workers and hospitals. The main issue is usually when "an unfair assessment has been completed and the patient is not really ready to come home but they are sent anyway. They get home and are not managing well at all because a very limited assessment has been done. The assessment did not ensure the right support is in place to minimise the risks". Care providers felt that having a provider involved as soon as possible would minimise those risks and provide a clearer picture of the person's needs.

The providers felt the current discharge process can be challenging, making it more difficult to understand the client, their medical history, medication needs and how best to support them.

People are also discharged from Hospital with medication that needs to be given that does not coincide with care staff visits. For example, care will be identified as three visits per day, but medication will state that they need to have it four times a day. A home care provider said they flag this up immediately with BwD ASC with regards to their commissioned package of care.

SK of BwD ASC said they are linking in with ELHT (East Lancashire Hospitals NHS Trust) about the use of digital *MAR charts** in the discharge process. NHS England are also undertaking a digital discharge project to help improve this process.

**"A MAR chart is a working document used to record administration of medicines. They are produced by the pharmacy on a monthly basis at the time of dispensing and are delivered with the medication. All medicines for a client should be listed on an individual MAR chart."*

A Home care provider expressed that it's frustrating when they are not informed, by the hospital, that a patient is coming home or that the discharge is delayed. This can impact on the providers planning to deliver that care.

One Home Care provider shared an example of one of their client's experiences who could walk independently prior to a fall and admission to hospital. When she was ready for discharge the manager enquired if the client could mobilise independently because they were going back to an extra care scheme (sheltered accommodation with additional care). The hospital confirmed that she had not been out of bed and they were unsure of her walking abilities. The care provider had to decline to accept the client back because her needs had significantly changed and they were no longer suitable for an extra care scheme.

Providers stated that "the wards frequently contact them direct to accept patients back to their own homes, especially when they need beds".

SK of BwD ASC advised that providers should not be accepting people back from a 'non-social worker from the hospital' as this is not following the discharge pathway.

SK of BwD ASC confirmed “If a person has gone into hospital with a package of care it should be the social worker who assesses the patient prior to discharge to assess that their needs haven’t changed. There is a duty social worker at the hospital who the ward staff **must** contact to make this assessment. It should be the social worker who is ‘re-starting’ the care package not the hospital staff”.

SK of BwD ASC clarified that providers should only take instruction from the hospital social worker. This is the same process for a discharge to BwD or Lancashire. The Complex Case Manager at ELHT does the ‘re-starts’ for Lancashire but not for BwD.

SK of BwD ASC said “it is within the gift of ELHT to bring about change to the discharge process for patients”. SK acknowledges that “it is a concern for everyone because we work as a system but only ELHT have it within their control to effect change”. SK said it was important for people to share their experiences so that organisations can look at them to help improve their services.

Home Care Providers suggested having ELHT around the table at future home care forums to join these discussions and listen to the experiences shared because they also relate to their service.

Healthwatch explained that it was the intention of the Forums to invite key representatives in ELHT and BwD ASC to attend the final forum where the main issues that have been discussed will be presented to them for actions discussions around what can be done collectively.

Healthwatch said this should be a seamless process which starts with ELHT through to discharge and transfer of care to BwD ASC, where needed. This should be well planned and assessed fairly ensuring that if a care provider is going into that person’s home they have all the necessary information they need to provide the care they have been commissioned to do. Family carers should also be involved in this process so that they understand how to manage their loved one’s condition and needs.

Healthwatch referred to a piece of work undertaken by Healthwatch BwD recently, ‘A Dementia Friendly Discharge from Hospital’ that has identified several of the issues raised in the forum today. The report has been shared with ELHT and BwD ASC who have responded to the report.

Link to the report which can also be accessed on our website.

http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/hospital_discharge_final_report.pdf



Complaints handling:

Examples of type of complaints raised:

- Service user's daughter has concerns about breaching of confidentiality as the manager is passing information to service users' grandson who also works for the care provider. They have sent grandson to provide care for his grandmother which hadn't been discussed with service user and daughter, who felt it was inappropriate for him to carry out certain caring duties.
- Service users concerns not being resolved by head office and lack of communication.
- Provider not returning calls to service users when reassured that someone would ring them back to discuss concerns when they are raised.
- Provider assuring service user that issues will be resolved but problem continues.
- Formal complaint in writing to the provider not responded to or dealt with.

