

**Continuing Health Care and Domiciliary Care Service Specifications**  
**North East and North Cumbria ICB**  
**Summary Engagement Report**  
**Winter 2023**

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**Introduction**

Working across the North East and North Cumbria Integrated Care Board, there was a desire to be able to align the range of specifications that have previously existed in relation to Continuing Health Care (CHC) packages as well as Domiciliary care services (both standard and complex).

In support of the development of these updated specifications, there is a desire to listen to the views and experiences of those people who have direct experience of these services.

This opportunity to listen will help understand what is working well in relation to these services and any aspects of the care and support that could be improved. There is also the opportunity to consider peoples perceptions around 'good quality' and relevant 'outcomes' in relation to these services.

## Methodology

Three distinct audiences were identified as key contributors to this piece of work. These were;

1. Staff working within services
2. Individuals using these services
3. Family members/ Unpaid carers of individuals using these services

A short set of questions relevant to each of these audiences were developed by the overall steering group with responsibility for this piece of work.

The questions were devised to give some understandings regarding the ability for services to meet required standards and expectations of the care being delivered. They were also designed to be able to offer opportunities to consider what was working well, what wasn't and where simple changes would be able to have the biggest impact upon the quality of life for the people receive care and support from these services.

Additionally, questions sought to clarify from the staff perspectives about what training and development opportunities they felt would be necessary to support them further in their roles in the future.

Distribution of the survey questions was undertaken through a range of existing points of contact and communication channels. These focussed on electronic points of contact as part of established follow ups/ interactions that already existed. This included a direct offer out to service users and their families that we have details registered with the ICB for. Due to current arrangements in the teams working, this was in place across the majority of the ICB geography, except Northumberland due to existing arrangements. It also included all electronic correspondence that took place with family members/ service users during the engagement period from the ICB teams working in this service area.

In light of the wider financial pressures that the ICB is encountering currently, it had not been possible to identify a budget to support direct mailings out to individuals across the region who had interacted with the service more broadly.

Opportunities to contribute was also shared out through the list of providers that are in place County Durham, Tees Valley and Cumbria. Again, this largely due to the existing arrangements in place.

The information about opportunities to contribute experiences regarding these services were shared during a four-week period in December 2023. The completed questions returned to the North East and North Cumbria ICB were collated by staff within the Involvement team to be able to produce this report.

There were 29 completed sets of the questions returned during the timeframe that the surveys were distributed.

A summary of the comments and information that was received is included below.

## Feedback from Family/ Unpaid Carers

In total there were 19 responses to this set of questions. Included below is a summary of those responses that were received to provide an indication of perspectives held by friends/ family members of people using services.

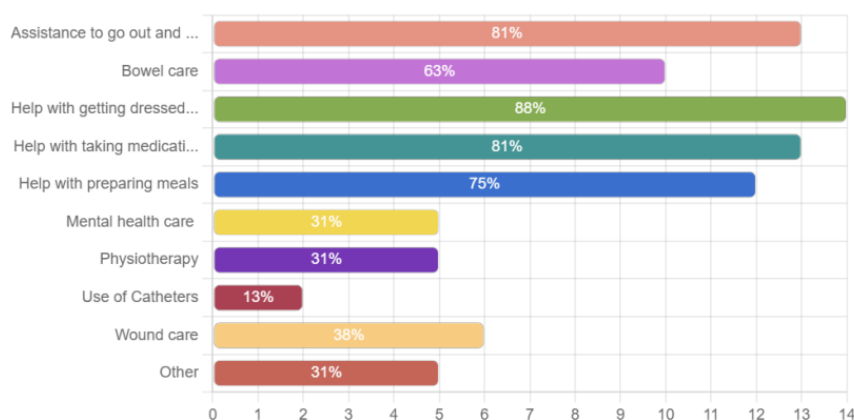
### 1. What is the first part of your postcode?

All 15 of the respondents provided an answer to this question.

Postcode	Number of responses
TS5 (Middlesbrough)	3
TS14 (Guisborough)	2
TS3, TS10, TS12, TS18, TS25, TS26 DL5, DL13, DL14 DH1 CA2, CA4, CA15, CA22,	1 (for each postcode area shown)

## About the Care and Support provided

### 2. What type(s) of help and support services does the person you are supporting receive?



There were responses from 16 participants to this question.

Respondents were able to select multiple answers to this question to help cover all of the types of support that the person they are caring for receives.

The main category that was selected by respondents related to, 'getting dressed or washed' with 88% (n = 14) of respondents choosing this.

The next most frequently selected categories were 'taking medication' and 'assistance to go out and about (shopping and activities)' both indicated as being provided in 81% (n = 13) of the respondents.

There were also 12 responses (75% of the respondents) that indicated 'preparing meals' was a key element of the types of support their friend/ family member is receiving.

Only two of the respondents identified 'use of catheters' as being part of the care and support the 'cared for' person is receiving.

### 3. If you have chosen 'other' in Question 2 please tell us what types of support are being provided.

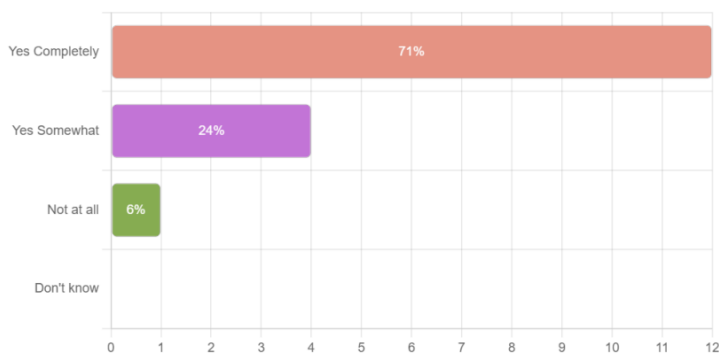
There were eight individuals who identified 'other' in their response to Question 2, although one of these stated 'not applicable'.

The comments received related to additional types of provision, which typically seemed to relate to more complex care and support needs, such as:

- Managing environment and behaviour / safeguarding (x2)
- 24-hour care (x2)
- 2-1 support with all aspects of their day
- Sitting service.... Palliative care from district nurses
- Gastrostomy management and care, WAV driver, moving and handling with a hoist,

### Thinking about the care and support you receive from the Continuing health Care or Domiciliary Care

#### 4. My friend/ family member was treated with dignity and respect.



There were 17 responses to this question.

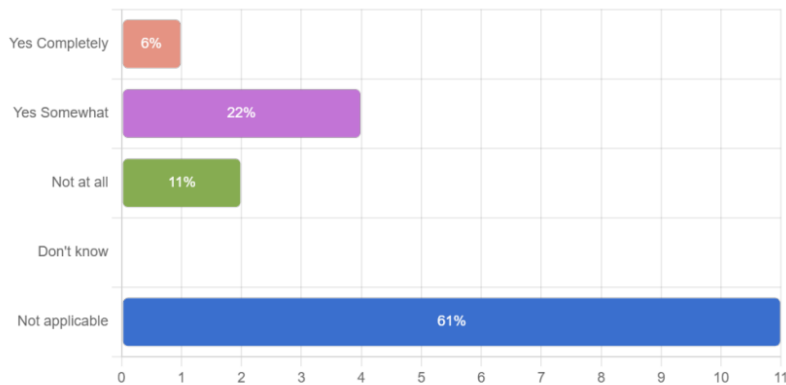
Reassuringly, the majority of the respondents identified that they felt their friend/ family member was treated with dignity and respect.

Of those, 71% (n = 12) stated this was 'completely' the case. While a further 24% (n = 4) felt that this was 'somewhat' the case.

Although this does indicate that there are not always the highest levels of consistency regarding this element of service provision.

Which was further demonstrated as one respondent (6%) identified that their friend/ family had 'not at all' been treated with dignity and respect.

## 5. If applicable, was the discharge process from hospital for your friend / family member efficient and smooth?



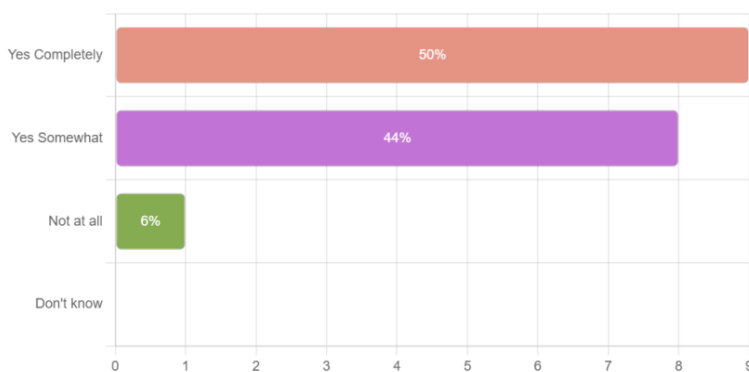
There were 18 responses to this question, however, only seven of those had direct experience of the discharge process.

