

# Social Care

2021 - 2022

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## Background

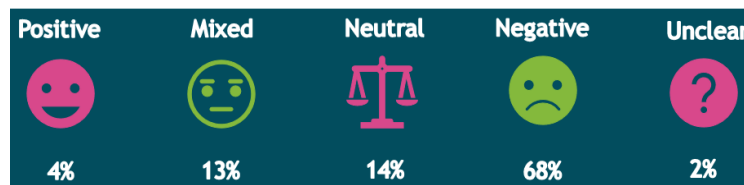
Over the past year, we received **56** comments regarding social care in Lincolnshire and its borders. **68%** of the comments were **negative**, with just **4%** being **positive**. Domiciliary care was the main service commented on, followed by care homes and family/relatives who care for a loved one.

These 56 cases, whilst all unique, shared 5 common themes. These themes included signposting, financial issues, lack of support, poor quality care and poor communication.

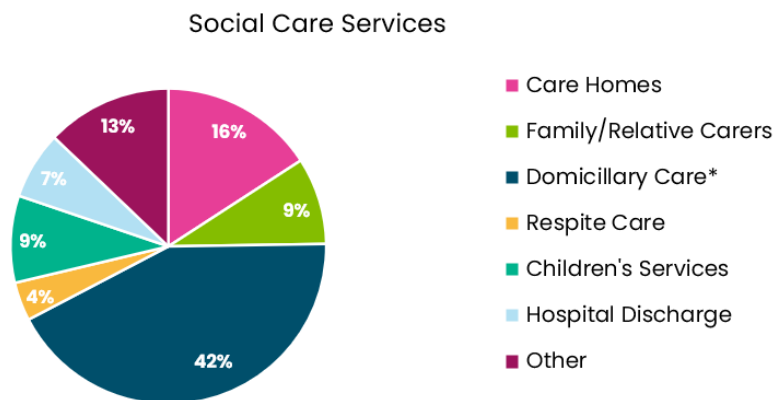


## An Overview

### 1. The sentiments were as follows:

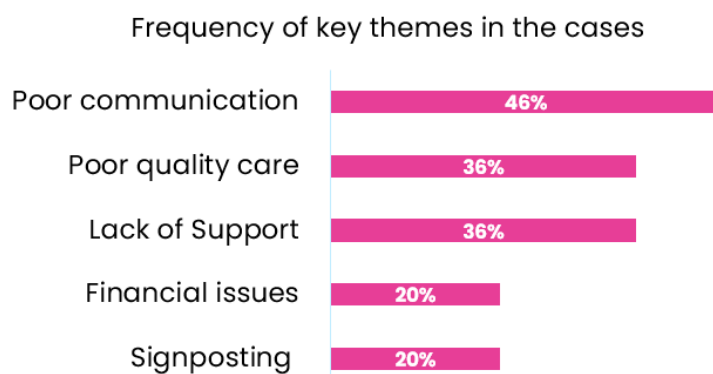


### 2. The cases related to the following social care services:



*\*Domicillary care – services put in place to support an individual at home*

### 3. The key themes in the cases were as follows:



^ %'s total greater than 100% as many comments we received contained multiple themes

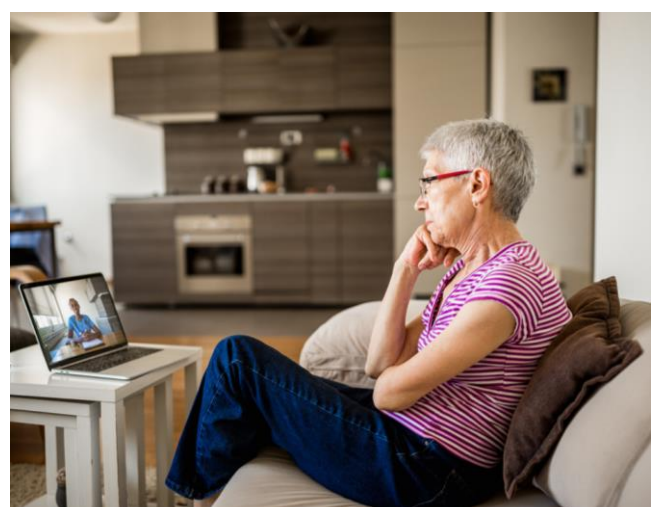
## Poor Communication

### *Issues regarding the sharing of information and communication between services and patients*

Poor communication was a concern in almost half of the cases reported to us. The specific issues with communication included the following:

- Rude staff and unnecessarily hostile discussions
- Information not shared between services
- Repetitive assessments
- Consent not sought
- Information not in an accessible format
- Emails ignored or long waiting times for responses
- Care being stopped without notice – either care cancelled completely or carers not turning up without the patient being notified

Poor communication was particularly an issue for domiciliary care, children's services and those who had been discharged from hospital. Communication during hospital discharge was especially poor, with information not being shared between clinicians and patients and between services. This led to delays in discharge and no support being available to patients when they left the hospital. This problem was worse still for those who had been discharged from hospitals out of the county.



