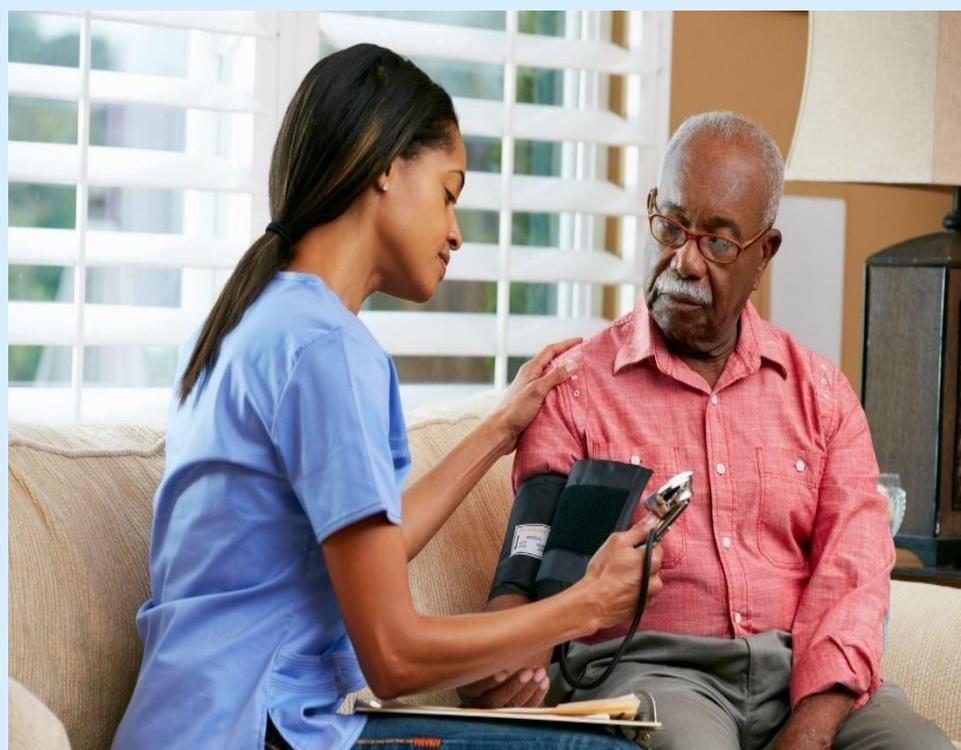


Housebound Survey

A report by Healthwatch Ealing - January 2022



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Disclaimer

The information presented within this report reflects the individual experiences of those who completed the Healthwatch Ealing Housebound Survey. Healthwatch Ealing presents this as information to be considered and utilised to improve service provision and highlight areas of good practice.

Acknowledgements

Healthwatch Ealing would like to thank the 192 individuals who took the time to complete our survey and provide their feedback.

We would also like to thank Ealing Council for supporting and accommodating this project.

Finally, our thanks to the Healthwatch Ealing staff and volunteers who dedicated their time to this piece of work.

Executive Summary

With the onset of the COVID-19 pandemic, Healthwatch Ealing launched a second iteration of its Housebound Research Project to understand the impact that the pandemic and resulting lockdowns have had on Ealing residents who are unable to leave their homes or require assistance to do so. From August to October 2021, with the support of Ealing Council, Healthwatch Ealing distributed paper copy surveys to individuals that receive fully or partially local authority funded Homecare asking them to provide their feedback on how they had been supported by their Homecare providers and indeed other health & social care services during the COVID-19 pandemic.

The research was designed to understand what aspects of care are being effectively delivered and what ones need to be explored for further development. Most importantly, this research would provide individuals who had first-hand experience of Homecare with the opportunity to outline what they thought needed to change in order to improve the service.

In total, 192 individuals provided their feedback. Individuals' regular care staff were one of the most common sources of positive feedback with individuals praising carers for their high quality of care and personal compassion with the findings indicating that more regular interactions with carers helped to prevent many individuals from feeling lonely and socially isolated during this time. In addition to the care itself, a significant proportion of individuals also indicated that communication from their Homecare provider regarding changes to their care had been satisfactory. Last, Pharmacy services and the distribution of COVID-19 related information was widely praised.

However, the findings clearly show that there are inconsistencies in the delivery of Homecare and support for Housebound individuals. The more detailed responses reinforce these findings and point toward where improvements to Homecare and other health and social care services can be made. The resulting set of recommendations laid out at the end of this report suggest that more comprehensive Social Care Assessments need to be delivered for Housebound individuals; that more inclusive communication channels need to be established between Housebound individuals, their carers and their care providers; that all care staff should receive adequate training to improve the consistency in the quality of care delivery; and that the care services that support these individuals are further integrated, particularly through embedding a more detailed and person-centred referral process into homecare delivery to other care services and community organisations that can further supplement the support being provided by Homecare.

Introduction

Individuals who are living with a physical and/or physiological illness or injury that completely or partially restricts their ability to leave their home without the support of another person are often referred to as 'Housebound'. Historically, Housebound individuals have rarely been engaged with by statutory and community organisations and, therefore, their experiences and opinions of the care that they receive are seldom heard. As a result of this lack of engagement and representation, there is national concern that not enough is known about the quality of home care service delivery.

To address these concerns at a local level, Healthwatch Ealing sought out to hear from Ealing residents who are housebound, highlight which aspects of care were being delivered effectively and which needed to be further developed to meet their individual needs. Most importantly, we wanted to provide individuals who had first-hand experience of this care with the opportunity to tell us, and in turn all of Ealing borough's health partners, *how* they thought service could be improved.

Healthwatch Ealing launched the **Approaching Housebound People** research project in October 2019. Unfortunately, due to the onset of the COVID-19 pandemic, face to face interviews with Housebound individuals were not possible and the project was suspended. However, with the preliminary findings from the initial project and the need for local health partners to understand how these individuals were cared for during the pandemic, Healthwatch Ealing relaunched the Housebound Research Project in August 2021.

From August to October 2021. Healthwatch Ealing worked with Ealing Council to distribute paper surveys to Housebound individuals. The Housebound survey was designed in collaboration with Ealing Council and asked individuals a series of questions related to their health & social care, mental wellbeing, the use of digital technology and, of course, the COVID-19 pandemic. The experiences and opinions of these individuals would shed light on the difficulties and disparities that they have been faced with since they started receiving social care and underline how we, as an integrated health and social care system, can further improve the care that Housebound individuals in Ealing receive.

Aims & Objectives

This project asked completely and partially Housebound individuals about the quality of Homecare that they received as well as their experience of other health and social care services during the pandemic. The Homecare that these individuals receive is either fully or partially provided by Ealing Council.

The objectives of this research are:

- To gather general service user feedback on the quality of Homecare before and during the COVID-19 pandemic.
- To identify what processes the local authority and Homecare agencies use to provide quality care to Housebound individuals.
- To understand how the pandemic has impacted Housebound individuals' mental and social wellbeing.
- To highlight areas of good practice and areas of development for the health & social care services that support Housebound individuals.
- To understand the effectiveness of local COVID-19 communications for Housebound individuals.
- To provide Housebound individuals living in Ealing with the opportunity to put forth their suggestions for *how* the care services that they use can be improved.
- To provide a comprehensive set of recommendations as to how, as a system, health & social care providers can improve the delivery and quality of care for Housebound individuals.

Through this research project, Healthwatch Ealing aims to represent the voice of this seldom heard group, highlight gaps in local knowledge and outline the specific ways in which experienced disparities can be alleviated.

Methodology

Healthwatch Ealing's initial project proposal outlined both the approach and the line of questioning that was required to meet the aims and objectives of this research as well as the methods to be used for feedback collection. Ealing Council provided additional guidance and oversight to ensure that the research methodology was as effective and viable as possible, given the current COVID-19 related challenges.

Approach

To meet our aims, the research required a mixed-methods approach to feedback collection, capturing both quantitative and more detailed, qualitative insight into individuals' experiences. It was agreed that this would be best achieved by creating a project-specific Housebound Survey and distributing paper copies of this Healthwatch Ealing Housebound survey to individuals for them to fill in and send back.

Healthwatch Ealing Housebound Survey

With the support of the Ealing Council, Healthwatch Ealing developed the Housebound Survey, an 8-section survey consisting of 32 questions in total (not including monitoring information questions):

- **Section 1:** Qualifying questions
- **Section 2:** Access to Social Care
- **Section 3:** Communication from Your Social Care Provider
- **Section 4:** Social Care Staff
- **Section 5:** What Would You Improve
- **Section 6:** The Impact of COVID-19 on Your Healthcare
- **Section 7:** The COVID-19 Vaccination
- **Section 8:** Monitoring information

For each quantitative question, individuals indicated their answers by choosing from a list of answer choices (selecting more than one answer where appropriate). Throughout the survey, free text boxes with the prompt for individuals to provide further insight into their answers were also included.

Data Collection

To collect feedback, Healthwatch Ealing sent a Housebound Project Package to a random selection of 2000 Ealing Homecare customers via Ealing Council's Postal Distribution Team. This package included the Housebound Survey itself as well as a Freepost envelope and an instruction page that outlined the purpose of the study, how to fill in the survey and how to send it back to Healthwatch Ealing using the Freepost envelope. This instruction document also included Healthwatch Ealing's contact details to ensure that those who were unable to, or did not feel comfortable with, submitting their response using the paper copy of the survey could contact the Healthwatch Ealing Research Team who would complete the survey with them via telephone or email.

Data Analysis

In total, 192 individuals provided their feedback:

- 183 individuals submitted their feedback by sending back completed paper copies of the survey.
- 9 individuals completed the survey with a member of the Healthwatch Ealing research team via telephone

A simple data analysis was conducted for the multiple-choice answers whilst a thematic analysis was conducted on the free text box answers provided. The number of responses for each question varies. This is due to some individuals choosing not to answer certain questions, some questions not pertaining to certain individuals and some questions asking for more than one multiple choice answer.

The most common themes from the free text box answers are represented throughout the findings section by a selection of individual comments. These example comments are broken down by sentiment indicated by the following colour scheme:

-  - Positive comments
-  - Neutral comments
-  - Negative comments

It should be noted that the number of negative and neutral comments included in this report are greater than the number of positive comments included. This is not indicative of the proportionality of the population sample response that is presented in the graphs and chart. This disproportionate representation of negative and neutral comments has been done for two reasons:

1. People who feel negatively in response to a question about a certain aspect of care are more likely to provide further detail to highlight issues or suggest changes compared to those that are entirely happy with the aspect of care in question.
2. This research, by definition, is designed to improve the care that Housebound individuals in Ealing are receiving. It is, therefore, most useful to highlight the feedback that will help health and social care partners to recognise issues and enact the appropriate change to service delivery.

Findings & Analysis: Survey

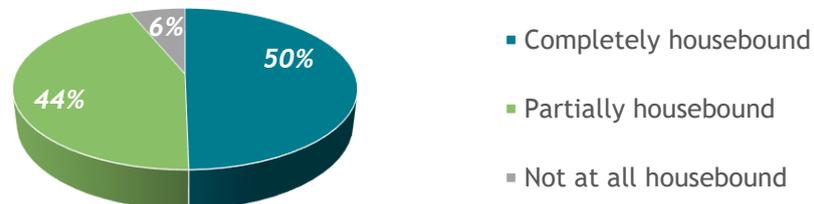
Section 1: Qualifying questions

This first section of our survey comprised of two qualifying questions to establish how individuals identified in this research context - completely, partially, or not housebound at all - as well as who their homecare provider was.

The chart below represents the proportion of individuals who identified themselves as completely housebound compared to those who identified as partially housebound. Out of 192 participants, 177 responded to the first question. Half of the respondents (n.88) stated that they were completely housebound. Out of the remaining 50%, 44% (n.78) identified as partially housebound and 6% (n.11) identified as not housebound at all.

The survey for this research was only sent to individuals who received Homecare from Ealing Council. We, therefore, were able to include the opinions and experiences of these eleven individuals with confidence.

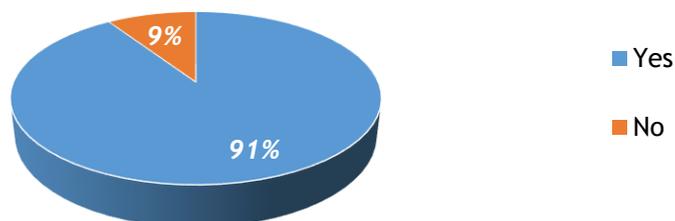
Q1. Which of the following would you describe yourself as?



177 responses

For question 2, 91% (n.166) of individuals stated that their homecare is provided by Ealing Council. Out of this 166, 47% (n.78) of the individuals are completely housebound, and 42% (n.70) are partially housebound and 11% (n.18) are not housebound at all. Despite the other 9% (n.15) of individuals indicating that they were not receiving homecare from the Ealing Council, each of these individuals had been on the Ealing Council's Homecare distribution list, categorised themselves as completely or partially housebound and/or provided insight into their experience of Homecare. We were therefore again, able to conclude with confidence that the opinions of these individuals should be included in the report.

Q2. Do you receive Homecare from Ealing Council (also referred to as Personal Care or Domiciliary care)?