Of those with experience of discharge processes two individuals (approx. 29% of the discharge experiences) felt that the process was 'not at all' smooth and efficient.

Only one respondent did identify that it was 'completely' smooth and efficient.

With the remaining four responses (approx. 58% of those with experience of discharge), feeling that it was 'somewhat' smooth and efficient.

## 6. My friend/ family members views and needs were listened to.



This question was answered by 18 of the respondents.

In another reassuring piece of feedback, the majority of respondents indicated that the 'cared for persons' views and needs were listened to.

There were some distinctions between the extent that they felt this was the case though.

There was 50% (n = 9) of the unpaid carer responses stating that this was happening 'completely'. A further 44% (n = 6) of the responses stating this was happening 'somewhat'. Indicating a larger split in the perceptions of friends/ family members about the extent to which this aspect of care provision was consistently happening to the highest standards.

In a similar level to previous questions, one respondent informed us that their friend/ family members views had 'not at all' been listened to.

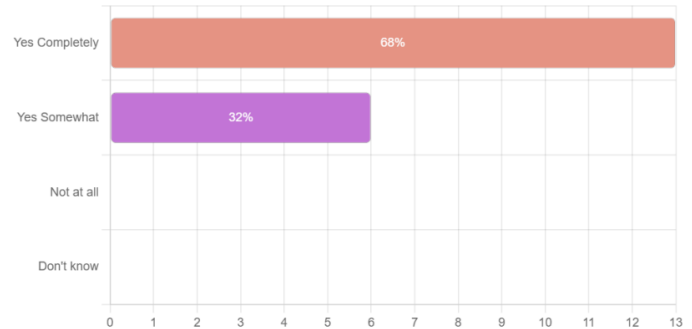
## 7. The care and support my friend / family member received was compassionate.

All 19 of the survey respondents provided an answer to this question.

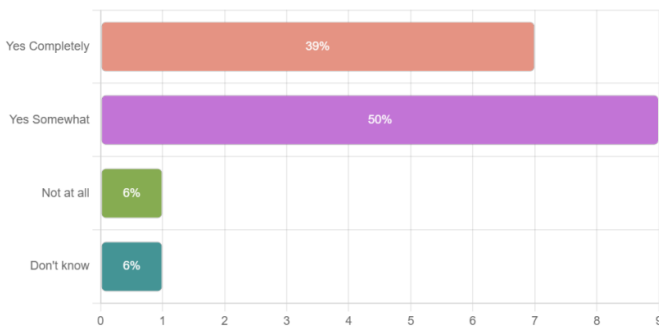
Similarly, to the previous question, all of the respondent indicated that the care provided to their friend/ family member was compassionate.

Specifically, 68% (n = 13) of the respondents told us that this happened 'completely' within the care their family member received.

The remaining 32% (n = 6) of the respondents told us that this was happening 'somewhat' within the care that their friend/ family member was receiving.



## 8. My friend/ family member was given adequate time to talk to staff about their care needs?



It is important for us to understand the level of involvement that service users (and their family/ representatives) have within the care and support they receive.

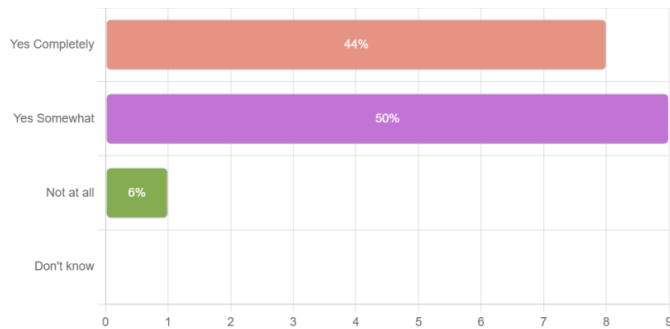
There were 18 responses to this question.

Of these, one respondent (6%), informed us that their friend/ family member hadn't been involved 'at all' in adequate opportunities to discuss their care needs with staff. A further respondent also told us that they 'didn't know' if this was the case for the person they are supporting.

In regard to this aspect of care, 39% (n = 7) of the respondents felt that the service user was 'completely' provided with the opportunity to discuss their care needs with staff.

The remaining 50% (n = 9) felt that their family member/ friend had 'somewhat' been provided with opportunities to talk to staff about their care needs.

## 9. The staff that supported my friend/ family member communicated effectively?



The ability for staff to communicate effectively with the individuals they are caring for is also crucial to the quality of that care and peoples experience of it.

We received 18 responses to this question.

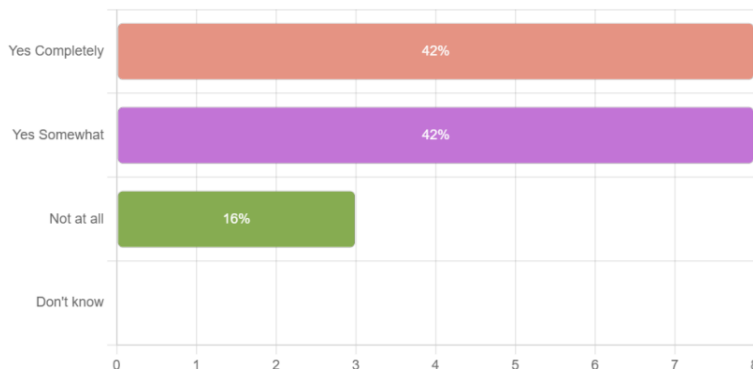
A similar proportion of the respondents to those in question eight (6%, n = 1),

felt that this was not happening 'at all' in the case of the care their friend / family member was receiving.

The responses to this question show the largest proportion of family members/ friends telling us that staff only 'somewhat' communicated with service users effectively (50%, n = 9).

There was an additional 44% (n = 8) of the friends/ family members who responded to tell us they felt that communication had been 'completely' effective for the person they are supporting.

## 10. The care and support was provided in a timely way for my friend/ family member?



All of the survey respondents provided an answer to this question.

Here we see the largest indication so far of where family members/ friends have not found the care and support to be as effective as desired.

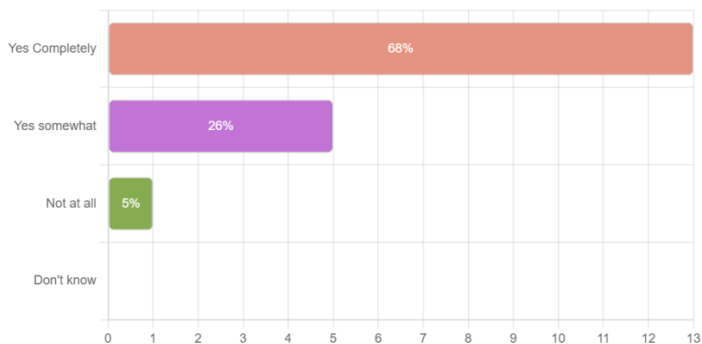
There was 16% (n = 3) of the respondents who told us the care was 'not at all' provided in a timely

way for the person they are supporting. There were no specifications as to what 'timely care' related to, therefore this is open to personal interpretation about how long people felt they should need to wait. Whatever that period of time is, people's expectations of how long it takes for 'timely' care to be provided were not necessarily being met.

All of the other answers to this question indicated that they felt the care and support had been in a timely manner. With 42% (n = 8) of the respondents starting this had been the case 'somewhat'. An equal proportion told us that the care for their friend family member had been 'completely' provided in a timely way.

## Service users and their families should have the opportunity to be involved in the planning of their care and support.

### 11. When the person you are supporting started receiving care and support at home, were you involved as much as you wanted to be in the plans for their care?



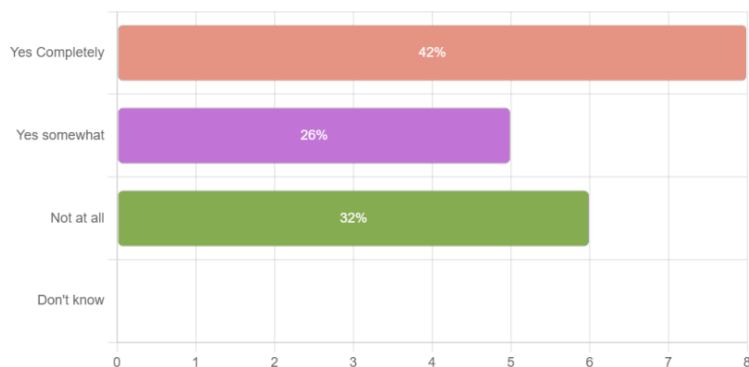
This question was answered by all of the survey respondents.

The majority of survey respondents (68%, n = 13) told us that they felt 'completely' included as much as they wanted to be in the plans of the care for the person they are supporting.

A further 26% (n = 5), also felt this had happened 'somewhat', suggesting that they could have been more involved than they were able to be at this point in arranging the care for the person they are supporting.