Questions to Providers & BwD Adult Social Care

- What is the complaints process?
- Do all initial complaints go to a central feedback service?
- Which department collates all of the complaints and tracks their progress irrespective of who the complaint was made to i.e. the provider, social worker, adult social care, Customer Liaison or Commissioning team?
- Is someone responsible for the resolution of complaints?
- How long is this process?
- What happens at different stages of complaints, what is the criteria?
- What is the official communication for those with a complaint about their assessment/triage?

Healthwatch BwD asked if several people made different complaints about the same provider through different channels how that information is brought together?

At what stage would the Commissioning team step in if there are a number of complaints about a particular provider or service?

Susanne Kinder of BwD ASC advised that there are a number of different ways people can raise an issue about a service. Firstly, they should raise it with the provider, as previously mentioned, to give them the opportunity to put it right. If someone has an allocated social worker they can raise it with them. If they do not have an allocated social worker they can ring Customer Liaison at BwD Adult Social Care who will take them through the process. If they are due a care review they can raise it at their review.

Both SK and the providers present said monitoring is constant. BwD ASC said dedicated officers from the Strategic Commissioning team go out and monitor the quality of services being delivered.

Guardian Home Care went through their internal complaints procedure which they have to follow. All incidents are recorded such as, complaints, safeguarding, medications administration etc. They review all incidents regularly and develop an action plan to improve where necessary and liaise with BwD Strategic Commissioning Team about the steps they have taken. If the Contract Team identify an issue with the provider they act in the same way. Providers in the BwD framework have key performance indicators (KPI's) they have to achieve; this is reviewed every three months and audited.

SK of BwD ASC responded that all complaints are recorded centrally and a report is produced annually to look at where they all come from and how they have been dealt with.

SK of BwD ASC said that service users should be given clear guidelines on how long an issue will take to be dealt with when they contact the Feedback Service. SK also pointed out that the council are regulated by the CQC. People using services are given feedback forms which are recorded and shown to the CQC when they are inspected. This process is similar to care providers in that the CQC will look at a complaint to see how it was managed and what actions were taken. SK said that remedial action happens every day. It all depends on the complexity of the complaint.

Guardian Home Care said complaints are not always about the provider but can be about other professionals involved in the persons care but the provider receives the complaint. It's important to address complaints to get to the bottom of the issue. The provider said they take complaints seriously to reduce the number of complaints and avoid getting the same complaints again. The Home Care provider said the easiest way to deal with complaints is to be transparent as an organisation, own up to mistakes and put measures in place to address those issues. The provider also shares their actions with the commissioning team to evidence that complaints have been dealt with appropriately.

A family member shared that they had made a complaint to BwD Borough Council Quality Assurance department about a provider who had delivered care to their relative. Despite following the complaints procedure, as previously stated, the

service user did not get a response from either BwD or the provider some five months later. The service user has since changed providers as the situation was not improving.

SK of BwD ASC said that she would follow this up with the complaints team to find out what happened to the complaint.

Summary from discussion about Triage, Assessment and Complaints:

SK of BwD ASC will feed back to the Customer Liaison Manager at BwD ASC that some people have told Healthwatch that they do not understand why they did not meet the eligibility criteria.

Some people also stated that they find the online portal difficult to navigate to find the information they need and not everyone can get into Carers Network or the library to access internet support.

Issues were raised about the effectiveness of the discharge pathway as it would appear that this is not always followed by hospital staff especially where there are bed pressures. It was commented that there needs to be an ELHT representative at these forums.

SK of BwD ASC advised that where people have made complaints to Healthwatch about problems with equipment, adaptations and the level of care provided following assessment that these be made to BwD ASC complaints team. However, it was highlighted that where some people had followed this process their complaints had not been responded to by BwD ASC other than an email acknowledgement.

Proposed actions and recommendations:

- Healthwatch BwD recommends a review of the Triage process in collaboration with service user experience to quality check the consistency of the information delivered and how this is backed up in a way the service user can understand.
- Healthwatch BwD will share with ELHT the comments received today regarding the discharge process. Healthwatch BwD will again raise the issues identified in the 'Dementia Friendly Discharge from Hospital' Report to see how those recommendations are being implemented and to ask for a review of the Trusted Assessment Document.
- Healthwatch BwD recommend that there is more clarity and a simplified complaints or feedback system that ensures complaints and feedback are not

‘lost in the system’ through the various means of giving feedback to Adult Social care.

- Healthwatch BwD recommends that the online information portal is more visible, accessible and easy to navigate.