183 responses

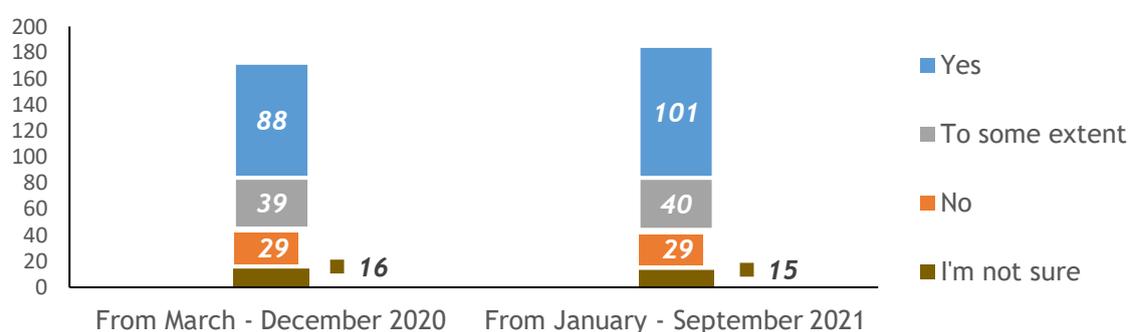
No. of responses	Yes	No
Completely housebound	78	7
Partially housebound	70	6
Not housebound at all	18	4

Qualitative analysis: Section 2: Access to Social Care

CARE DELIVERY AND QUALITY OF CARE

Individuals were then asked if they felt that they had been receiving the right amount of support from their homecare service provider during the pandemic. We chose to break this down into two time periods - March to December 2020 and January to September 2021 - to explore whether support had changed since the easing of restrictions in 2021, compared to the initial 10 months of the pandemic.

Do you believe that you have received the right amount of support from Homecare services that you are entitled to as a Housebound individual?



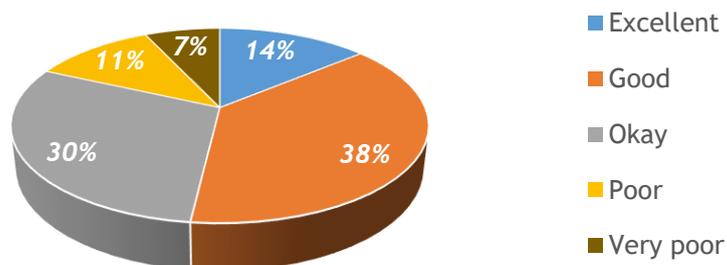
Out of the individuals who responded to this question for the period of March to December 2020 (n.172), only 51% (n.88) believed that they had received the right amount of support from Homecare services. It was a similar case in 2021, with only

55% (n.101 out of n.185) of individuals indicating that they had received the right amount of Homecare support from January to September 2021. Individuals who indicated that they did receive the right amount of support during both time periods praised the efforts of Ealing Council and their carers in ensuring that they consistently received support and were kept informed of any changes to their care.

During both time periods, an almost equal proportion of 23% (n.39) and 22% (n.40) of individuals felt that they had received homecare support *'To some extent.'* The consensus within this subpopulation was that whilst the actual day to day care was delivered to a good standard, the difficulties experienced when dealing with the administrative side of their care and communication with care providers resulted in increasing frustration and feelings of hopelessness.

Unfortunately, for both time periods, the same number of individuals (n.29 - 17% and 16%, respectively) expressed discontent regarding the level of service support that they had received. Individuals fed back that they had experienced a lack of support from Ealing Council and/or their care provider when requesting information or support. Many of these individuals had also experienced a poor standard of care during one or both time periods. This sub-standard care often seems to be at least partly a result of carers not spending the allocated amount of time with each individual - one of the most common trends throughout the feedback.

Q5. Thinking about the entire length of time that you have been provided with Homecare by Ealing Council, how would you rate the quality of care that you have received?



Feedback was also mixed when individuals were asked to rate the quality of care that they had received from Ealing Council since they first started receiving Homecare support. An aggregated total of 18% (n.34) of individuals rated the care they had been provided with as *'Very poor'* or *'Poor'*. Many of these individuals stated that there were inconsistencies in their care plans and in the standard of care that they were being provided with by their carers.

However, the number of solely negative responses received for this question was significantly less than the 52% (n.97) of individuals who rated the quality of care received as either **‘Excellent’** or **‘Good’**. Individuals who were positive about the quality of care that they received praised carers for their professionalism, treating them with dignity and respect and their willingness to go beyond their professional remit to make individuals feel **‘comforted’** and **‘safe’**.

Interesting feedback came from the 30% (n.54) of individuals who rated the quality of care as **‘Okay’**, who detailed both the positive and negative aspects of their care. These individuals highlighted an inconsistency in carers’ arrival times and a lower standard of care provided when substitute/temporary carers were supporting them. Once again, the majority of individuals who responded with this neutral answer were positive about the support that they received from their regular carers.

The quotes below provide additional insight into the findings from questions 3-5, regarding care delivery.

“Ealing has made sure support is in place for me. The care providers “lean on me” are very good, they keep me in the loop as to my changes i.e., my carer may be off, so they make sure I’m covered.”

“Generally, carers have been good to excellent. There were, however, carers who were very careless. When I notified the agency, they reverted to the experienced carers immediately.”

“They look after my daughter very well I am very pleased with it.”

“The carers are wonderful people friendly, respectful, and comforting. They make you feel safe... Speak to the carers they are truthful lovely and deserve recognition.”

“Whilst the home carers are good, the administration and communication with the office is absolutely non-existent. This seems to also extend between home care provider and Ealing Social Services.”

“The carers themselves are good but aggravating social services is tricky. The carers don’t come at the allocated times, as they had to spend longer with the client before us.”

“Timeslots are short. Carers are not able to assist fully in time provided.”

“Regular carer as an individual is excellent. Substitute carers are not such a good experience.”

“At first the carers were unprofessional and took advantage. We complained and the agency changed - my current carers are much better.”

"I had a bad experience with the care agency, which is unprofessional, the council didn't want to change them."

"Difficulty in establishing contact. Never get responses from the Council in emergency, having asked several times that correspondence be in my language."

"They come late and don't inform us beforehand. They don't listen to us and come at whatever time they feel like. They do poor hygiene of patient."

"My carer is like the weather- I don't know what to expect- some days she'll help me with the odd housework and other days she'll just sit there and do nothing."

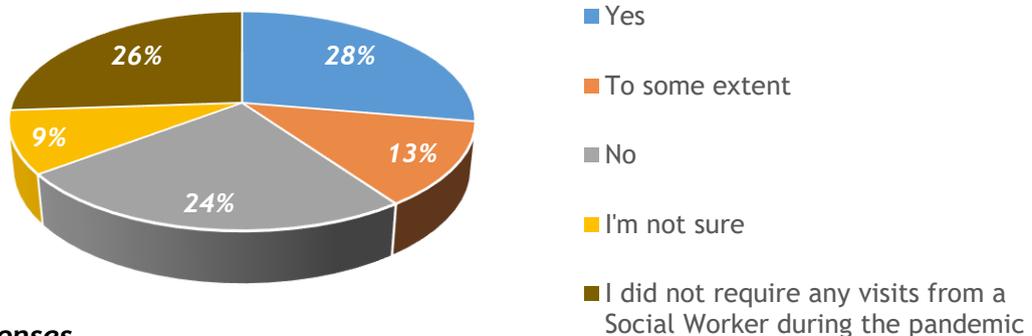
"Not enough time allocated. Not enough contact with the medical team."

"10 minutes in the morning and 10 minutes in the evening. They are always in a rush."

*"Timeslots are short. Carers are not able to assist fully in time provided."
"Unprofessional behaviors, Lack of consistent care, variable levels of care depending on individual care workers - difficult to get hold of and get appropriate follow up by social services."*

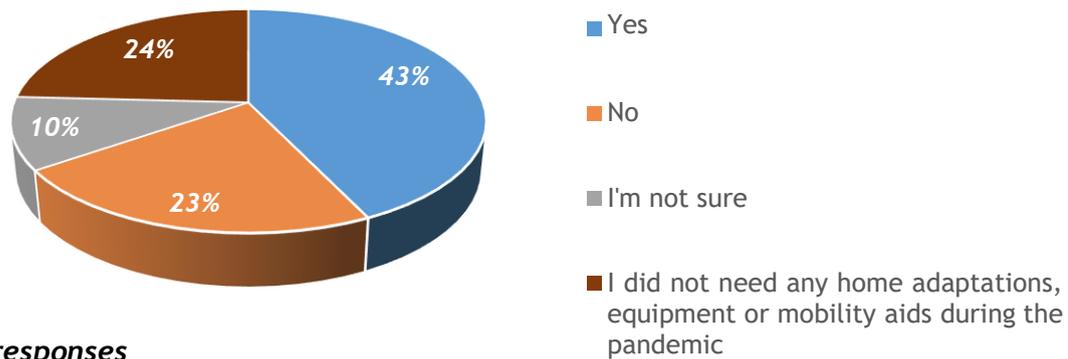
CARE ASSESSMENTS, EQUIPMENT & ADAPTATIONS

Q6. Since the start of the pandemic in March 2020, has Ealing Council provided you with all the Social Worker visits that you requested and required?



Out of 184 individuals, only 28% (n.51) indicated that they had received all the social worker visits that they requested and required while 24% (n.45) individuals suggested that they had not. Additionally, 13% (n.23) of individuals answered, *‘To some extent’*. It could be posited that this 13% of individuals felt that they could have benefitted from more visits.

Q7. Since the start of the pandemic in March 2020, has Ealing Council provided you with all the home adaptations, equipment, and mobility aids that you need to carry out your everyday tasks?



Of the 138 individuals who required home adaptations, equipment, or mobility aids during the pandemic, 57% (n.78) indicated that Ealing Council had been able to provide them with it. These individuals were grateful for this aspect of social care support, with many emphasising the positive impact it has had on their quality of life.

On the other hand, 30% (n.42) of individuals who did need equipment or mobility aids indicated that they had not received any, with these individuals likely experiencing a converse, negative impact on their quality of life. The quotes below provide insight into social care assessment experiences (or a lack thereof) and the provision of equipment and adaptations.

“It was indeed a great support to me to carry out my daily activities. I am really grateful for it.”

“I do not have the adaptation equipment that I need. I needed a ground floor with a wet room and no stairs, this is what I have requested for my housing and [he] keeps neglecting me.”

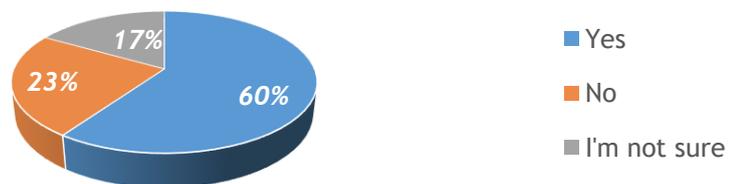
“Mum fell at home twice last year. Since coming out of her temporary stay care home mum has not had a social worker since 9 February 2021. Mum has not had any social worker visits since November 2019.”

“Not received any visit from a social worker and only communicated through the phone. Also, need adaptation but has not been done.”

“No social worker. I need help to find one or equipment supplies were not sufficient.”

Section 3: Communication from Your Social Care Provider

Q9. Do you believe that you are aware of all the ways in which you can contact your homecare provider if you have a question, concern, or complaint?

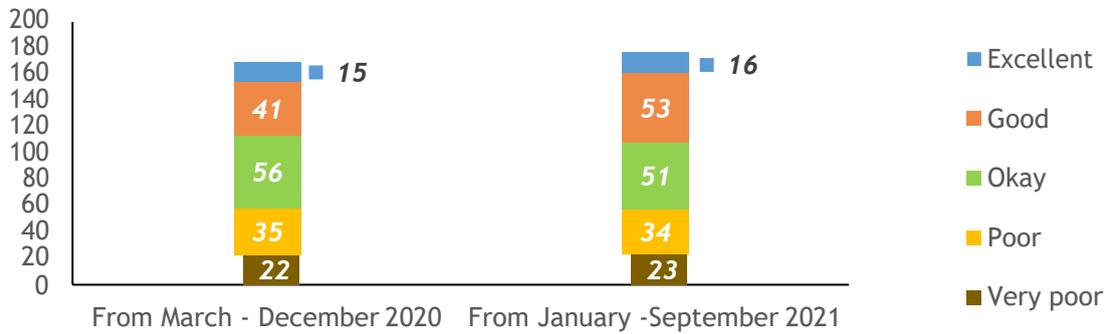


186 responses

In total, 60% (n.111) of the individuals who answered this question felt that they knew of all the ways in which they could contact their Homecare provider with questions, concerns, and/or complaints while 23% (n.44) of individuals did not and a further 17% (n.31) were unsure.

Individuals were also asked how they would rate the communication that they had received from their social care provider regarding any changes to their care or any information that they requested. This question was broken down into two-time periods; March to December 2020, and January to September 2021.

How would you rate the communication from your social care provider (I.e., Ealing Council) regarding any changes that were made to your care, or any information that you requested?



For the respective time periods of March - December 2020 and From January - September 2021, 33% (n.56) and 39% (n.69) of individuals rated communication from their social care providers to be ‘**Excellent**’ or ‘**Good**’ and 33% (n.56) and 29% (n.51) felt that communication from their social care provider was only ‘**Okay.**’ Individuals who were positive referenced the reliability and promptness of social care provider communication that they experienced.