Only one person felt that his hadn't been the case 'at all' when their friend/ family member started receiving care and support.

### 12. As part of the support you provide to your friend/ family member, were you supported as much as you wanted to be?



This question wanted to understand more about the family / friends' perspectives on how well they were supported.

There were responses from all of the survey participants to this question.

Nearly half (42%, n = 8) of the respondents told us that they felt 'completely' supported as much as

they wanted to be, as part of the support they then provide to the person receiving care and support services.

There were a further five respondents (26%) who felt they were supported 'somewhat' in relation to their role in assisting the person receiving care and support.

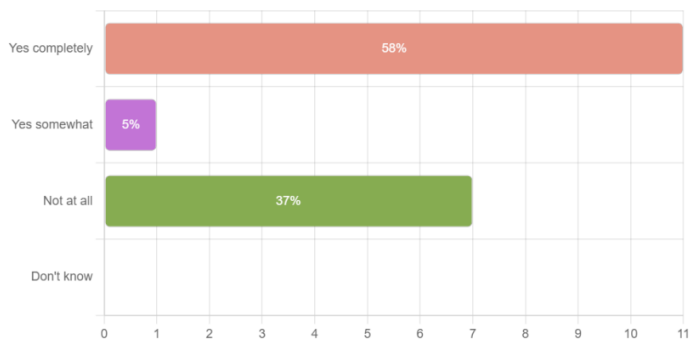
While the remaining six respondent (32%) informed us they were 'not at all' supported as much as they wanted to be in relation to this role they undertake.

Further clarity regarding what in their expectations of support which were not being met would be valuable to understand.



## Thinking about the information that you received about Continuing healthcare of Domiciliary care services.

### 13. When the person you are supporting started receiving care and support at home, did you feel you received all the information you needed?



There were responses to this question from all of the survey participants.

In total, approximately two thirds of the respondents felt they did receive the information they needed. The majority of these (58%, n = 11) informing us that they felt they 'completely' had all the information they required. The remaining one positive response

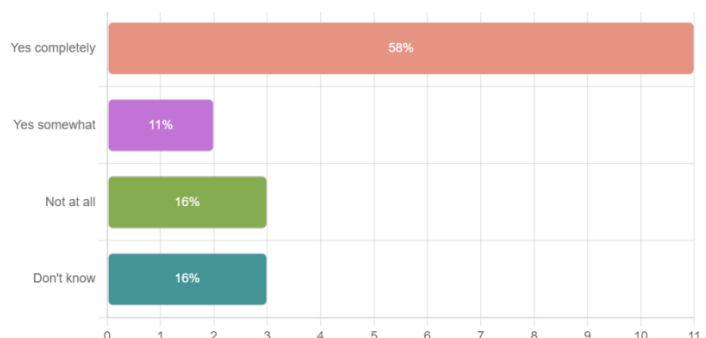
stating they felt they 'somewhat' had the required information.

There were also seven respondents (37%) who told us that they didn't feel that they had the required information 'at all' when the person they are supporting started receiving care services. This suggests there is still work to be done in relation to the provision of information to friends/ family members. As well as the opportunity to check-in with friends/ family members and their understanding of this information or how it relates to them in their role. See the answer to question 14 for further insights regarding this.

### 14. Was the information for you about the care and support being provided understandable?

This question was answered by all of the survey respondents.

The majority of responses to this question (58%, n = 11) indicate that family/ friends of people using services received information that was 'completely' understandable to them.



A further 11% (n = 2), told us that they did receive information that was 'somewhat' understandable to them.

Another 16% (n = 3) stated that the information they received was 'not at all' understandable in relation to the care and support being provided.

The remaining 16% (n = 3) didn't know or couldn't remember about the information they were provided.

## Overall comments and suggestions about the Continuing healthcare or Domiciliary care provided.

### 15. What currently works well in relation to the help and support that the person you are supporting receives?

There were 16 comments received in relation to this question.

The most common theme around something that is needed and working well is in relation to the consistency of care, of staffing and having an established routine for everyone concerned.

- *It helps if the same carers can be in attendance each day. This way a relationship can develop and an understanding of what is required can be built.*
- *My mother suffers from a range of conditions including Dementia so a consistent visitation by the caregivers has been an important factor in her care.*
- *My son lives in residential care home, the consistency of the care home staff ensures his safety and wellbeing.*
- *Direct payment carer is a lifesaver and getting into a routine with weekend agency cover.*

Elements of communication between care providers and the family member were also referenced in four of the comments provided, with some very mixed experiences relating to this.

- *Very forthcoming at telling me if there is a change in circumstances, do not wait for the next review, get in touch straight away*
- *Good communication between myself and carers and nurses.*
- *Very mixed messages from CHC. They contradict themselves repeatedly. Strange decisions regarding finance. Have never met or spoken to social worker assigned to my husband.*

A further theme from X of the comments received, referenced the ability of the support to enable individuals to participate in 'daily life' and activities,

- *Support to go out in the community and in daily life.*
- *Being supported by CHC and the care provider has allowed p to become independent of her family and learn to rely on others to help her manage her days*

There was one comment that highlighted challenges regarding the ability for a chose provider to be used when 100% CHC funding was identified. The respondent who identified this situation also shared that they *"were told that they would not be able to use this particular company, as they were not on the CHC provider framework... We now have a mix of Direct Payments, day service and Domiciliary care which is going*

*some way to meeting the cared for person's needs in a creative and personalised way, but it has taken nearly a year and a great deal of stress to achieve this".*

## **16. What could be improved in relation to the help and support that the person you are supporting receives?**

There were responses provided to this question by 18 of the survey respondents.

Across all of the comments received, there were three emerging themes that came out quite clearly. These related to;

### **a. Communication**

There were nine references to communication and how necessary this was from the family member and service users' perspectives. Some of it related to interactions with the CHC team themselves.

- *Communication, long waits for updates and to contact a member of the CHC. Waiting times. Funding process takes too long*
- *A phone call maybe once a month from CHC to find out how things are going. We have never had a call we have had to ring for information.*
- *Have received little or no input from personnel at CHC for many months. Don't even know who they are and have never been introduced to them.*
- *Everyone is stretched and I was not always able to attend meetings and reviews. In the end I emailed everyone involved... I am aware that this isn't the usual way family are communicated with, but it was more effective than telephoning and leaving messages which didn't always get a reply.*

There were also some broader comments regarding the interactions that family members felt was beneficial with other aspects of local care and support provision.

For others it was not just about the ability to contact the service but to be able to consider and discuss options of care / respite for the future. There was an appreciation for opportunities to incorporate "*planning for future care and supported living, what's available, suitability to individual needs and how to go about it*".

This ability for the family to be closely linked to the providers also came up. One of the comments specifically gave the example of how their "*family felt very excluded once X has moved to be fully supported by care provider. Decisions were made without the family being involved and once involved felt they were only there because they'd asked to be, and their options were ignored*".

### **b. Care provided**

The next category of comments received related to the actual care that is available and provided. There were five specific comments that related to this subject.

Three of these directly referenced the types of care and support provided and the quality of how this was delivered to their family member;

- *Some carers are more proactive than others offering to wash, shave etc and engage with him the whole time, some happy to let him sleep.*
- *Greater levels of contingency carers for weekend cover - constancy of care is critical.*

There was on specific reference to the *"absence of carers for the calls"*, although no further information or detail about this was provided.

In addition, there was one comment specifically referencing the ability to monitor the care providers and asking *"who holds them to account that they are providing service specification and following care plans. If you're not happy with the service being provided, who can you go to"*.

One responded provided a range of information about the lack of co-ordination of the care and ability for this to meet the specifics of their individuals circumstances. This included elements that related to:

- *The discharge from hospital was not well handled; they led us to understand we would get carers but this was not the case*
- *Moreover, my husband needs one of his medicines at a specific time and having it 2 or 3 hours late can endanger his health/life.*
- *When I eventually got in touch with the proper care service, they first said we could not get help because we had refused the above service!!*

### c. Range of services and training

The third theme brings together a range of comments that highlighted elements of care/ support where respondents felt that things need to be improved. There were five additional comments included in this category.

One of the family members/ friends shared that for them, *"it is unfortunate to say but the level of medical support is really lacking...Our only effective support is to call for an ambulance in the event of serious deterioration in her condition..."*

There were two specific comments which raised a question about the levels of training that some of the staff are receiving. For this family member/ friend, they felt that *"more training is required in basic nursing care, as some carers seem to have little understanding in this department"*. The other respondent felt that *"Clinicians, nurse in charge of finance and social worker all need improved knowledge"*.

A more general comment about the quality of care provided stated that they felt an improvement needed was *"to honour the commitment to provide 24/7 care that was promised"*.

