Domiciliary (Home) Care

What people told Healthwatch about their experiences of receiving care in their own homes in Birmingham

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healthwatch Birmingham

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Executive Summary

Background

Domiciliary care, or home care, plays a vital role in supporting people to live independently in their own homes.

There are at least 278 home care providers in Birmingham, although not all are contracted by Birmingham City Council (BCC) under the commissioning framework[1]. BCC commissions 125,000 hours of home care per week, helping individuals with a range of needs —from older adults to people with disabilities and mental health conditions. With increasing demand and ongoing challenges in the sector, understanding the experiences of those receiving care at home is crucial.

Purpose of the Study

This research aimed to explore the experiences of people in Birmingham receiving domiciliary care. It examined whether care supports independence, dignity, and wellbeing, while also identifying areas for service improvement. Sixty-three people completed our survey and we interviewed 13 people.

1 The framework sets out five core standards that care providers must deliver: involvement and information; personalised care and support; safeguarding and safety; suitability of staffing; and quality of management.

What We Heard

Most respondents expressed positive views about their care:

93%

Of the respondents value the care and support they receive in their home with 91% expressing high levels of satisfaction with their home care

85%

Of the respondents say their home care gives them independence and 87% Said home care gives them the confidence to remain in their home while 83% said it made them feel less lonely

Most of the respondents 63% Felt that their care workers have the right skills and training while 79% said their care workers understand and respect their culture, values and beliefs

More than three-fifths of the respondents 63% Said they are happy with the timing of visits and the timekeeping of care workers compared to 29% who said they are not

More than three-fifths of the respondents 69% of the respondents said they had not missed any visits in the last month with 54% saying they were informed of delayed or missed visits

76%

of respondents said they have a care plan with 59% saying they were involved in drawing up their care plan and 64% noting that they receive all the care and support outlined in their care and support plan

However, these positive findings must be understood in context. We are aware that significant barriers may prevent people from sharing negative experiences[2], including:

- A strong desire to remain at home and avoid institutional care, which may lead people to tolerate poor care rather than risk change.
- Social isolation, with care workers often being the only regular human contact-making it emotionally difficult to criticise them.
- A low benchmark for what "good care" looks like, due to lack of awareness or past poor experiences.
- Fear of retaliation or reduced service, particularly among those who feel dependent or vulnerable.

As a result, some individuals may express satisfaction despite experiencing inadequate care, meaning that the true scale of problems may be under-reported.

Despite overall satisfaction, respondents identified areas of concern:

- Continuity of care: People value seeing the same care workers, but frequent changes were common and impacted quality and dignity.
- Training and professionalism: Concerns were raised about inconsistent training, lack of understanding of complex conditions, and rushed or impersonal care.
- Care planning: While 76% had a care plan, some said plans were outdated or not reflective of their changing needs. Only 59% felt involved in developing them.
- Time keeping and communication: 63% said carers arrived on time, but delays and missed visits caused stress. Not all were informed when carers were late.
- Information and support: Some people were unclear about their care arrangements, how to seek help, or how to raise complaints.

Key areas for improvement

Effective measures need to be in place to monitor the quality of care taking place in people's homes, identifying poor-quality care early and putting improvement measures in place to address these. Based on the findings of this study and the areas people told us they would like to see improved; we highlight the following key areas for improvement for Birmingham City Council and BSOL NHS ICB:

- Quality Monitoring: ensure quality monitoring includes measures based on the findings of this report and is used to drive improvement in the domiciliary care market:
- Monitor the effectiveness of care plans to meet the needs of the individual, including care plan reviews taking place regularly and the involvement of individuals and their carer/ family in care planning and reassessments.
- Monitor the quality and reliability of services including time keeping and communication, and professionalism of carers and continuity of care.

2 Healthwatch England (2017). Why Not Report? Barriers to raising complaints in health and social care. Available at: https://www.healthwatch.co.uk/report/2017-10-26/why-not-report-barriers-raising-complaints-health-and-social-care

- Monitor the level of carer training ensuring providers provide specialised training so staff understand complex needs of service users (e.g., dementia care, catheter training, supporting people with sensory needs etc).
- Information and advice: improve the information and advice provided to service users and their families — including details about care plans and packages, what good quality care looks like, what to expect from the local authority, BSOL ICB, and care providers, how care decisions are made, the timing and duration of care, the assessment process, and who to contact with questions or concerns.
- Engagement and Feedback: Promote Healthwatch through Social Care providers and other front-line staff who are in contact with care recipients to increase the feedback heard about domiciliary care services and its use in improving services.