During both time periods, the number of individuals who felt that the communication was insufficient were very similar with 13% (n.22) choosing ‘**Very poor**’ and 21% (n.35) choosing ‘**Poor**’ for the period of March - December 2020; and 13% (n.23) choosing ‘**Very poor**’ and 19% (n.34) choosing ‘**Poor**’ for the period of January - September 2021. As well as those who described their negative communication experiences and the frustrating and disenfranchising effect it has, other individuals also highlighted some practical gaps in communication that were affecting their quality of life. This included a lack of adequate communication for the blind and a lack of interpretation services for those that require information in their first language. The quotes below provide further insight into the impact of the good and the bad instances of communication on Housebound individuals.

“If I ring Ealing Council or The Limes regarding any situation or issue, they always help me. So yes, I feel looked after.”

“They keep me informed who will be here to care each day and I get reliable care if I ask anything about the care I always get listened to. They are kind, honest, above and beyond.”

“Happy with good quality of communication from a social care provider, very helpful all the time.”

“Whilst the home carers are good, the administration and communication with the office is abysmal- nonexistent mostly causing frustration and aggravation. This seems to also extend between home care provider and Ealing Social Services.”

“Social worker only rung once to see I was getting carers. I say yes, that was it, she didn't explain that I can get in touch in this pandemic. I am disabled, people forget us in this pandemic and nobody asks about our mental health.”

“The contact wasn't good either, poor communication and information provision. None of the services are good. No proactiveness at all.”

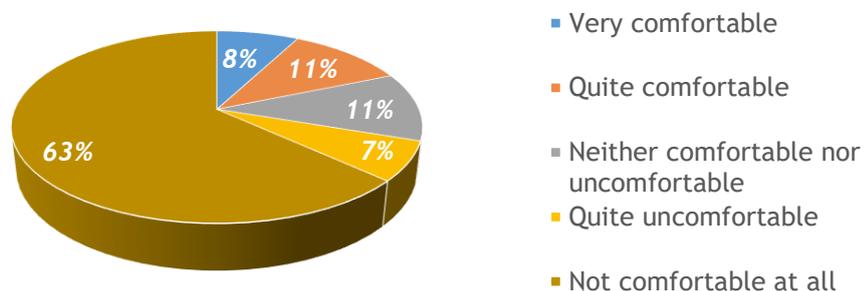
“Because of language barrier, the person communicating would like someone speaking Punjabi/ Hindi/ Urdu but they don't have.”

“Continuously contacted Social Services to request information and no returned calls also for further adaptations.”

“Communication is not very clear. I am partially blind and would like to request large communication.”

DIGITAL ACCESS TO CARE

Q13. How comfortable are you with using digital technology for your health & social care needs?

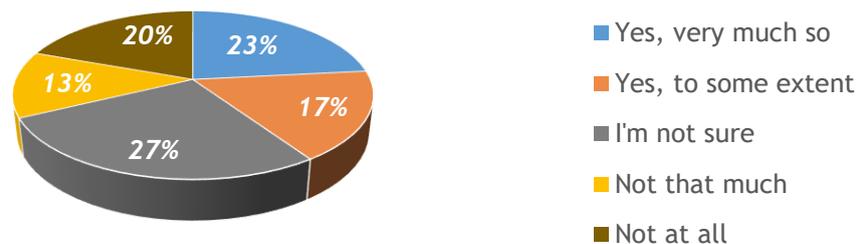


182 responses

During the pandemic, a factor that undoubtedly exacerbated provider communication issues for Housebound individuals has been the reliance on digital technology. A significant number of individuals were **‘Not comfortable at all’** with the use of digital technology for their health & social care needs. When combined, individuals who answered either **‘Not comfortable at all’** or **‘Quite**

uncomfortable, made up 70% (n.127) of the total number of respondents. Further still, a particularly worrying finding was that only 7 out of 88 completely Housebound individuals felt entirely comfortable with using digital technology for their health and social care needs.

Q14. Do you think that the reliance on digital technology since the start of the pandemic (March 2020) has had an impact on the support you receive from social care services?

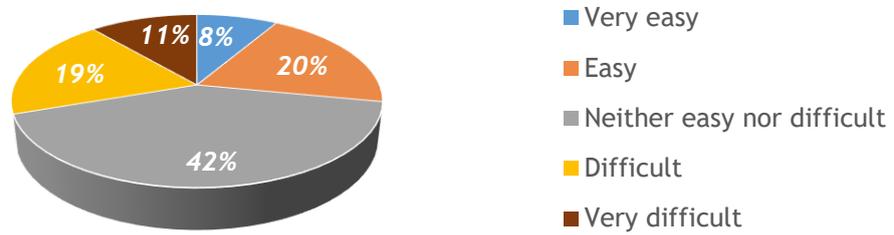


180 responses

In addition to this, 40% (n.73) of individuals felt that the support they receive from social care services had been affected to some degree, due to the reliance on digital technology. Individuals highlighted their age and current health condition as factors that prevented them from being able to access health & social care services digitally. Indeed, this is unsurprising as 84% (n.158) of the individuals who participated in this research are aged 65 or older. Several of these individuals indicated that they were fortunately able to rely on their relatives to support them with digital technology. This, therefore, leaves the unanswered question of what happens to those that do not have a relative to rely on.

On the other hand, 20% (n.35) of individuals stated that the reliance on digital technology had not impacted their care with a further 13% (n.23) indicating that the digital reliance hadn't impacted their care that much and 27% (n.49) suggesting they were not entirely sure whether it had or had not. To alleviate the issues experienced by those whose care was impacted by the reliance on digital technology, it is important to understand why it did not affect these individuals as much. First, many were fortunate enough to receive support from their carers, family members or a friend that was confident with digital technology. Interestingly, one individual who is partially blind indicated that their 'local community' helped them with online correspondence from their care provider and another individual suggested that their care was improved by their carer reintroducing safe face to face communication. Individuals also stated their preferred method of communication and some indicated that they received all the support they needed via telephone. These successful instances combined with the experiences of those who did not receive adequate communication during this time provide an evidence base for how the quality of care for Housebound individuals can be improved.

Q15. Since you started receiving social care, how easy or difficult have you found it to access information about your home care support?



178 responses

For question 15, 30% (n.54) of individuals found it **‘Difficult’** or **‘Very Difficult’** to access care information. When combined with the 42% (n.74) of individuals indicated they found it **‘Neither Easy nor Difficult’** to access information about their home care support, the findings suggest that to improve the overall standard of care, access to information for Housebound individuals is an aspect of care that requires significant development. The quotes below further outline the affect that the reliance on digital technology has had on Housebound individuals’ health and wellbeing and points toward how this issue could be addressed.

“At first, I was left very confused and anxious because I was not getting my face-to-face support, but it didn’t last long as my support workers started providing me with my support while keeping a safe distance.”

“Due to my eyesight I have very difficult in reading or using any online app. My support worker and local community help me.”

“By telephone calls, no other needs are required.”

“I can phone the homecare office to let them know that I need help.”

“Since I am unable to handle the digital technology, I always ask my friends to do it for me and they are there always to support me and my husband.”

“Prefer postal”

“Without family support I would not know on how to use digital technology.”

“I do not have access to digital technology and only have a landline phone. I prefer face-to-face contact as it is more reassuring and person-centred.”

“Being 70 years old I'm not computer literate - Also, contact numbers are not given. How does one contact anyone?”

“I can't navigate on my own with digital technology. Not suitable, no training offered for the blind.”

“I am 90 years old and have no idea about technology my daughter does all of the communication.”

“I am not confident with technology and I have had problems with phone.”

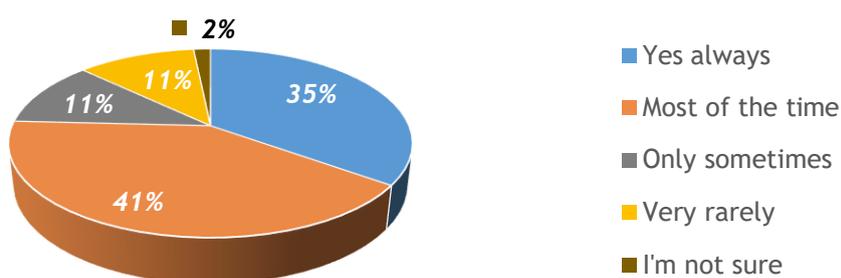
“We do not have computer or mobile phone.”

“Without family support I would not know how to use digital technology.”

“Need better quality of information provision.”

Section 4: Social Care Staff

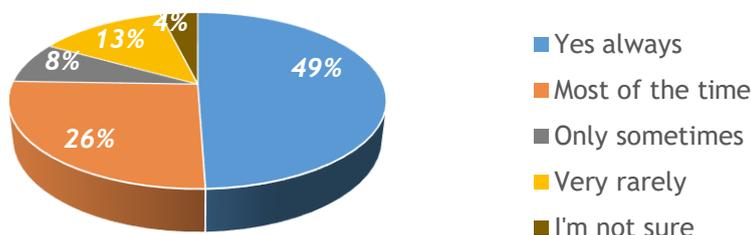
Q16. Does your carer(s) arrive on time?



186 responses

The chart above shows that 35% (n.66) of individuals' carers *'always'* arrive on time, with a further 41% (n.76) of individuals' carers doing so *'most of the time'*. Conversely, approximately 22% (n.42) of individuals stated that their carers *'Only sometimes'* or *'Very rarely'* arrived on time.

Q17. Does your carer(s) stay for the full length of allocated visitation time?



184 responses

Also in relation to the duration of carer visits, 49% (n.91) of individuals indicated that their carers always stay for the allocated period and 26% (n.48) of individuals stated that carers stayed for the allocated period **'Most of the time'**. It is promising to see that the majority of carers are fulfilling the basic provisions of social care for Housebound individuals. However, there were 8% (n.14) of individuals who chose **'Only sometimes'** and 13% (n.24) who chose **'Very rarely.'** Where further insight was provided by these individuals, it was unsurprising to find that carer lateness and/or a reduced length of visit time led to individuals feeling frustrated, feeling like their care was rushed, like carers are disinterested in them as an individual and that, while sometimes only a matter of minutes, arriving late or not being present for the allocated amount of time can have a significant impact on their health and wellbeing.

There are a number of factors that contribute to changes in the length of time a carer stays with individuals, particularly during the COVID-19 Pandemic. However, the fact that close to a quarter of Housebound individuals are not receiving the basic level of care that they are entitled to cannot be ignored.

Q18. Does your carer(s) complete their tasks to a high standard?



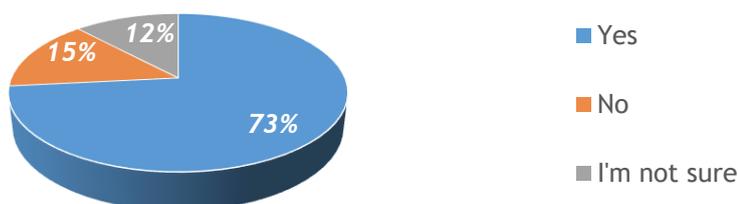
187 responses

When asked about the standard of care delivered by their carers, 46% (n.85) of individuals stated that always complete their tasks to the highest standard. Individuals stated that their carers were conscientious, considerate and provided them with feelings of comfort and safety.

Interesting insight into the standard of Homecare came from the 29% (n.54) of individuals who suggested that carers completed their tasks to the highest standard '**Most of the time**'. Many individuals who chose this answer emphasised how good carers are at their jobs whilst caveating this with several other negative aspects of their care including a lack of effective communication from social care providers regarding changes to their care; language barriers between themselves and their carers; and a noticeable decrease in the quality of care when their regular carers are temporarily replaced. The quantitative and qualitative feedback suggests that inconsistencies in the quality of care could be addressed through care staff training and effective supervision.

A smaller proportion of 11% (n.21) of individuals indicated that carers '**Only sometimes**' completed their tasks to the highest standard with another 11% (n.21) suggesting that this happened '**Very rarely**'. For the most part, individuals attributed this to a lack of training and language barriers between themselves and their carers.

Q19. Do you believe that your carer(s) is attentive to your individual needs and preferred ways of doing things?

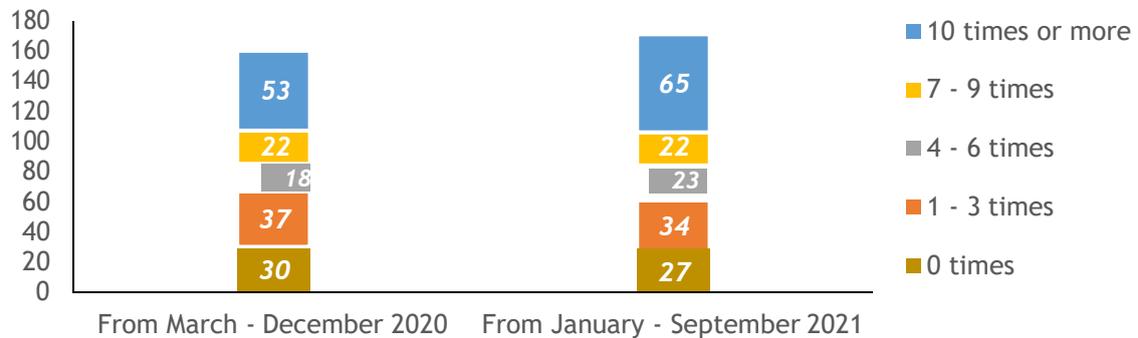


184 responses

For Question 19 a total of 73% (n.135) of individuals felt that their carer(s) is attentive to their individual needs and preferred way of doing things. This is further evidence that the most positive aspect of Homecare is the quality of individual, day-to-day support provided by the carers.