Lastly, there were two specific comments that referenced the wages that are paid to those individuals providing care. They both felt that there needs to be greater recognition (financially) for the work that these individuals do, as explained by one of the family members/ friends who responded:

- *Wages for carers should be above the living wage. I hire carers for my daughter, train them and they leave to work in the private sector due to the high rates of pay.*

**17. Is there anything else that these services could provide that would enable the person you are supporting to lead a 'better quality of life'?**

There were 14 comments received in relation to this question. Although two of these stated there was nothing they wanted to add.

There were very different responses to this question from each of the participants. Possibly due to the very personalised nature of the care that is provided and the broad range of needs that these services are supporting.

A theme that was referenced in more than one of the comments related to the need for service/ providers to listen to the views and experience of friends/ family members in consideration of the care they are providing.

- *Listen to those advocating for people who lack capacity. Especially if carers and family members have supported people for years. They may not be classed as 'professionals' but their knowledge of that person is invaluable. Family/carers are always there to support when paid services are closed or short staffed, or funding is unavailable.*
- *Listen to parent's more, they usually know the person the best to endure the person as a better quality of life.*
- *Greater understanding of needs. Even though my husband scores highly in the domains, the overall areas such as predictability, intensity, etc. seem to overrule what the decision support tool indicates.*
- *If my son was awarded 100% CHC then his care home could employ more staff and they could take my son out on day trips/activities*

There were also two comments received for this question that specifically provided positive praise for the carers and the support that they have been able to provide to the respondents family member/ friend:

- *Mostly no, as most carers are very good, communication between nurses and my dad is always excellent.*
- *In terms of equipment and carer support I have no complaints whatsoever. The carers are fantastic and we have more than enough equipment*

Due to the diverse range of the rest of the comments to this question, it is not possible to present particular themes as such about what people feel would provide a better 'quality of life', as this would be very personal to the individual. Comments received included the following:

- Better communication and plans put in place faster

- Do not reduce the service we receive as my own well-being depends on the support. I get 35 hrs a week when a Carer comes to the house and I can leave the front door. I have bathed my daughter 16,400 times and just to get a break from this is heaven.
- Appointments with James Cook hospital neurology dept have massive wait times sometimes have to wait a year or more for appointments with specialists to see my daughter.
- Payment for cost of taxi transport to adult day centre would be beneficial. I am having to reduce care hours to accommodate the cost otherwise my family member (service user) would be unable to access the community and services
- To cover more shifts as possible .
- My family member has also come to harm in the past when being supported in services due to their high care needs. The CHC has seemed to overlook these factors on occasions. CQC ratings of good do not always provide good care consistently. If people can be supported to continue to live in their own homes, with family members as they always have done, every effort should be made to ensure this can continue.
- More consistent staff teams- obviously staff turnover is fast. This impacts X's quality of life cause self harm behaviours and frustration as staff team can't meet her needs.

### **18. What recommendations do you have that would make the biggest difference to the care and support provided?**

There were comments provided by 15 of the respondents to this particular question. As was touched on in the responses to the previous questions, many of these pickup on specific circumstances and are quite disparate. There were however, some overarching themes of comments that are outlined below.

#### **a. Families**

Recognising the crucial role that family members have in these situation, there were six specific comments that looked at this from a range of perspectives.

Some of this was regarding the isolation and impact that being in one of the caring roles has on the individual with one respondent stating, "*we are lonely in our caring role for someone who never speaks and resists getting washed, dressed. Don't make us fight for support, show that it matters to you*".

There was also a broader comment about the wider financial impacts of being a carer and the need to cover costs for equipment at home. With one respondent sharing that "*increases in energy costs are crippling particularly if usage is virtually impossible to restrict due to equipment needs and cleaning needs particularly laundry on a daily basis*".

Other broader aspects of support and interaction with families were also mentioned, These reflected some of the earlier themes around openness and communication and how well families are able to be involved in the processes.

- *If CHC funding is declined the client/advocate/ family carer should be informed why, not just left for weeks worrying and not knowing what to do next.*
- *Client/advocate should be informed of any issues with the care package before other service providers involved in the case.*
- *Care and support need to listen to family & work as one, they need to communicate better within the care-team, support need to read up on the person needing the support & plan ahead*
- *Better communications with families and valuing there knowledge*
- *Admit they need to work to a budget and be honest about their decisions. Do not insist on what they think should happen rather than listening to what the patient and his family say they need.*

A further comment around the role of working with and supporting families talked about advocacy support and how important that is. There is a clear need for a suitable advocate to be available where requested and a need to ensure that *"any paid advocate is communicating with the family and providing information to the service user rather than just professionals"*.

## b. Support

For five of the respondents, there were matters around the general "support and advice" that is available for people.

These comments touched on a range of aspects to the care and support provided , but largely related to processes that family members are required to have to work through as part of accessing this support. For one of the respondents, they stated their recommendation would be *"not having to fight and wait for everything"*.

Further comments were received regarding the assessments processes. With reference to the need to multiple 'assessments' needing to be undertaken which felt like repetition. Also, there was a specific comment about the confusion a family had encountered when they were informed there were two different care plans.

To support individuals and their families through these types of situations, a comment regarding it being *"helpful for them to have a named case worker with a contact email who can advise"* as something that would make a key difference for them.

For another respondent, they felt that more support was needed to help prepare for the future. The particular reference respite care and the fact that there is no-one *"to talk to about respite care, planning for emergency care if needed, and future planning when I can't do it!"*

One particularly positive comment shared their experience, in which they told us "I cannot fault anything - from the start of my CHC application with the social worker, to the award, support to set up and now the regular reviews".

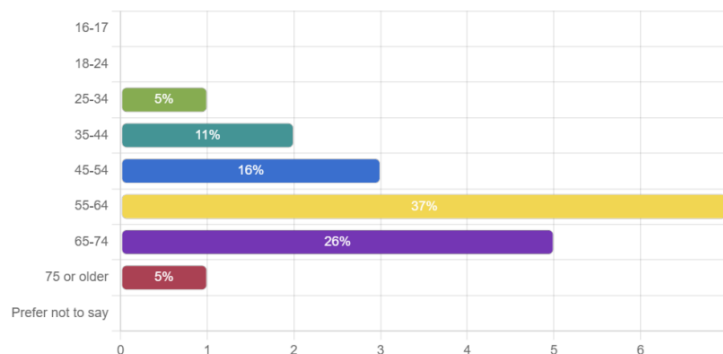
### c. Staff

Another category, which received four comments was in relation to the specific staffing and care provided itself. Each of them touched on a slightly different aspect of care and support that was available.

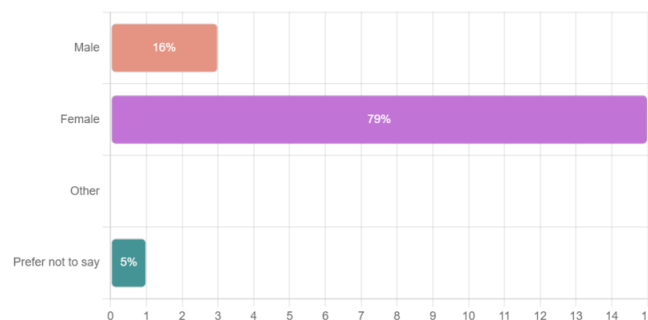
- *Better medical back up even if it's not a doctor regular visits by trained nurses etc would be better than nothing.*
- *At present 24hr supporting relative, but no one to talk to about respite care, planning for emergency care if needed, and future planning when I can't do it!*
- *Maybe better training for some who don't communicate so well.*
- *Continuity of care, provided by her regular carers as they now understand more of her needs, likes and dislikes.*