Next steps

We shared our findings with Birmingham City Council and NHS BSOL ICB. Both agreed actions to address the issues raised. These actions are included in this final report which has been shared on our website as well as with participants and relevant stakeholders. Their full response is included in the Appendix.

At an agreed time with BCC and NHS BSOL ICB, Healthwatch Birmingham will publish a follow-up report to assess progress towards the changes health and social care services have committed to and continue amplifying the voices of people receiving care.

Acknowledgements

We would like to thank everyone who shared their experiences. We are grateful to Birmingham City Council's Commissioning - Regulated Care team and NHS BSOL for their support in developing this study and accessing service users. We are also grateful to New Oscott and Longbridge retirement villages, Elwood Day Centre, Forward Carers, and Sutton Coldfield Dementia Carers Group who allowed access to service users at their centres. Thanks to all our stakeholders including home care providers who shared the survey across the city.

Background

Domiciliary care was selected for a deeper dive when Healthwatch Birmingham identified variation in the feedback we heard about care and support provided to people in their own homes. Our analysis of feedback heard between March 2023 and August 2024 identified both positive experiences and a range of concerns. Concerns ranged from poor communication and information sharing, inconsistent service delivery and lack of care plans, lack of continuity of care, lack of dignity and respect.

A diverse range of individuals benefit from home care such as elderly people; disabled individuals and children, those recovering from surgery or illness, people with chronic health conditions and individuals with mental health challenges. To access home care, an assessment is carried out to determine the level of care an individual requires. A provider is identified, and this can be a private agency, local council service or a charitable organisation. In order to understand what to expect, a care plan is created clearly outlining the service required, frequency and duration of visits and any other needs to be considered.

To deliver good quality home care, Birmingham City Council (BCC) has developed a set of quality entry criteria for services to enable the commissioning of the best possible provision. The five core standards that BCC expect care providers to deliver include: involving people and giving them information about their care and support choices; offering personalised care and support; safeguarding people from abuse or the risk of abuse; providing suitable staff; and ensuring that the quality of services is effectively monitored.

The domiciliary care industry is facing a number of challenges including staff shortages, funding issues, consistency of care and the risk of isolation. Some authors[3] have argued that domiciliary care does not always support older people's autonomy, that continuity of formal carers is problematic and the provision often basic, restricted, and treats older people as a homogenous group. These challenges are worsened by increasing demand for domiciliary care and reduced funding for social care. In 2020, at least 810,000 people were receiving care in their homes. The Department of Health and Social Care has predicted that 57% more adults aged 65 and over will require homecare by 2038 compared to 2018[4].

Amid these challenges, it is important that we understand what life is like for people receiving care in their own homes. This study focused on exploring these experiences to better understand what works best for people and guide the development of actions by commissioners and providers to improve the experiences of domiciliary care recipients.

3 'I'm not just a number on a sheet, I'm a person': Domiciliary care, self and getting older - PMC (nih.gov)

4 What Are the Barriers to Good Domiciliary Care? (theaccessgroup.com)

Methodology

We developed a questionnaire, which was shared with service users through stakeholders, social media and on posters in places such as day services, retirement villages and through organisations that work with carers. To ensure that we were reaching people who might not see the questionnaire on social media, we arranged to visit a number of organisations where we might find people receiving care in their own homes. We interviewed people receiving care in their own homes at various events across the city[5]. We also promoted the survey at a range of events to ensure that people in various parts of Birmingham had the opportunity to take part[6].

Respondents

Sixty-three people completed our online survey, which was shared through social media and through partners such as BCC and BSOL NHS. Interviews were carried out with 13 people who were recruited at various health and social care-related events we attended across Birmingham.

Seventy-three percent (n=46) of the respondents told us that they were receiving home care and support from a family member or a care company. Twenty-five percent (n=16) chose not to disclose their home care provider, while one of the respondents told us that they had tried to get an assessment for home care services. In many cases, they were unsure or could not remember who their care provider was. A majority (44%, n=27) of the respondents' home care was funded by Birmingham City Council, followed by those who are self-funded (29%, n=18) and those who are joint-funded (social care and self-funding) (11%, n=7). Three percent (n=2) of the respondents have their home care joint funded by Birmingham City Council and NHS Continuing Healthcare.

The study aimed for a mix of respondents in terms of age, gender, care needs, and ethnicity. This was achieved by sharing the survey through community organisations representing people from a range of backgrounds. Brief details of the respondents are provided below in Table 1.

Characteristics of the respondents

Respondents in this study are a diverse group. Table 1 shows that respondents have varied backgrounds and needs. Almost an equal number of the respondents said they lived with a spouse or a family member (e.g. a son, daughter or parent) (48%) or lived alone (47%). Therefore, for some of the respondents, their main source of interaction and support was their visits from care workers or their families/friends which were infrequent. Those living with family had some of their needs taken care of by their families.