However, 15% (n.27) of individuals that were unsatisfied with their carers' lack of attentiveness, with some stating that they had tried to speak to their care providers to request a change of carer, but that this request was not granted. Another dimension of the feedback provided by individuals who had experienced a low quality of care reinforced findings from Healthwatch Ealing's recent research into the impact that the pandemic has had on individuals living with a disability: Oftentimes, a lower standard of care doesn't just impact the health and wellbeing of the individual, but also has a knock-on effect on the health and wellbeing of the loved ones that have provided the extra care required to make up for sub-standard care delivery.

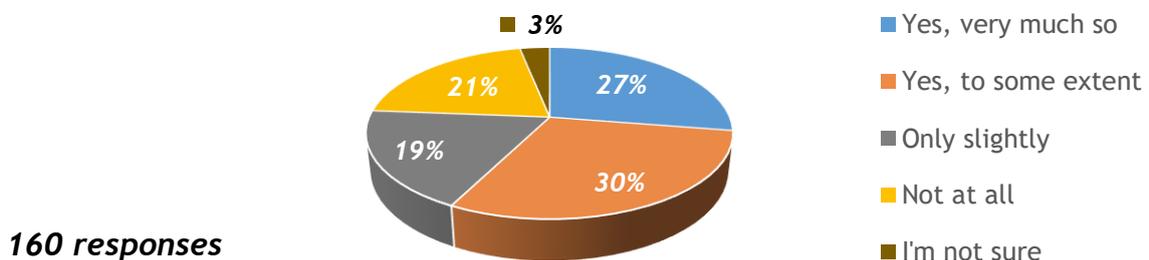
From March-December 2020 and from January - September 2021, approximately how many times a week did your carer(s) interact with you (e.g., phone calls, video calls, or face-to-face visits)?



Further evidence of an inconsistent standard of care came from the responses to questions 20 and 21, represented in the chart above. The chart shows that since the start of the pandemic individuals were more likely to have interacted with their carers 10 or more times per week (March - December 2020, 33% (n.53)) but that there was a significant proportion of individuals who interacted with their carers far less. For example, during this time, 19% (n.30) of individuals answered that they did not interact with their carers at all during this time.

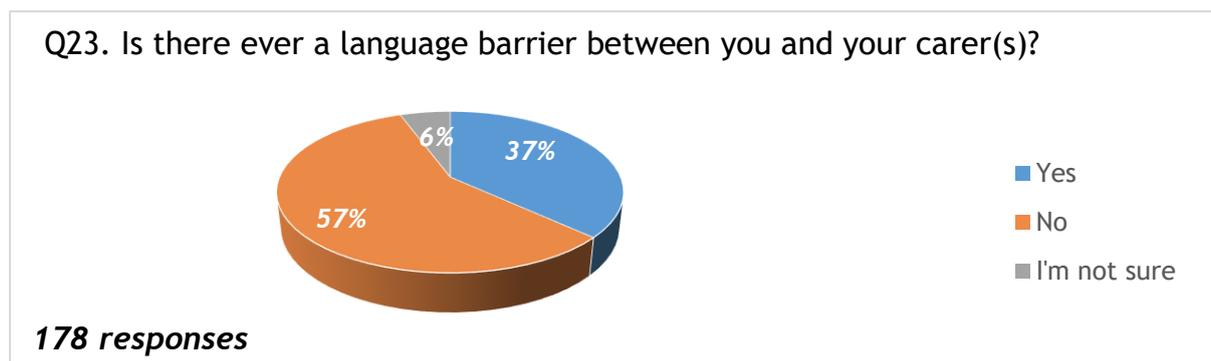
The feedback distribution was roughly the same for the period of January - September 2021. Out of 171 individuals, 38% (n.65) estimated that they interacted with their carers '10 or more times' a week while 16% (n.27) indicated that they had no interactions with their carers.

Q22. Since the start of the COVID-19 pandemic in March 2020, do you believe that these interactions with your carer(s) have helped to stop you from feeling lonely and/or socially isolated?



Out of 160, 57% (n.92) of individuals believed that, at least to some extent, these interactions with their carers helped to prevent them from feeling lonely and socially isolated during the pandemic. Further still, out of the 56 individuals that interacted with their carers 10 or more times per week, approximately 58% (n.31) stated that it helped to stop them from feeling lonely or isolated, at least to some extent.

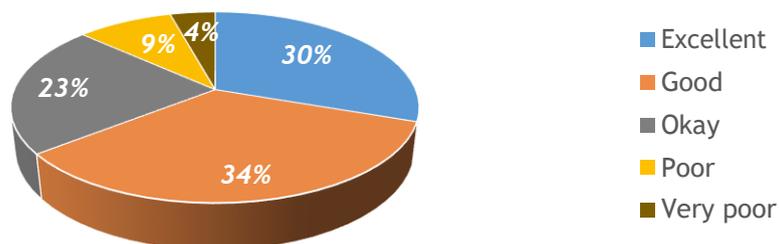
The positive impact of these interactions on Housebound individuals wellbeing are further reinforced by the fact that, from the 19% (n.30) of individuals who felt that these interactions *'Only slightly'* helped and the 22% (n.33) who felt that the interactions were *'Not at all'* helpful, a significant proportion were referencing a lack of interactions with their carers rather than suggesting that interactions with their carers had not been helpful in combatting loneliness. Given what the findings from this and previous research show us, a more consistent level of interaction between social care staff and individuals should be prioritised in any care improvement strategies moving forward.



Out of 178 individuals, 37% (n.66) stated that they have experienced a language barrier between them and their carers. Individuals urged their care providers to be mindful of these issues and support their requests for carers that spoke their language or, at the very least, some interpretation support. Interestingly, negative responses to this question mostly came from individuals who are White British that were indicating that their carer(s) - who does not speak English as their first language - cannot fully understand their questions or requests.

Healthwatch Ealing regularly signpost individuals who do not speak English as their first language to information on applying for a visa that allows them to work in social care in the UK. We, like all individuals and organisations are incredibly grateful to these individuals and - as these individuals make up a significant proportion of the social care workforce - recognise that it is not feasible to assign each Housebound individual a carer that speaks their language. However, what this finding does suggest is that one predominant cause of the negative sentiment surrounding this language preference issue is not the difference in language itself, but rather that some carers are simply not executing their tasks and role to a high standard. This is, therefore, an issue that might be alleviated through the previous suggestion of additional staff supervision and training on care delivery, attentiveness & personal preferences and, of course, additional support in learning English.

Q24. How would you rate the attitudes and behaviours of your carer(s)?



188 responses

Last, 64% (n.121) of individuals rated their carers' attitudes and behaviours as '**Excellent**' - 30% (n.57) - or '**Good**' - 34% (n.64).

However, based on other individuals' feedback, there is still room for improvement to ensure that carer attitudes and behaviours are consistently positive. Out of 188 individuals, 23% (n.42) rated staff behaviour and attitudes as '**Okay**' with the remaining 13% choosing '**Poor**' - 9% (n.17) - or '**Very Poor**' - 4% (n.8). Detail provided by these individuals suggests that issues largely stem from a lack of respect given to the individuals' needs and preferred ways of doing things. The below comments provide insight into positive and negative experiences of care delivery for Housebound individuals.

"I am respected and looked after so well. They help me with what I need."

"I've always had very good care from the carer, I have no complaints. They are very good and considerate towards me".

"The carers are very polite and have a lot of empathy. They always ask what I need no matter how big or small it is."

"She is kind and a very understanding person. Very gentle when she is helping me with shower. never in a hurry or being rough. She's always aware of the pain I am in."

"My carer is very good. She asked me every time, how I am feeling, do I need any specials needs. Very willing and very caring".

"My carer is very kind and attend all my needs with a smile. She is lovely and I am very happy with the way she looks after me."

“The carer is very good; she comes on time every day. She helps me clean my place, helps bathe, and talks to me. She is also caring, loving, and honest. I’ve always had very good care from the carer- the staff, I have no complaints. They are very good and considerate towards me.”

“The carer comes on time, very hard working and always helping and going the extra mile. Sometimes makes time to talk to me when I feel low.”

“My carers go out of their way to interact with me at the same time as dealing with my scheduled needs. Going as far as visiting me in the afternoon to make sure I am ok when my wife visits her mother.”

“I think they do their best but have not been very well trained. As we have never met their supervisor, we don’t know exactly how they are expected to carry out their basic tasks e.g., my husband is often cold and uncomfortable. During his strip wash - could it be done better?”

“Carers are very kind and I am lucky enough to have one particularly regular one who knows me well now. A few cultural/language issues at times. Very good attitude but also very overworked.”

“Depending on the care worker the quality is varied. Training needs to be improved.”

“It is okay, but because of cultural differences between myself and the carer, there are a lot of mistakes being made. Also, language barrier to some extent.”

“Usual carers are amazing, very patient and understanding - cover carer e.g., covering annual leave can be overpowering when not completely understanding my needs.”

"The carer is okay but when the carer is running late, they do not phone to let me know or a few times they gave an excuse or missed a day when they were supposed to turn up and came another day. The carer is not very attentive to duty."

"Officers in Council rarely pick up phones or bother to reply to messages. My mother is a non-English speaker."

"Carers do not arrive as per timings stipulated on rota. Do not stay the full 30 mins. Some carers are sympathetic towards my needs and some aren't. Feel carers rush to get to their next client."

"I am 90 years and need carers to pay attention to time keeping - It is now crucial to have night care."

"My carers do not interact nor communicate with me effectively due to their language barrier. Some carers were rude. Previous carers kept stealing my property when I did not take notice."

"Always late. My daughter has to provide half the care required. Lack of care undertaken in tasks performed."

"Only 1 or 2 have been interested, most quick to leave."

"Poor English comprehension. Has to repeat herself several times as carer doesn't always understand."

"Once I arrived at lunch time, discovered the carer missed the visit, mum missed her medication, but she made her own breakfast. Work of carers needs to be checked by their managers; managers must visit my mum's home. I do not have a list of duties to state what jobs carer can and cannot do."

"Language, their dislike of caring and continuously having to repeat asking them to do basic duties, having to clean up after them, spillages and surfaces."

"Their command of spoken English is poor. I sometimes have to explain simple things - not so much milk in my coffee, please - several times before I can be sure the carer has understood."

“We do not understand each other. They cannot cheer or chivvy me along. They don't understand my needs or ways of doing things nor can we discuss.”

“Didn't receive a visit, all done by phone, not customer friendly or helpful. Pressure applied to make a choice of limited agencies. Difficult to get through - calls not returned or told social care not available. Asked the manager for 3 different names, poor, frustrating interaction.”

“They come in and say good morning after that they started talking in their language, told them so many times to speak English and they just ignore you.”

“They don't respect us and don't listen to our request for the patient. Patient to be taken care of carefully because she has lots of tubes which can be delicate.”

“My carer's communication towards me is very poor they need a bit more of training.”

“They are ill-mannered they have no respect for elderly people.”

“Most of them are rude and don't care.”

Section 5: What Would You Improve?

THEMATIC ANALYSIS

In section 5 of the survey, we asked Housebound individuals what improvements they would like to see being made to their social care. In total, 115 individuals provided their feedback.

A thematic analysis was conducted to identify the themes that were trending throughout this feedback. The following 7 themes were most mentioned in the feedback. Depending on the content of an individual's comment(s), more than one theme may have been identified.

1. Quality of care delivery:

Improving the delivery of the day-to-day care that individuals received was the most mentioned area, with 35 instances. This can be split into two specific areas:

Staff Training: Individuals highlighted the need for further carer training to overcome the gaps in knowledge in physical handling, cultural preferences and general hygiene that they had experienced.

“The length of home visit should meet my need, carers should be trained properly, hygiene, tidy, handling me according to my condition, I get hurt every day when my carers handle me, I don't have any at the moment.”

“Trained carers, looked after to meet the individual needs, when the regular carer is on break, they need to look after the carers as well so that they deliver good service.”

“Carers are improperly trained which makes it difficult to deliver the appropriate services that is required.”

“Some cultural training. Some people in the UK have animals in their homes that should be treated as part of the family, and equality training on LGBTQ must be provided.”

Staff Supervision: In addition to staff training, the need for more staff supervision was also referenced by individuals. Some mentioned that due to lack of staff supervision, their care needs were compromised. Individuals felt that the carers need regular managerial supervision to ensure that carers are producing a high standard of care and are a good fit to the individual that they care for.

“The staff needs to be supervised as they are not doing their jobs properly. They don’t provide any assistance. I need a podiatrist to cut my toenails and someone to give me a regular shower. I have stopped the services as they are unsatisfactory and I can’t afford to pay the carers.”

“Change the care agency, get more professional people that really care.”

“Supervision is required regularly, should be able to meet the carer first to see if they are the right fit.”

2. Lack of Communication:

Communication between care service providers and service users was also regularly cited as an area for improvement, being mentioned 30 times. From the feedback provided, it was clear that individuals want to see communication improved in two key areas.

Day-to-day Communication: It was suggested that an increase in *live* communication regarding immediate changes would significantly improve individuals’ care, as a whole. This would include keeping individuals abreast of carers’ delayed arrival times or changes to the time of their visit. One individual suggested that carers should be able to directly contact service users to inform them of such changes.