## About you

### 19. How old are you?

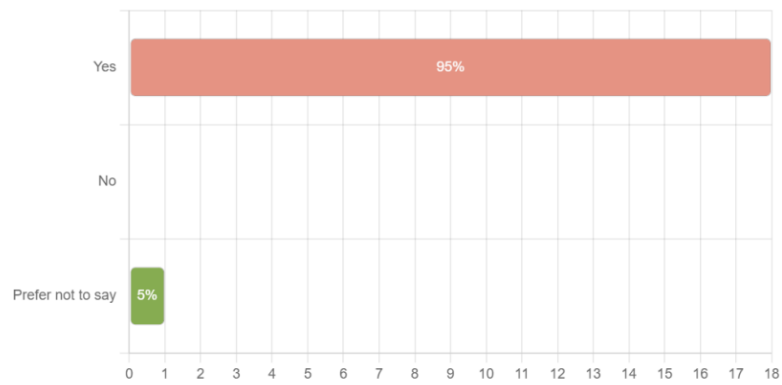


### 20. How do you identify

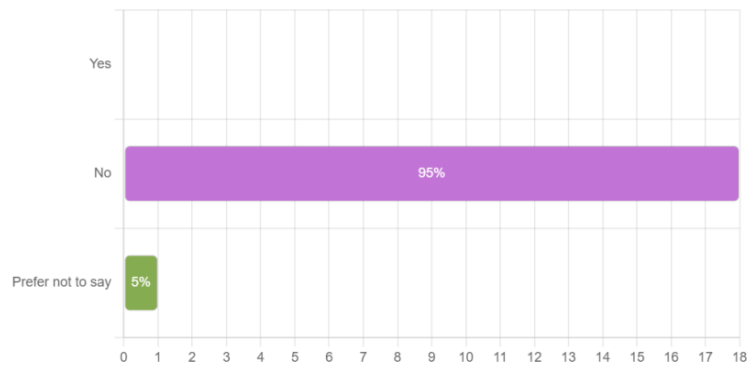




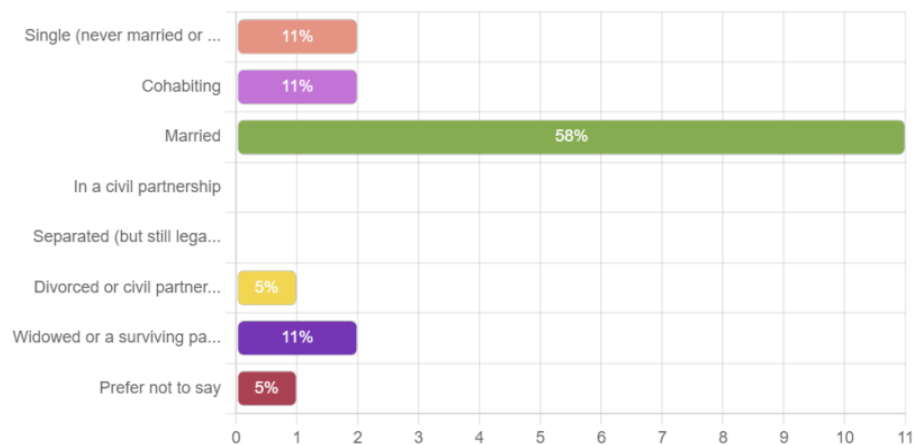
## 21. Does your identify match your sex as registered at birth



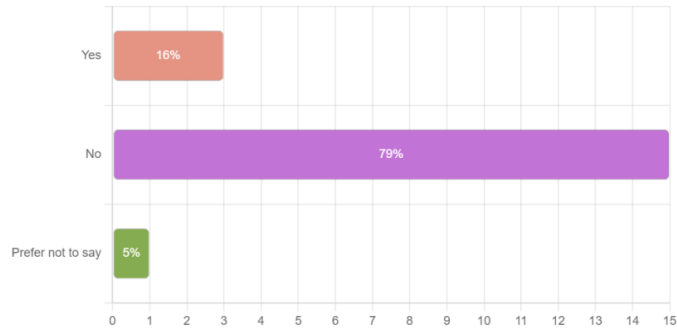
## 22. Are you pregnant or have you been pregnant in the last year?



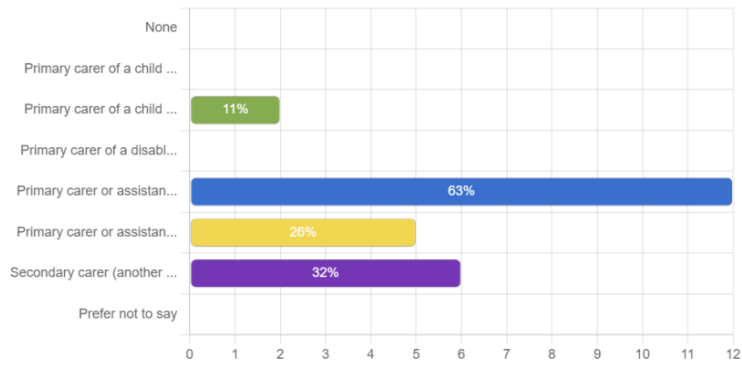
## 23. Are you currently?



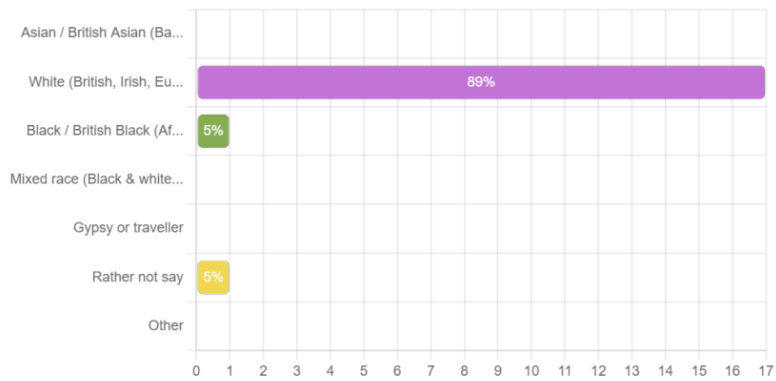
## 24. Do you have a disability, long-term illness or health condition?



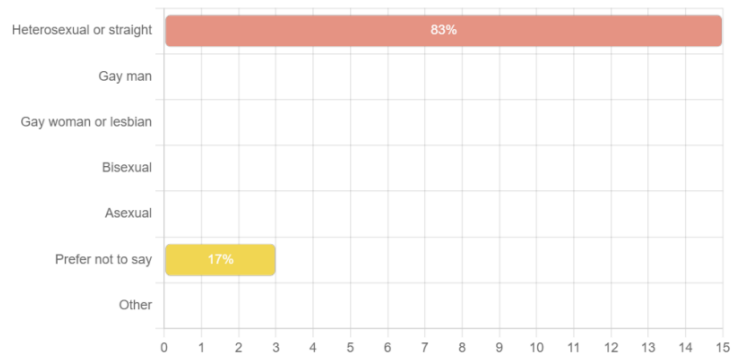
## 25. Do you have any caring responsibilities?



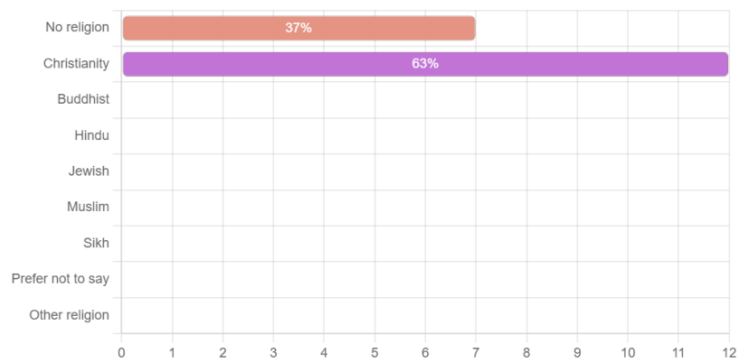
## 26. Which race or ethnicity best describes you?



## 27. Which of the following terms best describes your sexual orientation?



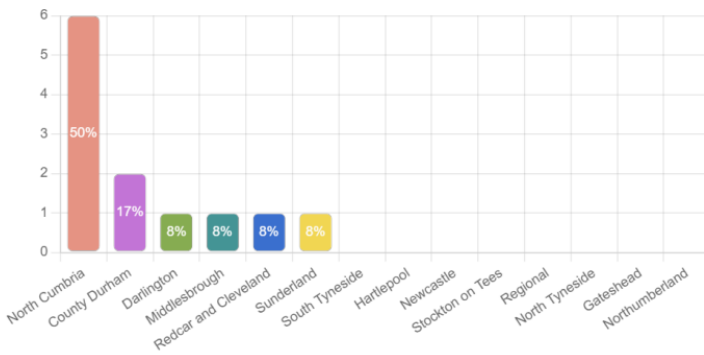
## 28. What do you consider your religion to be?



## Feedback from staff

During the time that the survey was open, 13 responses from staff were received. With a small sample such as this it is difficult to produce clear themes across the wider region. Included below is a summary of those responses that were received to provide an indication of perspectives on the topics included in the set of questions.

### 1. Is there a particular geographical area that you work in?



There were 12 responses to this question.

As can be seen in the graph opposite, responses were obtained from only half of the areas within the North East and North Cumbria region.

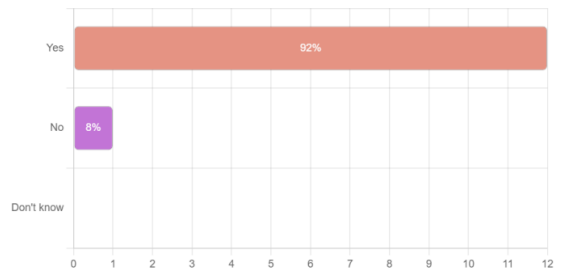
In addition, four of those areas were only returned one single response.

The area that we received the highest level of response from was North Cumbria with 50% (n = 6). However, it is worth noting this may very well be due to the established structures and connections with this part of the region and the Continuing Health Care teams within the ICB.