5 Longbridge Retirement Village, New Oscott Erdington, Elwood Day Centre, and at Sutton Coldfield Dementia Carers Group.

6 Forward Carers Drop in session, Health and Wellbeing Day (Handsworth) organised by BCC, Birmingham Parent Carers Forum – meet the services event (Yardleywood), Ashiana Community Project event in Sparkhill, Birmingham Focus event – Stretchford, and at a Carers United Birmingham South - Buddhist Centre.

Table 1: Details of respondents		
Answer Choice	**Response Percent**	**Response Total**
Gender		
Woman	71%	32
Man	27%	12
Prefer not to say	2%	1
Age		
25 - 49 years	11%	5
50 - 64 years	18%	8
65 - 69 years	7%	3
70 - 74 years	11%	5
75 - 79 years	16%	7
80 - 84 years	13%	6
85 - 89 years	13%	6
90+ years	11%	5
Hours of care per week		
0 - 5 hours	10%	6
5 - 10 hours	34%	21
10 - 20 hours	23%	14
20+ hours	24%	15
Don't know / Can't remember	3%	2
Other (please specify):	6%	4
How long you have been receiving care and support		
under 1 year,	17%	9
1- 2 years,	25%	13
2 - 5 years,	35%	18
5 - 10 years,	10%	5
10+ yrs	10%	5
don't know/don't remember	2%	1
Other (please specify):	2%	1
Household (do you live alone or with someone else)		
Partner/spouse	27%	17
Family member (son, daughter, parent)	21%	13
I live alone	47%	29
Prefer not to say	5%	3

Care funded by		
Birmingham City Council (Social Care)	44%	27
Self-funded	29%	18
Joint funded by Birmingham City Council and NHS Continuing Healthcare	3%	2
Joint funded (partly self-funded and partly social care [Birmingham City Council])	11%	7
Don't know/not sure	3%	2
Long-term condition		
Yes	92%	57
No	8%	5
Ethnicity		
Asian/Asian British: Indian	2%	1
Asian/Asian British: Pakistani	2%	1
Asian/Asian British: Any other Asian/Asian British background	9%	4
Black/Black British: African	2%	1
Black/Black British: Caribbean	7%	3
Mixed/multiple ethnic groups: Asian and White	2%	1
Mixed/multiple ethnic groups: Black Caribbean and White	7%	3
White: British/English/Northern Irish/Scottish/Welsh	53%	24
White: Irish	2%	1
White: Roma	2%	1
White: Any other White background	7%	3
Other (please specify): (specified English/White British)	4%	2

The respondents' vulnerabilities (physical, emotional and psychological) were further impacted by the long-term conditions they have (see word cloud below). This ranged from sight impairment, dementia, disability and other health conditions such as stroke, mental health and arthritis.

Word Cloud: Long-term conditions respondents have

Although there are some common characteristics, it is important that people receiving care in their own home are not considered as a generic service user. "The lives they have led and want to lead are as different from one another as are their backgrounds, current circumstances, personality and outlook. Enabling people to continue to express their individuality and to pursue life in the way they want must be an aspiration for the home care system" (Sykes and Groom, 2011:13[7]).

Findings - Experiences of home care

This section explores aspects of home care that is provided to the respondents and their overall attitudes and views of the care and support they receive. It discusses the overall attitudes of respondents towards homecare; skills and professionalism of care workers; their relationship with care workers; timing and continuity of care; dealing with problems and making complaints

7 https://r.search.yahoo.com/_ylt=Awr.nxR_5.Nn68QXdwB3Bwx.;_ylu=Y29sbwMEcG9zAzEEdnRpZAMEc2VjA3Ny/RV=2/RE=1743017984/RO=10/RU=https%3a%2f%2fwww.equalityhumanrights.com%2fsites%2fdefault%2ffiles%2fresearch-report-79-older-peoples-experiences-of-home-care-in-england.doc/RK=2/RS=e0o77gYcMfUSk89jR_9vQP3ZhLs-

Attitudes towards home care

For most of the respondents, home care services provide them with support that enables them to live independently, thrive, and without which, they would be lost.

My carers are very respectful, enthusiastic, patient, understanding, and supportive. They are genuinely passionate about what they do- it's not just a job, they want to help people live the best lives possible

I like the company, and having someone to chat with. I am dependent on somebody taking me out.

Respondents were supported by a range of activities that enable them to remain independent in their own homes (see Table 2).