“To improve the communication channels between the patient and the social care entity. To make it easy for the carer to do their allocated hours.”

“The lack of communication from the social care provider.”

“To allow direct communication between the client and the carer. The carer has to ring the office if she is running late.”

Operational Communication: The second area of this theme was the improvement in communication from the care providers themselves regarding the more global changes to service delivery. Individuals stated that communication channels between them and the provider could be further developed through a greater degree

of transparency and providing alternative methods of communication along the main digital delivery.

“Proactiveness, better communication, and information provision.”

“Unclear or insufficient information given to patient as to what services is available to them.”

“To be informed by the care coordinator any changes with the carers.”

3. Language barriers:

This theme was mentioned 12 times. Much like the quantitative findings from the survey, this feedback related to instances in which of Housebound individuals don't speak English as a first language and to those in which carers do not speak English as their first language. The feedback shows that the consequential lack of effective communication and understanding leads to incomplete or unattended tasks and thus, individuals' main needs not being met, leaving them to feel like they are not being cared for as an individual.

“Carers should improve their English so that communication is better.”

“I am happy with the care that I receive. But it would be good if the carer knew Arabic, my mother tongue.”

“It would help if the carer spoke understandable English. I'm never sure of her knowledge of kitchen appliances, Microwave, oven, washing machine, etc. Didn't even know how to make a bed properly.”

4. Staffing Attitudes:

This theme was also mentioned 12 times with individuals mainly referencing care staffs' attitudes and behaviours. Care staff were described as impolite and unfriendly and rough in their handling, leaving some individuals fearful of being ill-treated. There was also an indication that some carers rarely do not respect the individual preferences. This finding ties in with the need for supplementary training for care staff around the basics of care delivery.

“It would be difficult to ask for just small improvements.”

“Did not treat me very nicely.”

“Carers to be kinder, carers don't touch my food and shows disrespect.”

5. Lack of Care/ Lack of Carer Choice:

This theme, mentioned 9 times, pertains to individuals suggesting that they would benefit from a choice of carers. Some suggested that a choice of carer would enable them to find a carer who was able to cater to their individual's needs and that they felt most comfortable with. Others focused more on the fact that current carers are unable to stay for the allocated time, and are being rushed during their visit, an issue that could be alleviated with more care staff. This suggestion for improvement is difficult to address during this pandemic period but, as referenced earlier, new UK visa options for overseas qualified care staff may support in improving care via this route.

“Appreciate that carer’s time is limited, however, this should be increased, or carers should stay for the full allocated time to carry out what is on my care plan.”

“There are not enough carers to cater for patients, as some of them require full time carers or face to face social carers in order for their needs to be met.”

“Carers have limited time which makes it difficult for them to accomplish the care plan and support me with daily needs.”

“I believe when enough carers are made available, will have choice of carers.”

6. Digital Exclusion:

This theme was mentioned 7 times by individuals who were displeased with the fact that information about their care was mostly only accessible online, despite them quite clearly not being able to navigate digital care due to their age, health conditions, and/or not owning a digital device. As a result of this digital exclusion, individuals were left feeling excluded socially and emotionally.

“I can’t use a computer or mobile.”

“I don’t have any devices to access digital information.”

“I cannot use a computer I am 83 years old. I also am deaf in both ears so, my wife answers all phone calls as I do not have an adapted telephone.”

7. Lack of Equipment or Adaptations:

Mentioned only 5 times, individuals stated that their health and wellbeing would be improved if they were provided with the equipment that they required to independently go about their day-to-day activities as best they can. This suggestion was accompanied by the request for any supplementary training that is required for individuals to operate equipment or adaptations, effectively. Further still, it was not just the lack of personal equipment that people were requesting, but also the PPE equipment that was necessary for care staff to safely carry out their duties during the pandemic. Lastly, there seemed to be a suggestion that appropriate supervision could contribute to improvements in this area and consequently in the general quality of care.

“Initially, equipment was not appropriate and therefore removed. Later adaptation (welfare) was very appropriate but took too long due to the process followed, COVID 19, and determination of physical and mental well-being.”

“Need mobilize chair, but they did not provide. Occupational therapy department did not get the electric chair for me, need more platforms to speak about the health conditions.”

“Supervision required regularly, provide equipment’s for mobilisation.”

“Training and support for equipment and changing methods of dementia awareness.”

“Awaiting adaptations for garden access. Most aids & adaptations are done. Awaiting bathroom and stair lift.”

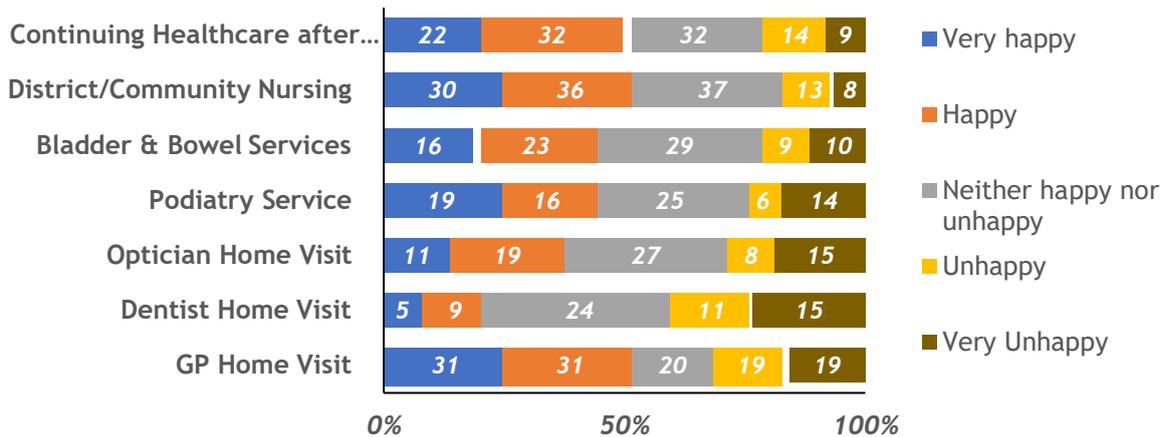
Below are example comments in which individuals have mentioned several common themes:

“Some are good, and some are not doing their jobs properly. There is a language barrier as one of my carers is Somali and doesn’t speak English. It’s extremely difficult to understand. But other carers are good. I have to do my work on my own because the duration [of the care visit] is very short. I need a longer time for my carers. Spoke to care providers many times, but they say it’s not in their hands to take a call. I pay for a subsidised amount; I don’t get any service for free.”

“Appreciate that carers’ time is limited, however, this should be increased, or carers should stay for the full allocated time to carry out what is on my care plan. Encouraged to get out of bed, showering, and dressing but bedding not changed regularly. My family has devised a meal for three times a day for the week but is not followed [by carers] - they should follow this. Need trained carers, that look after the individual and meet their needs, when the regular carer is on break, they need to look after the carers as well so that they deliver good service. Poor information and communication. Proper assessment needed, getting to a care center is problematic.”

Section 6: The Impact of COVID-19 on Your Healthcare

Q27. In the table below, please tick the appropriate answer box to indicate how happy/unhappy you are with the level of care that you received from each of these healthcare services, during the COVID-19 pandemic.



In relation to the level of care received by healthcare services, the highest number of positive responses was received by the District/Community nursing care with 66 individuals indicating that they were either **‘Very happy’** or **‘Happy’** with the service. This was followed by GP Home Visits with 62 positive responses, Continued Healthcare After Discharge with 54, Bladder & Bowel services with 39, Podiatry with 35 and Optician Home Visits with 30. Dentist Home Visits was the service with the least number of positive responses with 11.

“District nurses are usually very efficient. Most of them are nice, we have a lovely chat.”

“Good and efficient provision of equipment on discharge.”

“They are very professional, helpful, and friendly.” [GP, District Nurse, Community Nursing]

“Local GP is usually available for telephone consultations and face to face when necessary. Although knowledge on Parkinson’s treatment is limited - we are more reliant on the Parkinson nurse and consultant at Charing Cross Hospital.”

“Very kind people! Always helpful.” [GP and Bladder & Bowel services]

“Physio and OK service good.”

“[He] broke his glasses so I phoned home services and a pair was made up to last prescriptions. Since then, he has had a home visit to test eyes and new glasses were made for him and paid for.”

Regarding the negative responses, GP Home Visits received the highest number of individuals indicating that they were either **‘Very unhappy’** or **‘Unhappy’** (n.38). Several individuals indicated that they found it difficult to book a GP visit with others suggesting that when the visits did take place, they were not particularly helpful.

“Access to GP was very difficult to organize and for doctors to visit. Required multiple calls from various parties. Once the visit occurred, it was very useful. District nurses have been very good.”

Dental Home Visits received the second highest number of negative reviews (n.26) with Continued Healthcare After Hospital Discharge receiving the third highest (n.23). However, for the latter, the proportion of negative responses compared to the total number of responses was the second lowest out of all the services listed. The Continued Healthcare After Hospital Discharge service received 23% negative responses compared to 32% for GP services and 40% for Dentist Home Visit Services.

“Never received a home visit from my GP after being discharged from hospital with my cancer diagnosis.”

“Serious concerns with the district nurse service - Daughter sent an email of concern after several calls and is waiting for a response.”

“After nearly 11 months, still waiting free NHS pads”

“Difficult to make appointments, regular visits are non-existent, they know I am immobile and yet they still expect me to come to the surgery. Community nurse needed for blood tests and have to chase GP because they don't come on request.”

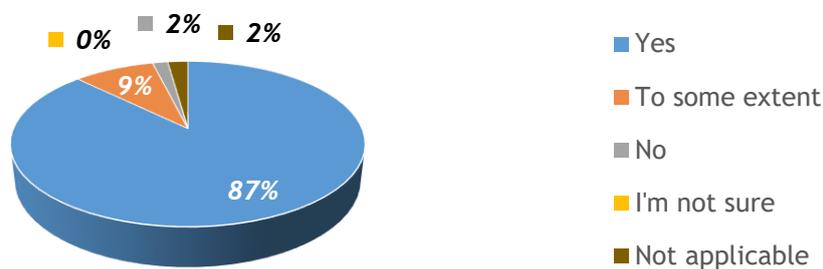
“Had to wait a long time for Podiatry, once they came, they were good. Financial assessment unclear. I was told they would send me a copy of their assessment - 2 months later; I'm still waiting steady service.”

“I have requested a podiatrist several times without success. No particular support received following discharge.”

“I did not know about home visits from either dentist or proper optician - I need both.”

“After being discharged from hospital after being there nearly 5 months, they have not done much follow ups.”

Q28. Were you able to receive the medication and prescriptions that you required during the pandemic?



182 responses

Out of 182 individuals, 87% (n.159) stated that they were able to receive necessary medication during the pandemic.

“I have known my pharmacist for a long time. They deliver every month and are kind and helpful.”

“[He] was able to receive medication and prescriptions that [he] required during the pandemic as these have been arranged on a regular basis from his GP.”

“GP forwards prescription to local chemist who dispenses medication directly to the house.”

“My medication comes on times; I really haven't had a problem.”

Just 9% (n.16) of individuals indicated that they had received their medication ‘**To some extent**’, with some individuals stating that they experienced some difficulties when their pharmacy started charging for the medication delivery services or a lack of stock.

“It was necessary to change pharmacy due to notification of charge to be made for home delivery.”

“I was told it was out of stock - was not given on time.”

Only 2% (n.3) of individuals indicated that they did not receive the medication that they required during the pandemic.

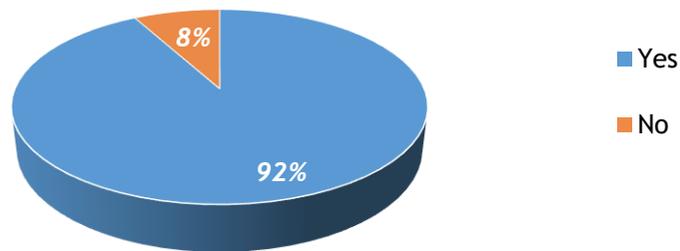
“I asked the pharmacy to drop my medicines, but they just denied.”

“I am in the last day of my box, which I find worrying”.

“My medication for my diabetes should have been carefully monitored and changed accordingly by the GP - for months did not do anything until my daughter became involved.”

Section 7: COVID-19 Vaccination

Q29. Have you had the COVID-19 vaccination (both doses)?



175 responses

At the time of this research, 92% (n.168) of individuals had received both doses of the COVID-19 vaccination. Some of the reasons that 8% (n.14) of individuals gave for not receiving their vaccination were certain health conditions - including a phobia of needles - as well as confusion around vaccination criteria and contradictory information available online.

Below is a representative sample of the responses given from those who indicated that they are hesitant to take the COVID-19 vaccine at this stage:

“I have a lifelong hatred and phobia of needles and injections; I hate having them done to me.”