### 2. Did you receive an induction when you started in your role?

An answer was provided to this question by all 13 of the staff respondents.

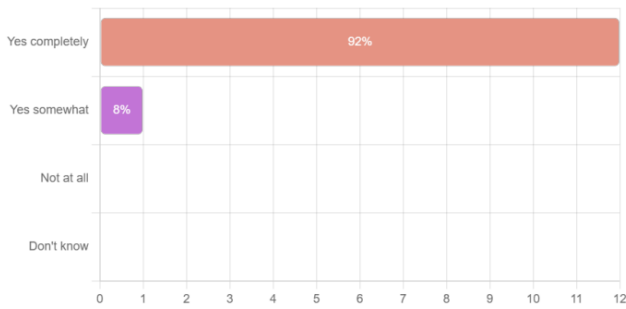
As can clearly be seen in the graph opposite, the majority of these staff (92%, n = 12) state that they did receive an induction when they started in their roles.



### 3. Is there anything that wasn't included in your induction that you felt should have been?

There were only five responses received for this question. All of these responses to this question stated that they felt there wasn't anything missing from the inductions that the staff received.

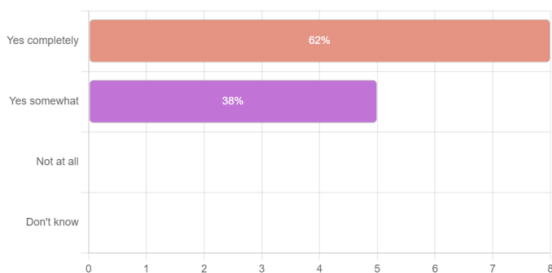
### 4. Have you been able to complete all of your necessary training requirements (each year)?



There were 13 responses received for this question.

Only one of the respondents (8%) indicated that they hadn't been able to complete all of their necessary training requirements.

### 5. Do you feel there are sufficient professional development opportunities made available to you?



There were 13 responses to this question.

An overall positive, is that all of these responses received supported that there are sufficient professional development opportunities available.

With 62% (n = 8) stating that they feel this to 'completely' be the case. The remaining

responses also support the fact that professional development opportunities are available, but only "somewhat".

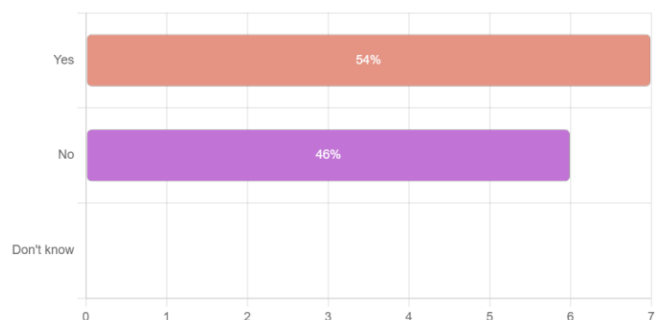
Further information about the reasoning for people stating 'Yes, somewhat' could be beneficial to provide greater clarity regarding where staff feel this could be improved.

### 6. Do you feel there is always sufficient staffing available to provide the required levels of care?

There were 13 responses to this question.

There was a much greater divide between the perspectives of the respondents when it came to there being 'sufficient staffing' where they are working.

There was 54% of the respondents (n = 7) who felt that 'yes', there is always sufficient staffing available.



The remaining responses (46%, n = 6) stating that they did not feel this was the case.

One consideration is that we did not specify what these levels of staff would be. As a result, there is an element of individual interpretation to what 'sufficient staffing' would mean. Although recognising there will be national standards around this for service providers.

**7. Is there any additional training that you would like to be able to help you to do your job?**

This question was responded to by six of the participants.

Some of these were to state that they did not feel there any additional training they required in order to undertake their roles.

The only comments that were received regarding additional training highlighted:

- *More in-depth Dementia training and palliative care training*
- *Dementia and how to handle lazy family members*
- *Access to specialist training such as stoma/ diabetes*

**8. What currently works well in relation to the help and support you are providing?**

There were six responses provided about this particular question. Given the low levels of responses, it is not possible to identify any clear themes. A copy of the comments received is included below for reference.

- *Good communication with my employer and colleagues*
- *We work in small teams so feel more supported and listened to*
- *Joined up approach with CHC and Local Authority*
- *Approachable and supportive management team*
- *Everything*
- *Client getting enough time to support them at home.*

**9. Thinking about the care and support you are providing, what for you means that your 'patients' are able to live their 'best quality' life?**

There were seven responses provided to this question.

Within these responses, key words that staff used to describe their perspectives on 'best quality of life' included references to;

- Patients being 'in their own home' (x3),
- Supporting patients to be 'independent' (x3),
- Ensuring that patients are 'listened to and respected / person centred care' (x3)

Some examples of specific comments made are:

- *They are able to stay in their own home where they feel safe, they are respected and shown dignity during their support*
- *Helping them to remain in their own home and helping them to remain independent while giving them the support and company they need*

- *That we are able to provide the best possible support we can, that we have enough time to complete tasks without rushing the patient.*

### 10. What simple changes would make the biggest difference to the care and support you are providing?

There were seven responses received for this question.

A comment that was included in three responses related to there being *"more time for the client and making sure families are supported"*. These responses from staff indicated that they felt there needed to be greater periods of time allowed for them to spend with the individuals they are supporting.

The responses received indicate this is partly due to the need to work with individuals at their own pace, but equally so that elements of social interaction are possible as these appear to be greatly valued.

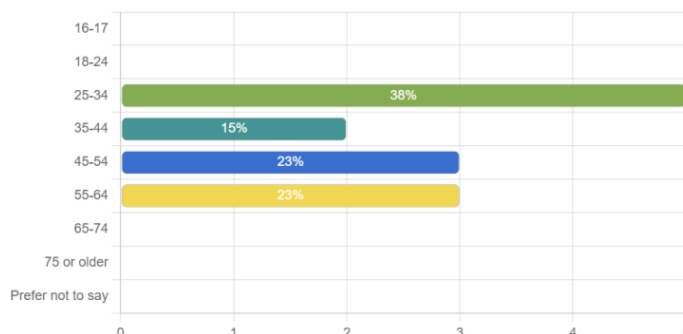
This is consistent with comments provided to questions eight and nine, however recognition of the small response numbers does need to be considered.

Other comments related to:

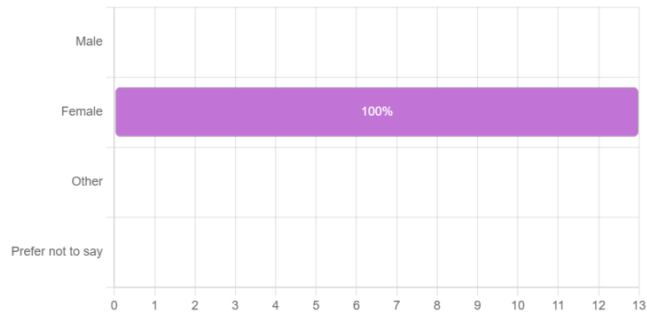
- The need to increase the pay for these roles to help encourage new staff to join
- Guidance from other health professionals working in the community
- Social services providing more support to individuals

## About You

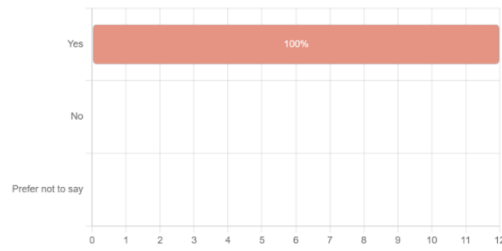
### 11. How old are you



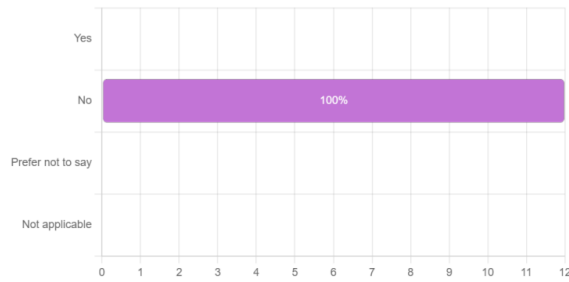
### 12. How do you identify



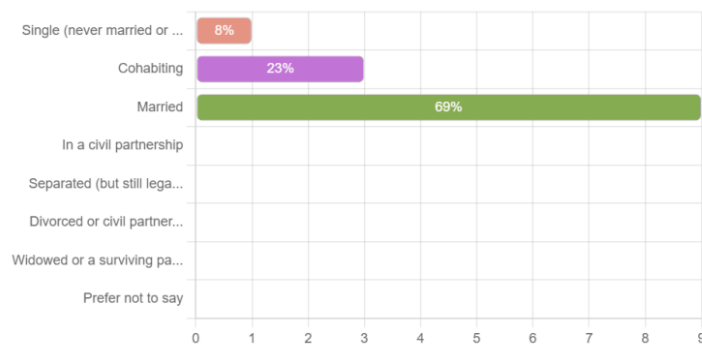
**13. Does your identify match your sex as registered at birth**