## Your Experiences



### Story 1

*"I phoned the office and explained the situation to a very rude manager, who was very abrupt and upsetting towards me, leading to them slamming the phone down on me quoting; 'I'm ending the call now.' The telephone manner in the office is appalling and not professional."*

### Story 2

*"Rather than carry out an assessment, LCC passed my request onto Lincolnshire Partnership Foundation Trust for a mental health assessment. Initially this was done without my knowledge or consent. I expressly stated that I did not require a mental health assessment and requested that my physical care needs were assessed. I still have not had my needs assessed."*

### Story 3

*"On contacting their GP surgery, they were shut down and unable to say what they wanted to say about the way they were feeling."*

### Story 4

*"Not being communicated with by Adult Social Care. Feels is being ignored by emails sent to Lincolnshire County Council offices."*

### Story 5

*"MS and epilepsy resident was given 28-day notice to leave care home after being there for over 20 years. I would like answers as to why the 28-day notice was served and why it took so long for the new Care Home to be sorted."*

### Story 6

*"Repetitive assessment letters (even after our family member died) no joined up working. Poor or no communication couldn't deal with anything outside the tick box. Very stressful extremely poor uncaring experience at a very distressing time. Especially for my relative who had a very rude adult care person phone them three months after our family members death enquiring about payments. Caring I do not think so."*



## Lack of Support

*Refers to, for example, the long waits to be referred for specialist support, for care assessments to be conducted and care plans to be implemented*

This theme was present in 36% of queries across all services. There were several common issues. Many individuals reported having problems with transport to and from appointments, with those in wheelchairs being especially affected. In some cases, there was no transport available or for others it was very expensive. Others raised concerns about not receiving the right level of support, whereas some received none at all.



Several people reported having to wait years to be referred for specialist appointments, to see a GP or to receive specialist equipment and/or have it installed.

Lack of bookable respite care was a specific problem for those in the Boston area. In south Lincolnshire there were issues with getting an NHS dentist appointment – a problem we know to be not just specific to this area or to social care in general but has been always present and worsened by the COVID-19 pandemic.

## Your Experiences



### **Story 1**

*“Not been seen by a GP in 3 years.”*

### **Story 2**

*“To date, the patient has not had any care package put in place, no one has been to their home to offer support to the patient and spouse is having to cope on their own.”*

### **Story 3**

*“She was promised a shower 2 years ago but apparently there are still 'no workmen to carry out the job!'”*

### **Story 4**

*“I have been waiting for my local council and social services to sort out a support worker and assessment for over 2 years now.”*

### **Story 5**

*“Been waiting 15 months for the GP to refer me to a specialist.”*



## Poor quality care

*Includes concerns with the quality of care provided carers and serious health and safety concerns*



Again, 36% of responses contained sentiments on poor quality care. Poor quality care was a key problem in relation to domiciliary care.

A common issue was that of carers either not turning up at specified times or at all. This resulted in issues relating to the timing of medication doses. Many reported carers not carrying out the contracted tasks and having a poor understanding of the needs of patients – especially those with Dementia.

When concerns were raised with providers, responses were unhelpful and impolite. Furthermore, care was often cancelled leaving patients without care. All of these factors together understandably caused considerable distress for the patients and their relatives.

### Common occurrences:

- Carers not turning up or staying for allotted time
- Carers not doing the contracted tasks
- Unprofessional behaviour
- Incorrect equipment

## Your Experiences



### Story 1

“Concerns on the way the carers were using the hoist sling which resulted in discomfort or pain for the spouse.”

### Story 2

“Carers not turning up at the specified times, medications are needed at certain times.”

### Story 3

“Call times are not adhered to despite being classed as "Time Specific" by Adult Social Services.”



## Signposting

*Queries relating to the access and sourcing of support*



Some individuals contacted us as they were unsure of where they could get support for a certain condition or issue or where they could make a formal complaint. We signposted 11 individuals to the correct support in relation to social care. Finding information in relation to children's services and funding eligibility was a common problem.

### Your Experiences



#### Story 1

*"Where can I make a complaint?"*

#### Story 2

*"Is there an advocacy service that could help me?"*



## Financial Issues

*Includes eligibility and issues with Continuing Healthcare (CHC) funding, and changes in care cost*



Financial issues were most common for those receiving domiciliary care or in a care home.

Several people reported issues of unexplained and unnotified increases in care costs or the abrupt halting of CHC funding, which understandably causes considerable distress. There also seemed to be a lack of clarity and information surrounding CHC funding.