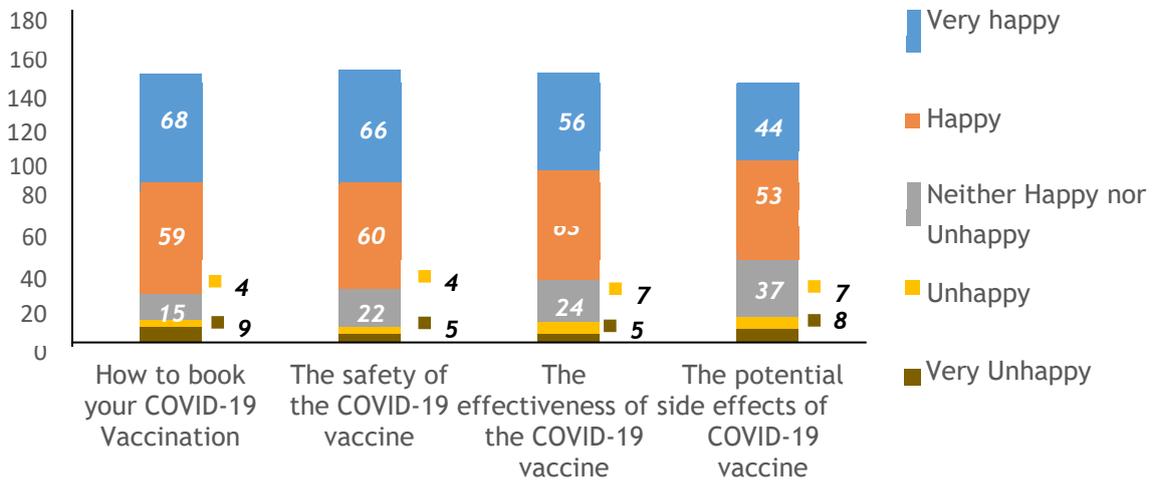
“My health condition is not good, and I’m scared to leave. Scared of vaccine because of all the news online.”

“I’m unable to go out so I haven’t taken the doses yet. Nobody approached me to give the vaccines.”

“I don’t want to take it at my age.”

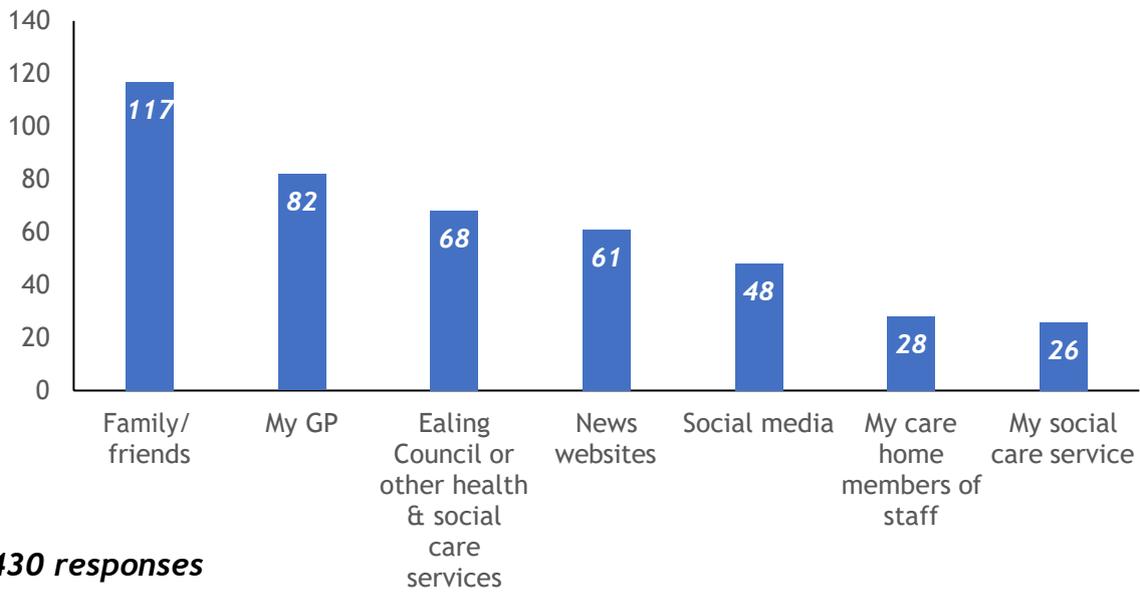
“She doesn’t need it. She doesn’t leave home.”

Q31. For each topic in the table below, please tick the appropriate answer box on the right of the table to indicate how happy/unhappy you have been with the level of information that you have received:



The chart above shows that level of information given to the public regarding COVID-19 and the vaccination has been largely effective. Out of 155 individuals, 82% (n.127) indicated that they were **‘Very happy’** or **‘Happy’** with information around how to book their COVID-19 vaccinations. *The safety of the COVID-19 vaccine* and *The effectiveness of the COVID-19 vaccine* also received mostly positive responses with 80% (n.126) and 77% (n.119), respectively. The area with the least amount of positive sentiment was *The potential side effects of the COVID-19 vaccine* with 65% (n.97). However, rather than a significantly higher negative response rate for this area, more individuals indicated that they were *Neither Happy nor Unhappy* (n.37) with the information on potential vaccine side effects. This, therefore, may be indicative of the priority that was put on communicating the vaccine’s effectiveness and how people can access the vaccine, rather than putting any particular emphasis on the potential side-effects.

Q32. What sources have you received information on COVID-19 from during the pandemic (tick all that apply)?



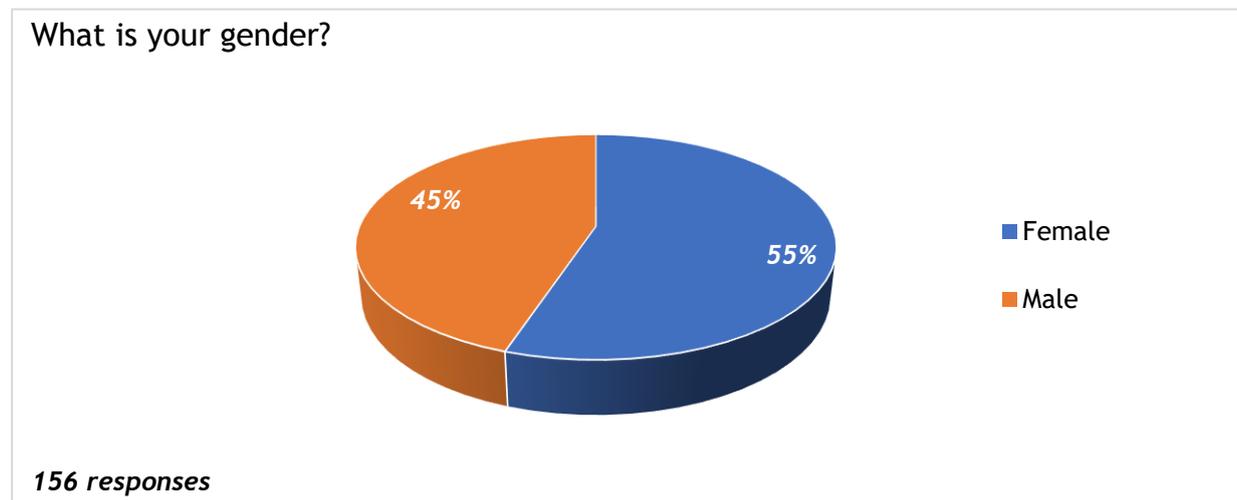
As seen in the graph above, Housebound individuals most relied on friends and family as their source of information regarding the COVID-19 vaccination (n.117). It was encouraging to see that individual's 'GP' (n.82) and '**Ealing Council or other health & social care services**' (n.68) were the second and third most relied upon sources. With care staff (n.28) and individuals' Social Care service providers (n.26) being the least informative sources of COVID-19 vaccination information, it could be argued that communication from care providers/carers could be utilised more to as an effectively deliver the necessary information around COVID-19, the vaccination and other health and social care issues to ensure that as a system, we are not solely relying on digital technology for this population.

Monitoring Information

The charts below show a breakdown of the demographic information that we collected from participants (n.181) who responded to our Housebound Survey.

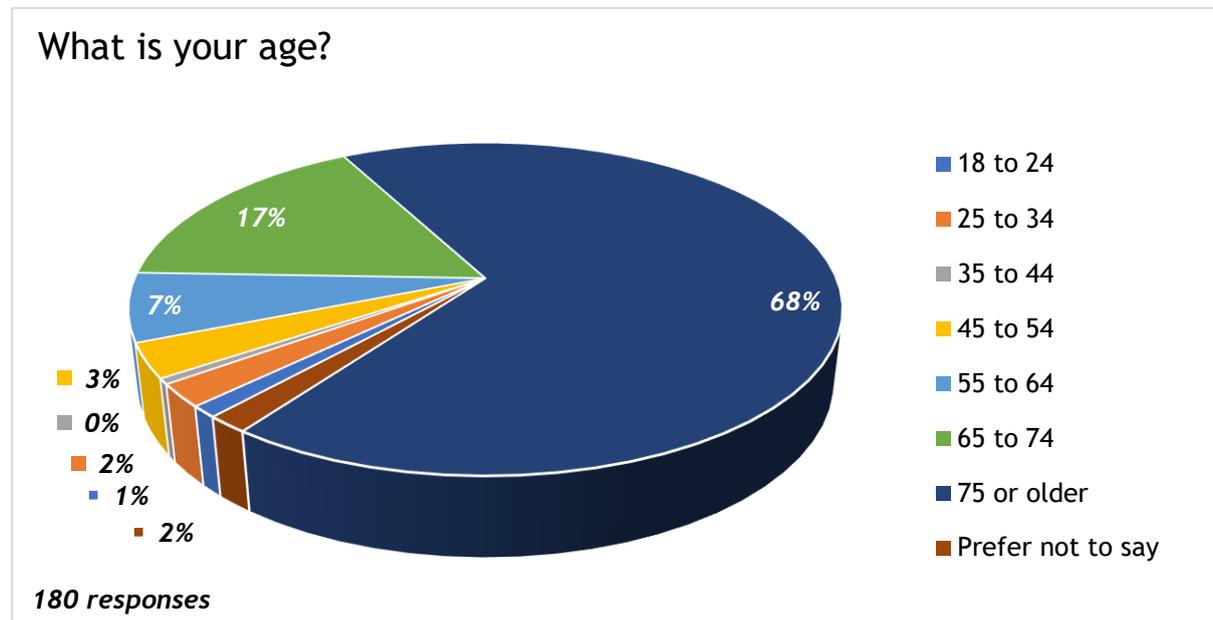
Gender

Out of the 156 individuals who responded to this question, 55% (n.86) identified as female and 45% (n.70) identified as male. Of these, there were 42 female and 38 male completely Housebound individuals, and 44 female and 24 male partially Housebound individuals.



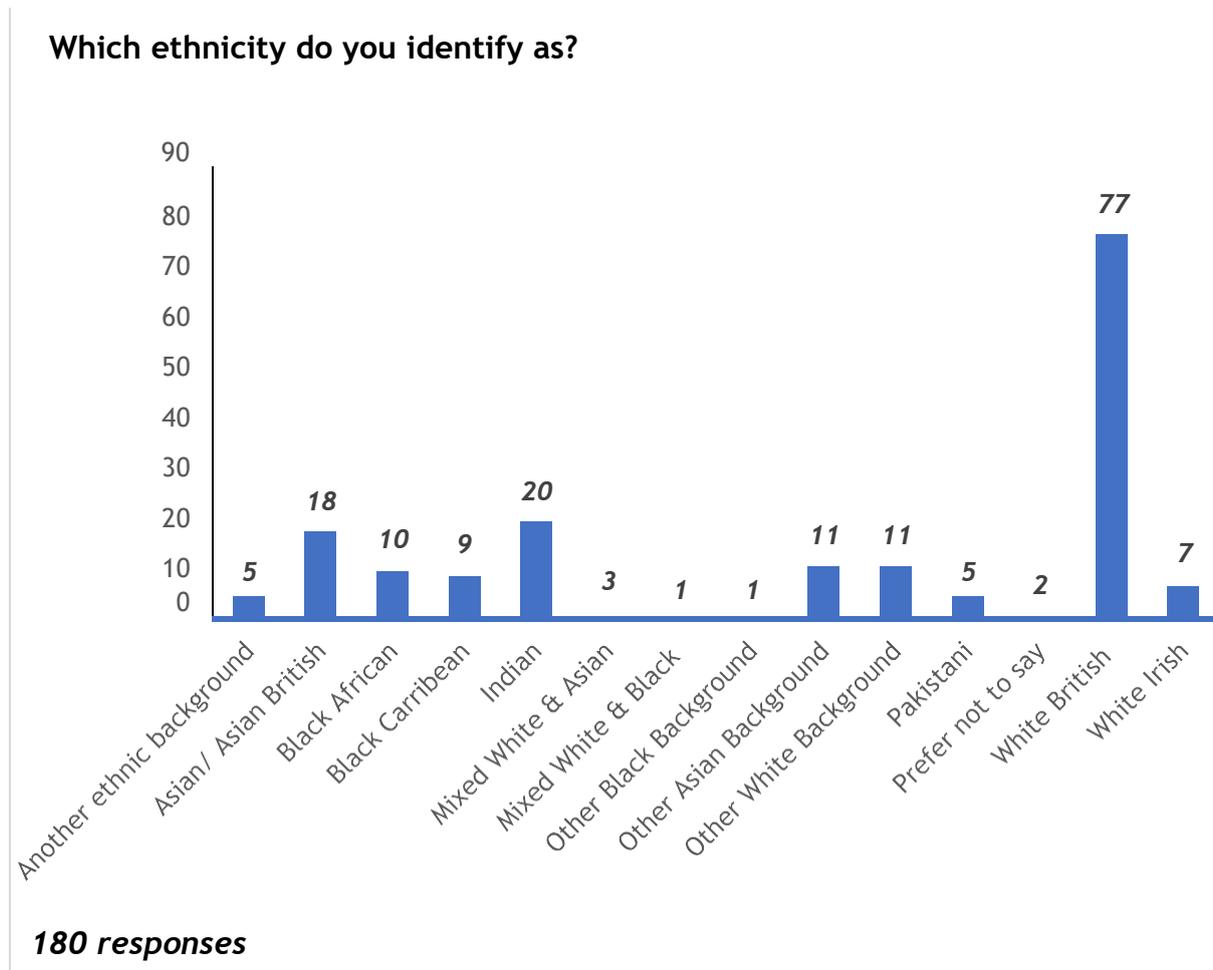
Age

The majority of feedback received was from those who are aged 75 or older - 68% (n.127). This was followed by 65 - 74-year-olds who made up 16% (n.31) of the population sample and 55 - 64-year-olds who made up 7% (n.14). The fewest number of responses were received from those in the 18 - 24 age group - 1% (n.2) - with no responses received from anyone aged 35 - 44.