**14. Are you pregnant or have you been pregnant in the last year?**

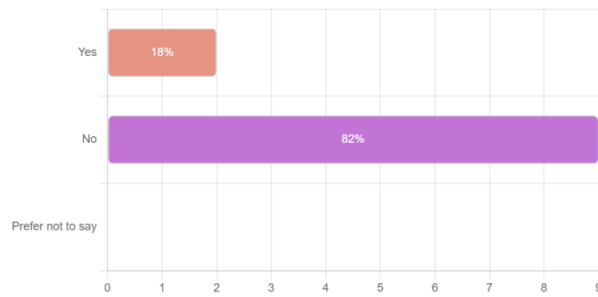


**15. Are you currently?**

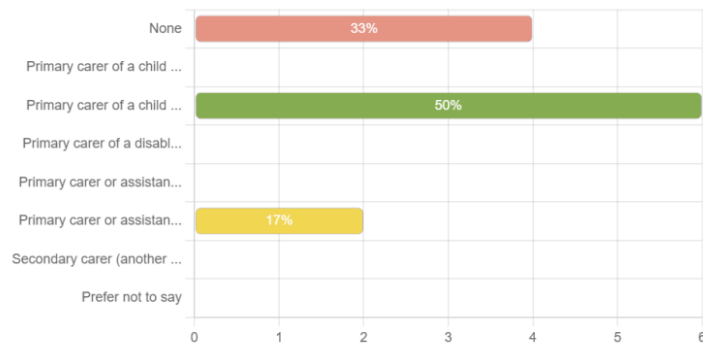




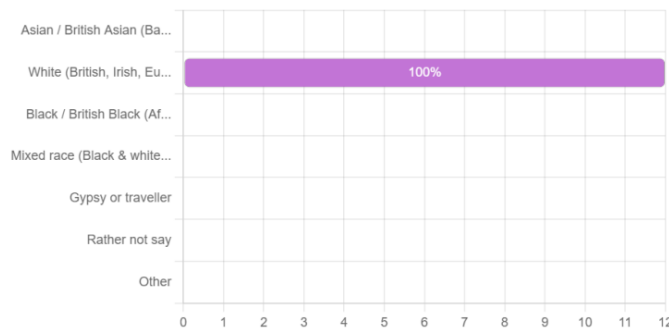
### 16. Do you have a disability, long-term illness or health condition?



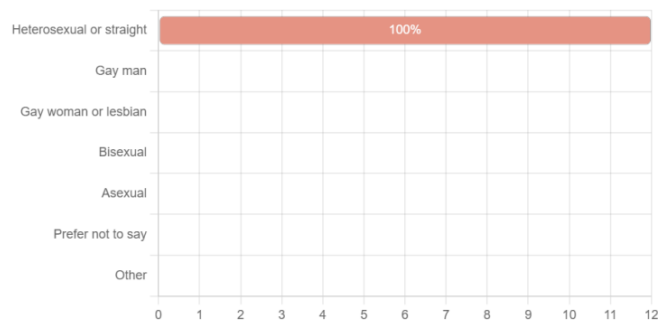
### 17. Do you have any caring responsibilities?



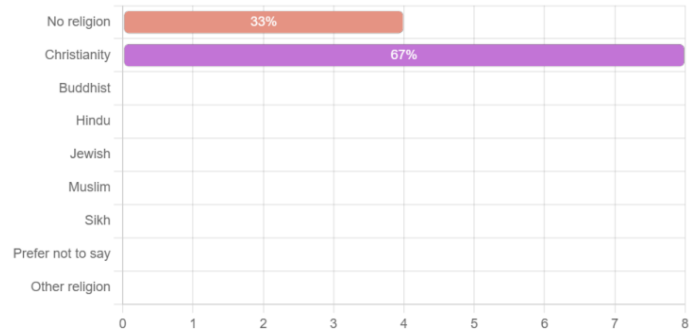
### 18. Which race or ethnicity best describes you?



### 19. Which of the following terms best describes your sexual orientation?



## 20. What do you consider your religion to be?



## Feedback from Service Users

Regrettably, there were only two responses received from service users as part of this process.

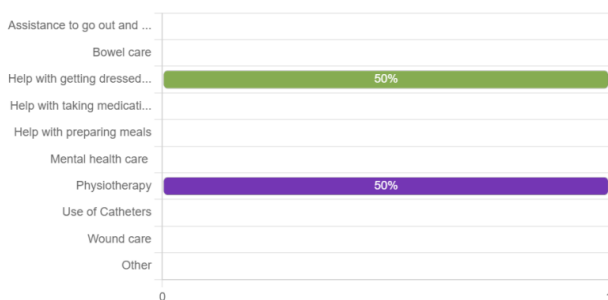
The information that was provided by them is included below for consideration as part of the feedback received. However, due to the low levels of response, it is impossible to provide greater clarity on the themes more broadly in relation to these services.

### 1. What is the first part of your postcode?

One respondent was from DL1, the other from TS3.

## About the Care and Support provided

### 2. What type(s) of help and support services have you received?



Each of the respondents indicated one of the types of support that they received.

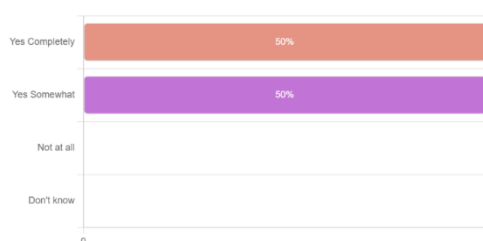
This included, help with 'getting dressed and or washing' as well as physiotherapy.

### 3. If you have chosen 'other' in question 2, please tell us what types of support are being provided.

No further comments in relation to other types of support were received for this question.

## Thinking about the care and support you receive from the Continuing health Care or Domiciliary Care

### 4. I was treated with dignity and respect.

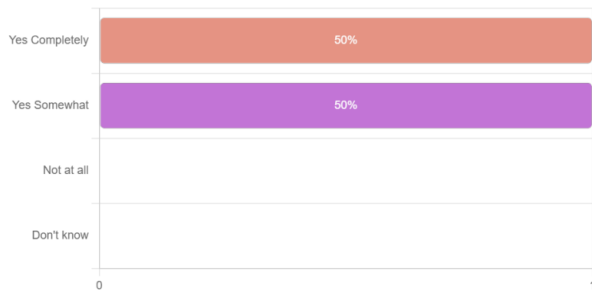


Each of the respondents indicated that they were treated with dignity and respect within their care.

The difference being, one respondent identifying that this happened 'completely', during the care and support they received.

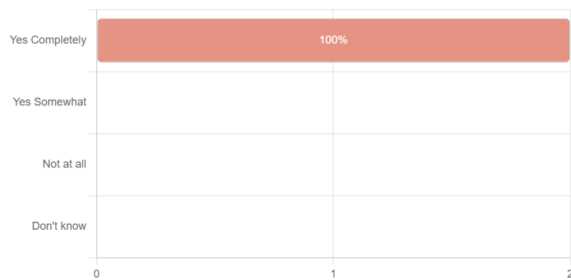
While the other person identified this as happening 'somewhat', rather than all the time.

### 5. My views and needs were listened to.



The same split in perspectives regarding whether their needs were listened to, or how consistently this happens were evident in the answer to this question too.

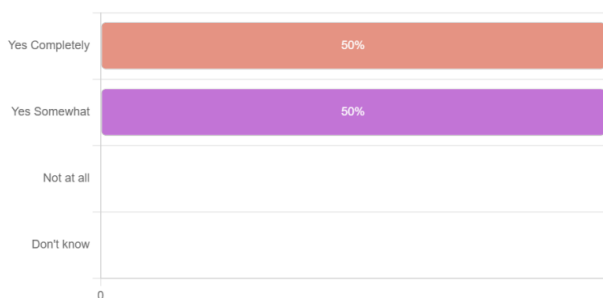
### 6. The care and support I received was compassionate.



Reassuringly, both survey respondents indicated that they felt there was compassion in the care that they received.

Both of the respondents stating 'yes completely' to this question.

### 7. The staff that supported me communicated effectively.



A similarly positive experience of the way staff communicated with patients is indicated.

Both respondents identifying that they agreed, staff communicated effectively with them.

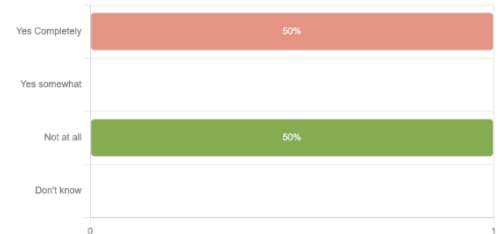
There was a consistent split between the extent to which they felt that his happened throughout their care.