### Your Experiences



#### Story 1

*"Without no prior consultation they are now having to pay an extra £4,00 a year...many may no longer be able to afford care which is much needed."*

#### Story 2

*"Where can I get the right funding for my disabled dependent?"*





## What is Lincolnshire County Council doing to address these concerns?

*"We welcome the feedback report provided by Healthwatch Lincolnshire and provide a summary below of our response with focus on the themes outlined.*

*Adult Social Care services were greatly affected by the Pandemic, creating an even more challenging environment than existed prior to the emergence of Covid-19 on both a national and local scale.*

*During 2020, 2021 and into 2022 we provided services to support hospital discharges and enable people to return to their homes. Along with key partners we continued to develop services in the midst of a pandemic which caused disruption to every way of life and applied additional pressure to the NHS and Social Care. The need for Homecare increased and capacity decreased which when layered with challenges around recruitment and staff retention made meeting demand difficult.*

*The report provides useful insight and will help us expand on our existing work to manage challenges around delivery of care to people in their own homes. The number of individuals responding to the survey who receive homecare is relatively small compared to the total receiving care in their home during 2021-2022 (4095), but still provides a useful view of people's experiences.*

*The Executive Councillor & Executive Director of Adult Care and Community Wellbeing wrote to all those in receipt of homecare, in response to people's concerns and explained the pressures faced by the authority and our service providers. We have a formal Complaint Policy and a Poor Practice Concern process for anyone concerned about their care and we take every concern raised with us seriously.*

*When it comes to our service providers; quality of communication was affected at times as those provider staff who were usually office based, were required to deliver front line care during the protracted nature of the crisis. There is a regularly reviewed contract management framework in place and regular contract management meetings with all commissioned providers. We collect and analyse performance and service user feedback to help us ensure that poor quality of services can be identified and addressed.*

*We recognise that respite care is an area of concern for our residents and much developmental work is under way to improve the capacity and the information on availability. Much like other areas of care the pandemic had a severely negative impact on respite care and its availability.*

We understand that as the cost of living rises, the cost of care is a growing concern. Last year saw some changes which affected the level of service user contribution and for some people this increased. Any changes should have been accompanied by a letter explaining these, which is common practice. Changes occur to contribution amounts for many reasons, such as changes to a person's benefits, their Disability Related Expenditure, or their care. People are financially assessed in line with the minimum income levels pre-set by the Government and current legislation to ensure that people are assessed to pay what they can afford. The Council made some changes to ensure they were in line with the pre-set levels and did receive some feedback from some people who were concerned about increased contributions towards their care. Each case was considered individually, and processes were reviewed to ensure governance is in place for when such increases may occur.

We have been busy improving our information about social care finances. Updated information is available on our website and all Adult Care Practitioners offer relevant Factsheets to people and the families they work with. Financial eligibility is determined by national law (currently the Care Act 2014) and therefore we, alongside all other Authorities, adhere to the same Statutory Guidance. We have now introduced an online ready reckoner to allow people and their families to find out how much they might pay, before deciding to take on social care.

Our policies are published publicly. They can be requested in easy read formats and multiple languages. Further information on adult social care policies can be found here: [Social care and health – Lincolnshire County Council.](#)

## Summary

### How we have helped you

During 2021 we supported you with your queries surrounding social care by:

- ✓ Getting you answers
- ✓ Contacting providers on your behalf
- ✓ Raising concerns
- ✓ Signposting you to the correct information and services
- ✓ Listening to you
- ✓ Being an ally





### Story 1

*"All I can say is a huge huge thank you and send you a massive virtual hug. 4 years we have been looking for help with this and you have sorted it in less than 4 weeks. I feel very humbled by your kindness and the work you have done to help our dependent."*

### Story 2

*"Many thanks for your help and advice. Really appreciate a friendly voice to talk to."*



Over the past year, we received 56 comments relating to social care in Lincolnshire. Over 40% of these comments were in relation to domiciliary care, followed by care homes and family/relatives who are carers for a loved one. The key themes in these cases were: poor communication, poor quality care, lack of support, financial issues and signposting. The most prevalent problems were poor communication between services and patients, carers not turning up on time or not completing contracted tasks, and long waiting times for support to be implemented.

Domiciliary care was the most effected in terms of poor-quality care, with carers not turning up and/or failing to complete contracted tasks being a widespread concern. Lack of support was felt across all services. Communication was especially an issue in hospital discharge and finding information on children's services and financial eligibility was challenging. The problems reported were present regardless of the COVID-19 pandemic and are more systemic to the sector. We offered you a range of support to help solve your problems including getting you answers by contacting and chasing up providers and raising our concerns, providing you with the correct information and by monitoring and providing feedback on issues.

***We are always interested in hearing about your experiences – good or bad!***

#### Share your thoughts

*You can help make health and care services better by sharing your experiences and ideas.*

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