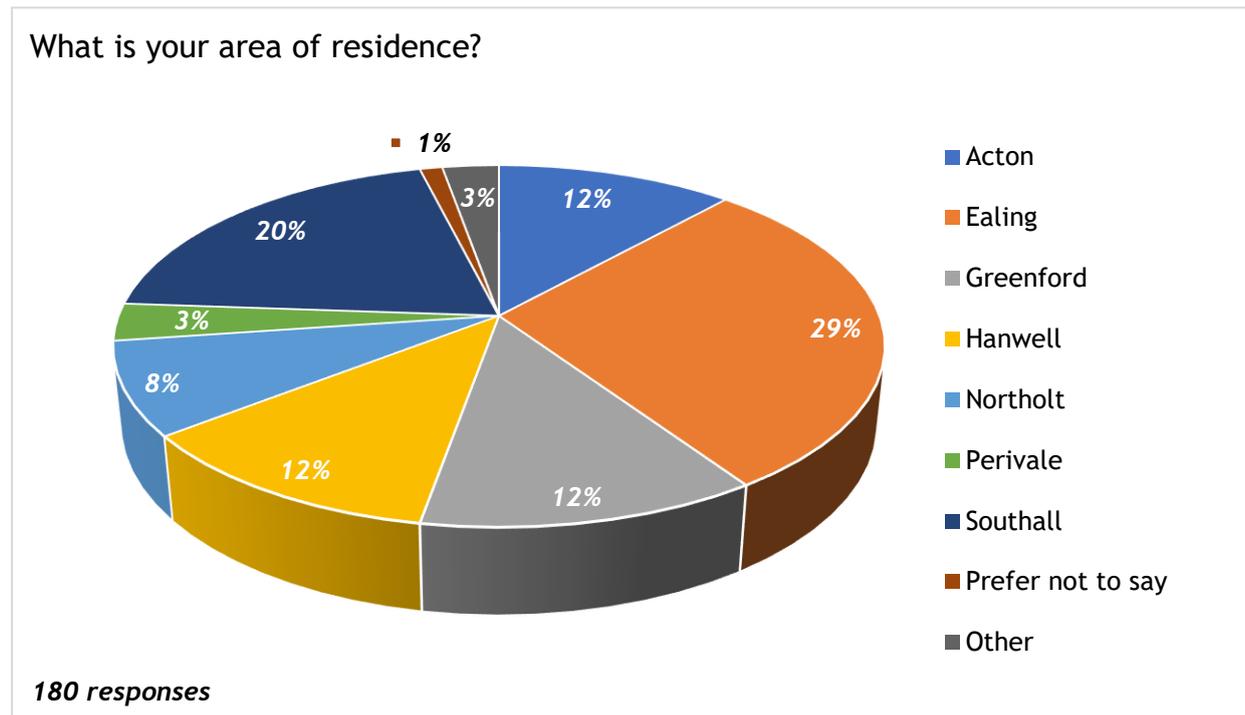
Ethnicity

The highest proportion of feedback was received from individuals who identified as White British - 43% (n.77). This second most common ethnicity in this population sample was Indian, making up 11% (n.20), followed by 10% (n.18) of individuals who identified as Asian/ Asian British.



Area of residence

The most common area of residence in this population sample was the Ealing ward, with individuals from here making up 29% (n.52) of the population. This was followed by Southall residents who made up 20% (n.36) and Greenford residents who made up 12% (n.22) of the sample. The area of residence with the lowest representation was Perivale with 3% (n.6).



Conclusion

In recent years, Social Care for those who are either partially or completely Housebound has undergone significant change, not least because of the ongoing impact of the COVID-19 Pandemic. In Ealing, the efforts of the local authority, care providers and care staff throughout the pandemic has been unwavering and integral to the health and wellbeing of those that they care for. However, up until now, there has been a gap in knowledge as a result of not hearing the perspective of the individuals that are receiving care.

With the support of Ealing Council in the distribution of paper copy surveys, 192 individuals were able to provide their feedback to Healthwatch Ealing. The objectives and aims of this piece of research were successfully met with the findings detailing a range of positive aspects about Homecare delivery and other service delivery in Ealing, as well as highlighting the aspects of these care services that need further development. Crucially, the research met the research objective of hearing *how* individuals thought these areas of development could be effectively addressed.

Overall, feedback was mixed. Most outstanding was the positive feedback that individuals gave on the carers that supported them. Individuals were, for the most part, incredibly grateful for their efforts during the pandemic, with carers being described as ‘excellent’, ‘wonderful’ and ‘part of the family.’ In many cases, carers helped to prevent individuals from feeling lonely or socially isolated during the pandemic and that communication with this cohort of people around the COVID-19 vaccination was effective. However, for these areas of service delivery, there was still a significant proportion of individuals that indicated there was room for improvement. For instance, feedback from this sample population also showed that communication around changes to their Homecare during the pandemic was inconsistent and that some had not even received the basic level of care that they required due to a lack of time the carers spent with them and the absence of essential equipment and home adaptations.

One interesting area of development worth exploring that was indirectly identified through this research was the impact that the pandemic has had on both the care staff and loved ones who are caring for Housebound individuals. In their feedback around the care that they received, many individuals made reference to the need to care for the wellbeing of formal carers and loved ones that supported them, with some implying that their suggestions in improving care - more comprehensive staff training, an increase in the number of staff and effective, direct carer-to-service user communication - would concurrently improve the wellbeing of care staff and their loved ones.

Areas of Good Practice

Despite the pressures of the pandemic, the findings from this research show that there are a number of areas of good practice in the delivery of care for Housebound individuals:

- A significant percentage of individuals felt that, at least to some extent, they received the right amount of support from their care provider during the pandemic and that, for the most part, they were happy with the quality of care that they received.
- Most individuals believed that they were aware of how to contact their homecare provider.
- The main source of positive sentiment from these individuals was regarding the care staff that regularly supported them. Most were incredibly grateful for the support that these carers had provided them with during the pandemic, highlighting the quality of care and professionalism that they exhibited as well as their willingness to go the extra mile, take individual needs and preferences into account, and approach their work with a loving and caring attitude.
- During the pandemic, the more that carers interacted with the individuals that they cared for, the less it was for these individuals to feel lonely or socially isolated. Several individuals also acknowledged that these interactions were an essential part of support they required to manage the digital aspect of their care.
- Most individuals had been provided with the appropriate home adaptations and equipment by Ealing Council with many expressing their appreciation for the positive impact that this had on their day-to-day activities and general wellbeing.
- Individuals were very satisfied with pharmacy services during this time, stating how grateful they were for the delivery of their medicine and managing their prescriptions.
- A significant proportion of individuals were positive about the care that they had received from other, supplementary healthcare services including continued healthcare support after hospital discharge, district nursing, bladder & bowel services, podiatry and GP home visit support

- 92% of individuals who took part in this research had received both doses of the COVID-19 vaccination with an overwhelming proportion of individuals were satisfied with the level of information that they had received on COVID-19 and the vaccination, including the effectiveness of the vaccine, its safety and how to book their vaccination.
- A large proportion of individuals stated that, alongside information they received from friends and family, they had accessed information from their GP and/or Ealing Council regarding the COVID-19 vaccination.

Areas for Development

The findings from this research also established a number of key areas in which care for Housebound individuals can be improved and ensure that the high standard of care demonstrated in some areas of service delivery are consistently met:

- Feedback was mixed throughout each section of the survey and the areas of good practice that are highlighted above also received a significant amount of negative feedback. Some individuals did not receive the amount of support during the pandemic with these individuals suggesting that a lack of communication from their care provider was the root cause of this unsatisfactory level of support.
- While individuals were full of praise for their regular carers, those felt that the quality of their care was only 'Okay' commonly cited substitute carers as the cause of the variability in quality. In some instances, substitute carers did not complete tasks, demonstrated a lack of consideration for individuals' beliefs and personal preferences and showed a lack of care when physically handling individuals.
- The length of care visits was another common area of concern. Feedback showed that carers often arrive late to visits, cancel without informing the individual and do not stay for the allocated period of time. This leaves tasks unfinished and affects the quality of care as well as leaving individuals to feel frustrated and like their care provider is not interested in their needs.
- More detailed insight provided by individuals showed that, in theory, issues with substitute carers, quality of care, language barriers and regard for personal preferences could be alleviated by an increase in, and supplementation of, current training and staff supervision.

- A quarter of individuals had not received a visit from a social worker with a similar number of individuals not having the necessary adaptations or equipment during the pandemic.
- Just 1/3 of individuals rated communication from their care provider during this time as excellent or good, indicating plenty of room for improvement with the most common feedback labelling communication as 'Okay'.
- Little seems to have been done to support the large proportion of Housebound individuals who are not comfortable with accessing health and social care information and services via digital technology with many relying on family members to assist them.
- There were some individuals who indicated that they had little to no interaction with their carers during the pandemic, taking away a significant source of these individuals social activity and undoubtedly affecting their mental wellbeing.
- The findings from this research corroborates with previous Healthwatch Ealing work that highlighted the knock-on effect that improper care has on the health and wellbeing of the loved ones of these individuals who further increase the level of support and care that they provide.

Recommendations

Based on the findings of this research, Healthwatch Ealing would like to make the following recommendations for improving care for Housebound Individuals. These recommendations predominantly relate to Ealing social care services, specifically the home care that these individuals receive from Ealing Council providers. However, it can be argued that the issues highlighted by this research can be recognised throughout the health and social care system and thus, Healthwatch believe that all health partners should take this as an opportunity to review the lessons learnt and the actions proposed.

Recommendation Area 1: Social Care Assessment

The research indicated that a significant proportion of Housebound individuals did not have the equipment and/or adaptations they required to help them with their day-to-day activities.

1.a. Ealing Council should ensure that all Housebound individuals have received a comprehensive Social Care Assessment from a Social Worker.

1.b. These assessments should cover home adaptation and equipment needs as well as language preferences, digital capabilities and risk of loneliness and isolation to facilitate effective care and communication.

1.c. To ensure that care for individuals is indeed comprehensive, subsequent training for the use of home adaptations and equipment must be arranged for the individuals

1.d. Last, local voluntary sector and community organisations should be identified that would further support the individual's health and wellbeing. For example, organisations in the borough that provide phone conversations (or, restrictions permitting, face-to-face visits) to combat loneliness, support and access to digital technology and shopping for provisions. This information should be provided to the individuals, by their carers in written form with individuals being supported with the referral process if they so wish.

Recommendation Area 2: Staff Management

The research shows that in many cases, the culmination of incomplete tasks, rushed care or a lack of an individuals' needs result in an overall poor delivery of homecare. It could be argued that these issues could, in part, be alleviated by improving the following operational aspects of homecare delivery.

2a. Ensure that all care staff have completed the required training on how to complete tasks to a high standard, exercise compassion and take an individuals' personal preferences and beliefs into account when caring for them. The research shows that this training is particularly important for temporary/ substitute carers.

2b. Ensure that those who speak English as a second language have completed additional training in language proficiency. Again, this is particularly pertinent for substitute/ temporary carers.

2c. To improve the consistency of the standard of care for Housebound individuals, regular staff supervision should take place. This supervision should focus on the quality of tasks completed, adherence to personal preferences and how the carer interacts with the Housebound individual as a human being. The research indicates that supervisions that assessed the quality of care provided by temporary or substitute workers would be particularly beneficial for recipients of care.

2d. When possible, care staff must arrive promptly and stay for the allocated period. In instances where this is not possible, the Housebound individual and an assigned loved one must be informed of the temporal change to their care. It is recommended that to do this, a direct carer-to-caree (or loved one in appropriate cases) line of communication should be established and implemented. This avoids the need to go through the care provider, although they should still be informed of the change to care and the carer should be monitored, accordingly. A sign-in & sign-out system to help monitor the punctuality of carers could also support in the improvement.

2e. Ensure that care staff are being thanked and rewarded for their hard work. This can take the form of respite and short breaks or, where possible, acts that show gratitude for their care during this pandemic period.

Recommendation Area 3: Communication and distribution of information

The research shows that many Housebound individuals were not adequately informed of overarching and day-to-day changes to their homecare. The distribution of information from care providers appeared inconsistent, individuals were often left ill-informed when it came to changes to their upcoming care visit and the reliance on digital technology left some individuals unable to access information or be communicated with effectively regarding any changes.