**Service users and their families should have the opportunity to be involved in the planning of their care and support.**

**8. When you started receiving care and support at home, were you involved as much as you wanted to be in the plans for your care?**

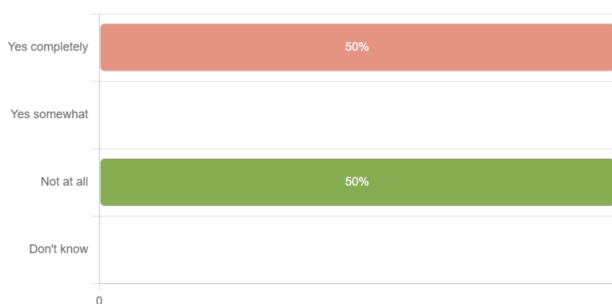
From the two responses that were received, there is a clearer distinction between the experiences the individuals received when asked about their involvement in the planning of their care.

In particular, one of the respondents felt that they were 'not at all' involved in this planning as much as they wanted to be.



**Thinking about the information that you received about Continuing healthcare or Domiciliary care services.**

**9. When you started receiving care and support at home, did you feel you received all the information you needed?**



A further split in the experiences of these two individuals is highlighted in their responses to this question.

Again, we see that one of the respondents did not feel that they were provided with information they received 'at all'.

**Overall comments and suggestions about the Continuing healthcare or Domiciliary care provided.**

**10. What currently works well in terms of the care and support that you receive?**

Each of the two respondents did provide an answer to his question. One of them stating, *'Care staff are lovely- friendly-jolly- help me where I need support, encourage me to stay active and involved in tasks I can do'*.

While the only other respondent indicated that they have *'never received care at home'*.

### 11. What could be improved in relation to the help and support you receive?

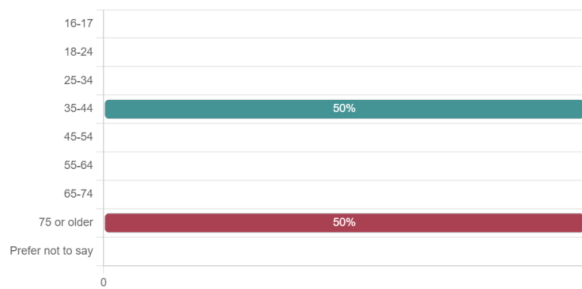
There was only one response received for this question. It was to state that they felt there was '*nothing*' that could be improved in relation to the support they are receiving.

### 12. What recommendations do you have that would make the biggest difference to the care and support provided?

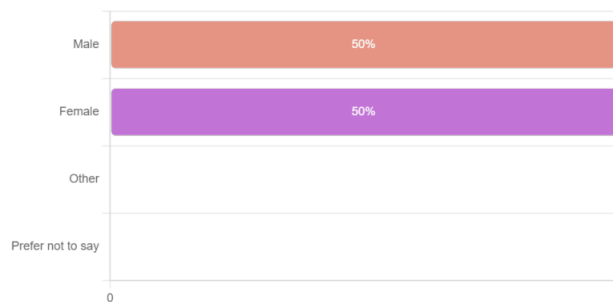
This question also only received one response. It was a supportive comment, encouraging that staff to '*carry on the good work*'.

## About You

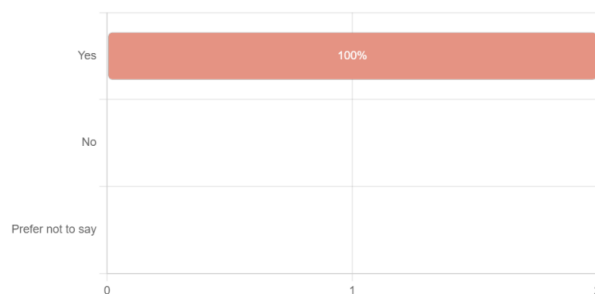
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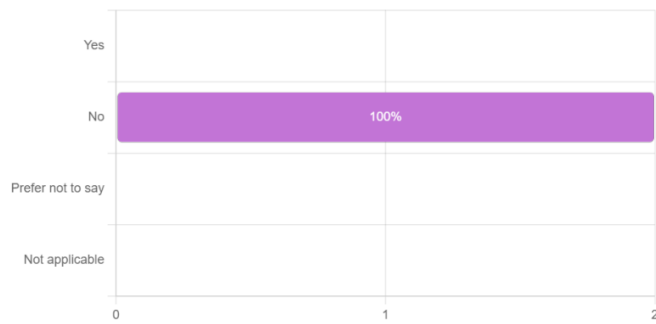
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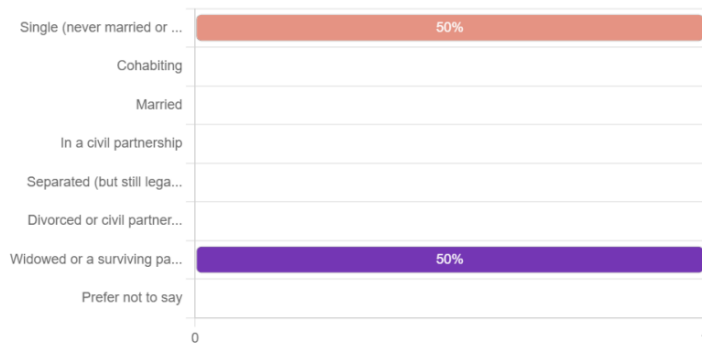
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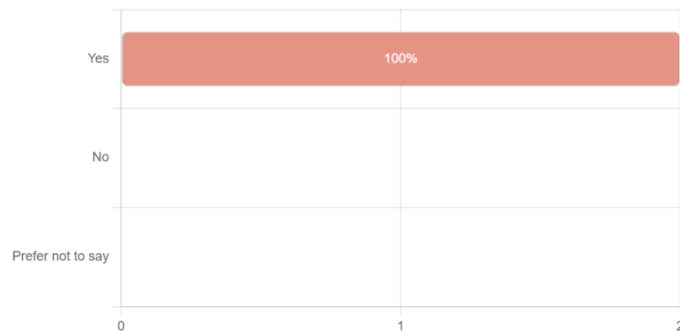
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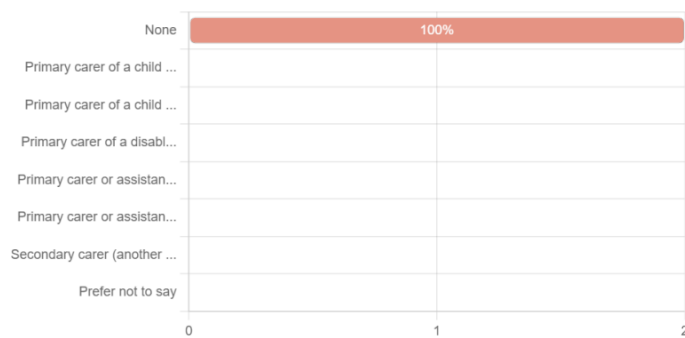
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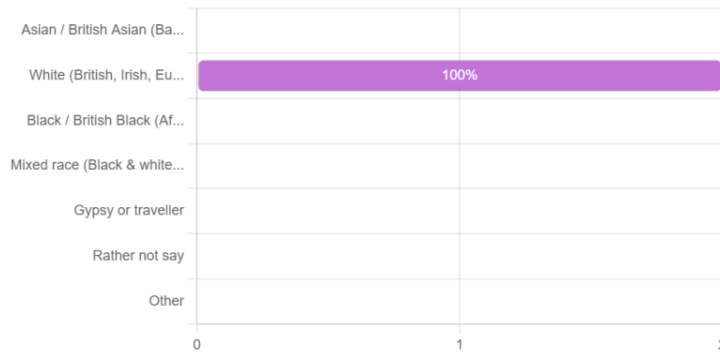
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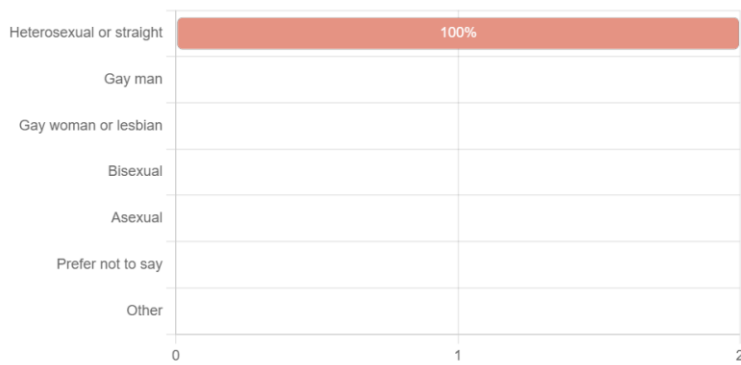
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## 22. What do you consider your religion to be?