3.a. Care Provider Communication - Care providers must ensure that individuals are made aware of more overarching changes to their care such as the changes that have occurred during the pandemic. To overcome communication gaps, Housebound individuals should be divided into their preferred method of communication with digital and non-digital channels being available to all. The messaging must be clear

and concise to ensure that a universal understanding is achieved with easy-read versions preferred and other languages available.

3.b. Carer Communication - As outlined in Recommendation Area 2.d., a more direct line of communication between carer and the cared for should be established to keep Housebound individuals and/or their loved ones abreast of the more 'real-time' changes to their care including late arrivals or visit time adjustments. It could be argued that this level of transparency will, in part, alleviate the feelings of stress, anxiety and disenfranchisement that occur as a result of individuals not knowing when their carer is visiting them.

3.c. Communication with those who are digitally excluded - There is room for improvement around other communication barriers such as interpersonal barriers, religious barriers, and emotional barriers. Clear lines of communication should be kept between healthcare services and patients.

3.d. Cared for-to-Care Provider Communication - The communication pathway should go two ways to ensure that individuals are able to get timely support and proficient answers to any queries regarding their homecare. An inclusive single point of access must be established for individuals. In cases where the individual is digitally excluded or not able to reach out themselves, it should be acceptable that a loved one or member of staff can contact the single point of access on their behalf.

3.e. Annual Survey of Social Care Service User Experiences - This research has made it clear that service user feedback is the most efficient and effective way of improving service. Collaborative efforts should be made to produce an annual service user experience feedback form that captures the opinions of housebound individuals on the key aspects of their care. The results of which should be incorporated into a 'You said, we did' style improvement framework that is subsequently distributed to these individuals to show that their opinion matters and that their care is improving.

Recommendation Area 4: Standard of Homecare

Individuals cited inconsistencies within the standard of care that they received during the pandemic.

4.a. It is important for care providers and individual carers to ensure the quality of care remains consistent, both from visit to visit and individual to individual. The high standard that care staff adhere to should be reflected in taking individuals' needs and preferences into account, doing everything possible to be punctual and present for the allocated time, ensuring that they understand individuals asks and check with individual to see if the task is completed to their standard, and taking one of the most important lessons learnt in this research into account and treating each

individual like one would a family member - exercising empathy, patience, conscientiousness and physically handling them with care.

4.b. Although it is understandably difficult to provide all individuals with a choice of carer, care providers and Ealing Council must ensure that they review each request for change seriously and with impartiality and, if deemed reasonable, make efforts to provide the individual with a new carer or care provider. When this is not possible, it is the responsibility of both the care provider and Ealing Council to assure the individual that their concern and query around the quality of their care has been heard and recognised and that although they haven't delivered on their desired outcome, they have reiterated standards to carers, they conduct regular supervisions and will monitor the situation to ensure progress with their current carer is made.

Recommendation Area 5: Service integration

A number of issues raised by Housebound individuals seemed to be exacerbated by the lack of intra and inter-service provider communication. Carers not turning up, Social Worker Care Assessments not taking place after discharge, GP or other Healthcare visits not taking place and community organisation offerings not being utilised are just some examples of this.

5.a. Ensure communication between care provider and carers to ensure that no visits are missed, or at the very least, a suitable compromise with the individual and or their loved one is reached.

5.b. Ensure that communication between care provider and other social service departments take place to ensure that comprehensive care is provided to each housebound individual. This includes Care Assessment referrals and post assessment equipment/ adaptation training.

5.c. Ensure that the health needs of Housebound individuals are appropriately attended to via a stronger referral process between homecare providers and healthcare services including, GP Home Visits, Opticians, Podiatry and Community Healthcare after Hospital Discharge - and MH services one we didn't mention in the report survey

5.d. Homecare Service providers to work with Ealing Council to establish clear referral avenues to community and voluntary sector organisations that offer support for the most commonly faced issues for Housebound individuals including social isolation, digital exclusion, information & signposting, access to basic provisions and translation to help individuals understand health and social care service documentation. This information should be clear and easy to distribute via digital and non-digital means, making it accessible to all.

Limitations

The limitations of this research include:

- The reliance on paper copy distribution of our survey to a hard-to-reach population, made even harder to reach during the pandemic.
- Although residents were given the opportunity to speak to us over the phone to complete the survey for those who find it difficult to fill in the paper copies of the survey. It should be recognised that this method only accounted for approximately 4% of individuals.
- Difficulties in gaining widespread voluntary sector support during a time of such upheaval and changes in service operations and delivery.
- Due to the method of data collection, feedback was arguably less rich in detail compared to the feedback that we have gathered through face-to-face communication in past research.
- Our method of engagement was restricted to contacting Ealing Council homecare customers with a randomly generated list and distributed via the council to adhere to GDPR guidelines. This not only has the potential to restrict who we hear from, but also what information individuals divulge as they may be concerned that Ealing Council receive their feedback. However, we did make clear in the information pack that this was not the case.

Appendix: Survey Questionnaire

Healthwatch Ealing Housebound Survey

Participant Consent Form

Thank you very much for participating in this survey

The aim of this survey is to give you the opportunity to share your opinions and experiences of homecare (also referred to as domiciliary care) and other health and social care services that are fully or partially funded by Ealing Council. In this instance, we are using the term 'Housebound' as an easily understood term for individuals who are either completely or partially restricted in their ability to leave the house without support, due to a physical and/or mental condition or injury.

The information that you provide will be used in Healthwatch Ealing's Housebound Report that will inform Ealing Council of how care is being delivered in the borough and identify any areas that can be further developed. This report will be made publicly available on our website: www.healthwatchealing.org.uk

All the feedback that you provide will remain anonymous. Your responses will not be disclosed to your care providers. Your responses will be held in a secure online database during the research project and then deleted after the research has been completed. You can ask for your feedback to be removed from this database at any time during the research period (August to October, 2021).

If you would like to discuss your experience further, please leave your details at the end of the survey in the 'Contact Details' section.

Do you consent for this information to be used for the purposes of this research?

Yes No

Each of the following sections will ask you questions about a particular aspect of the care that you receive. For each question, please tick (ü) your answer and provide further information in the text box, if present.

Section 1: Qualifying Questions

1. Which of the following would you describe yourself as?
 - a) Completely housebound
 - b) Partially housebound
 - c) Not housebound at all

Please tell us more about your current health condition(s) in the box below:

8. If you received Social Worker visits or home adaptation support during the pandemic, please tell us more about your experience

Section 3: Communication from Your Social Care Provider

9. Do you believe that you are aware of all the ways in which you can contact your homecare provider if you have a question, a concern or complaint?

- a) Yes
- b) No
- c) I'm not sure

10. From March - December 2020, how would you rate the communication from your social care provider (i.e., Ealing Council) regarding any changes that were made to your care, or any information that you requested?

- a) Very Poor
- b) Poor
- c) Okay
- d) Good
- e) Excellent

11. From January - September 2021, how would you rate the communication from your social care provider regarding any changes that have been made to your care, or any information that you have requested?

- a) Very poor
- b) Poor
- c) Okay
- d) Good
- e) Excellent

12. Based on your answers to Questions 10 and 11, please tell us more about the quality of communication from your social care provider, from March 2020 to September 2021:

13. How comfortable are you with using digital technology for your health and social care needs?

- a) Not comfortable at all
- b) Quite uncomfortable
- c) Neither comfortable nor uncomfortable
- d) Quite comfortable
- e) Very comfortable

14. Do you think that the reliance on digital technology since the start of the pandemic (March 2020) has had an impact on the support you receive from social care services?

- a) Yes, very much so
- b) Yes, to some extent
- c) I'm not sure
- d) Not that much
- e) Not at all

Please provide us with an explanation:

15. Since you started receiving social care, how easy or difficult have you found it to access information about your homecare support?
- a) Very Easy
 - b) Easy
 - c) Neither Easy nor Difficult
 - d) Difficult
 - e) Very Difficult

Section 4: Social Care Staff

The questions in this section are related to the carer(s) provided by Ealing Council that support you in your home.

16. Does your carer(s) arrive on time?
- a) Yes, always
 - b) Most of the time
 - c) Only sometimes
 - d) Very rarely
 - e) I'm not sure
17. Does your carer(s) stay for the full length of allocated visitation time?
- a) Yes, always
 - b) Most of the time
 - c) Only sometimes
 - d) Very rarely
 - e) I'm not sure
18. Does your carer(s) complete their tasks to a high standard?
- a) Yes, always
 - b) Most of the time
 - c) Only sometimes
 - d) Very rarely
 - e) I'm not sure
19. Do you believe that your carer(s) is attentive to your individual needs and preferred ways of doing things?

- a) Yes
 - b) No
 - c) I'm not sure
20. **From March - December 2020**, approximately how many times a week did your carer(s) interact with you (e.g., phone calls, video calls or face-to-face visits)?
- a) 0 times
 - b) 1-3 times
 - c) 4-6 times
 - d) 7-9 times
 - e) 10 times or more
21. **From January - September 2021**, approximately how many times a week has your carer(s) interacted with you (e.g., phone calls, video calls or face-to-face visits)?
- a) 0 times
 - b) 1-3 times
 - c) 4-6 times
 - d) 7-9 times
 - e) 10 times or more
22. Since the start of the COVID-19 pandemic in March 2020, do you believe that these interactions with your carer(s) have helped to stop you from feeling lonely and/or socially isolated?
- a) Yes, very much so
 - b) Yes, to some extent
 - c) Only slightly
 - d) Not at all
 - e) I'm not sure
23. Is there ever a language barrier between you and your carer(s)?
- a) Yes
 - b) No
 - c) I'm not sure
24. How would you rate the attitudes and behaviors of your carer(s)?
- a) Very poor
 - b) Poor
 - c) Okay
 - d) Good
 - e) Excellent
25. Based on your answers in this 'Staff' section (Questions 16 - 24), please use the box below to provide us with more information about the social care staff that support you:

Section 5: What Would You Improve?

26. If you could make any improvements to the Social Care that you receive, what would they be?

Please use the box provided:

Section 6: The Impact of COVID-19 on Your Healthcare

27. In the table below, please tick () the appropriate answer box to indicate how happy/unhappy you are with the level of care that you received from each of these healthcare services, during the COVID-19 pandemic. If you have not received care from a service, please leave that row blank.

<i>Service</i>	<i>Very Happy</i>	<i>Happy</i>	<i>Neither happy nor unhappy</i>	<i>Unhappy</i>	<i>Very Unhappy</i>
GP Home Visit					
Dentist Home Visit					
Optician Home Visit					
Podiatry					
Bladder & Bowel Services					
District/Community Nursing					
Continuing Healthcare after discharge					

Please tell us more about your experiences with the Healthcare services that you have rated in the table above:

28. Were you able to receive your medication and prescriptions that you required during the pandemic?
- a) Yes
 - b) To some extent
 - c) No
 - d) I'm not sure
 - e) Not applicable - I do not require any medication

Please tell us more about your experience:

Section 7: The COVID-19 Vaccination

29. Have you had the COVID-19 vaccination (both doses)?

a) Yes

b) No

If you ticked 'No', please answer Question 30. If you answered 'Yes', please leave question 30 blank and move onto question 31.

30. Are you hesitant to take the COVID-19 vaccine?

a) Yes

b) No

c) I'm not sure

If you ticked 'Yes' or 'I'm not sure', please provide your reason(s) in the box below:

31. For each topic in the table below, please tick (ü) the appropriate answer box on the right of the table to indicate how happy/unhappy you have been with the level of information that you have received:

<i>Topic</i>	<i>Very Happy</i>	<i>Happy</i>	<i>Neither happy nor unhappy</i>	<i>Unhappy</i>	<i>Very Unhappy</i>
How to book your COVID-19 Vaccination					
The safety of the COVID-19 vaccine					
The effectiveness of the COVID-19 vaccine					
The potential side effects of COVID-19 vaccine					

32. What sources have you received information on COVID-19 from during the pandemic (tick all that apply)?

a) My care home members of staff

b) Family/ Friends

c) social media

d) News websites

e) My Social Care service

f) My GP

g) Ealing Council or other health & social care services

Section 8: Monitoring information

1. What is your age? (Please tick one box)

16-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

Prefer not to say

2. What is your gender? (Please tick one box)

Male Female Prefer not to say

3. What is your area of residence?

Acton Ealing Greenford Hanwell

Northolt Perivale Southall Prefer not to say

OR, please leave your Postcode here if you are unsure of your area: _____

4. Which ethnicity do you identify as? (Please tick one box)

White British English Gypsy or Irish Traveler Irish Scottish Welsh <input type="checkbox"/> Other White background (specify if you wish)	Asian, Asian British, Asian English, Asian Scottish or Asian Welsh Asian / Asian British Bangladeshi Chinese Indian Pakistani Other Asian background (specify if you wish)
Black, Black British, Black English, Mixed Black Scottish, or Black Welsh African Caribbean <input type="checkbox"/> Other Black background (specify if you wish)	White and Asian White and Black African White and Black Caribbean White and Chinese Other mixed background (specify if you wish)
Another ethnic group Arab Another ethnic group	Prefer not to say

Contact Details

Please fill in this section if only you wish to be contacted by Healthwatch Ealing to further discuss the care you receive.

Name: _____

Your best contact (Phone or Email): _____