Table 2: Activities respondents receive care and support for

Answer Choice	Yes	No	Not needed/not applicable	Response Total
To get up & down stairs/steps	47% (n=29)	31% (n=19)	23% (n=14)	62
To get around my home	52% (n=32)	27% (n=17)	21%(n=13)	62
To get to the toilet	55% (n=34)	27% (n=17)	18% (n=11)	62
To get in & out of bed	60% (n=37)	27% (n=17)	13% (n=8)	62
To get dressed / undressed	81% (n=50)	13% (n=8)	6% (n=4)	62
To prepare food	71% (n=44)	18% (n=11)	11% (n=7)	62
To eat	34% (n=21)	45% (n=28)	21% (n=13)	62
To get washed	82% (n=51)	11% (n=7)	6% (n=4)	62
To take my medication	58% (n=36)	29% (n=18)	13% (n=8)	62
Household care (e.g. cleaning the home)	66% (n=40)	28% (n=17)	7% (n=4)	61

Respondents told us that living and receiving care in their own home means that they do not have to go into a care home. They said that being in a care home would remove them from spaces they were familiar with and would lead to them losing their independence.

I have an attitude of gratitude for being in my own home. I have the freedom and independence I need

[Before receiving care in our own home] We were unable to cope, and I was struggling. The care my wife receives now is of great help.

I am partially blind, and I struggle with cleaning my house, so they help me clean the kitchen and bathroom. Makes my life so much easier.

My home carers helps me to leave my home, socialise, access the community, attend medical appointments, shop, dentist, hair dresser, opticians, vets etc. Travel to visit family. I would be lost without them.

Indeed, when we asked respondents their satisfaction on a range of issues relating to home care services, it was clear that they value the care and support they receive in their home (93%, n=44), and the independence it gives them (85%). Eighty-seven percent of the respondents told us that their home care package gave them the confidence to remain at home and 83% (n=41) said their support workers make them feel less lonely. This is not surprising as for many of those receiving care in their own homes, care workers are the main source of social interaction (see Table 3).

Table 3: Satisfaction with aspects of home care

Answer Choice	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
I value the care and support I receive in my home	57% (n=27)	36% (n=17)	2% (n=1)	0	2% (n=1)	2% (n=1)
The care and support I receive makes me more independent	40% (n=19)	45% (n=21)	9% (n=4)	0	6% (n=3)	0
My care worker (s) make me feel less lonely	47% (n=22)	36% (n=17)	11% (n=5)	0	6% (n=3)	0
My care package makes me feel confident to remain at home	51% (n=24)	36% (n=17)	6% (n=3)	0	4% (n=2)	2% (n=1)
I am treated with dignity & respect by my care worker(s)	55% (n=26)	36% (n=17)	2% (n=1)	0	4% (n=2)	2% (n=1)

Overall, when we asked people about their level of satisfaction with the home care services they receive, they expressed high levels of satisfaction. Fifty-seven percent (n=27) rated the home care service they receive as very good while 34% (n=16) rated it good. Only 4% (n=2) of our respondents rated their home care and support as very poor and another 4% (n=2) found it neither good nor poor. Ninety-one percent (n=43) said their care workers treated them with dignity and respect (see Table 3). Respondents used words like 'respect, polite, friendly, helpful, listen, good communication, good management and well trained' as a reason for rating their home care and support as good.

The carers do the best. They do have respect for me. Management always gets back to me if there is a problem and I can always get hold of them in the phone. Communication is good customer service and currently I have no problem with management or their staff.

They do everything I ask for, I am very happy with them they are all polite and friendly and helpful.

X (name redacted) Healthcare is an example of an agency that actually listens to what clients want and need- it's not a one size fits all, money making outfit.

I am very happy with my care plan and workers. They respect not only me but my family members and home.

I like the way they are always smiley when they come. They greet me nicely and are very supportive and sensitive to my personal care and needs.

Continuity of care

The Importance of Consistency in Care

The CQC[8] in their report on domiciliary care, found that care consistency supports the development of valued relationships. Relationships forged through familiarity, regularity and consistency, play a significant role in promoting feelings of autonomy and control, including in relation to home, privacy and dignity[9]. Thus, the CQC argues that a good home care provider maintains a familiar roster of care workers for each person, with any changes notified in advance where possible. Frequent changes in staff can have a negative impact on continuity of care and on quality of care. Most of our respondents valued having consistent support as this respondent indicated:

X's [name redacted] regular carers have built up a good rapport and relationship with her. She trusts the carers.

Patterns of Care and Support

A majority (55%, n=34) of our respondents only need the care and support of one care worker while 39% (n=24) receive care from two care workers. Those respondents who indicated 'other' said the care and support they received from their agencies was often supplemented by family members with some sometimes assisting when the agency is short-staffed.

I wouldn't call my wife a care worker but thought to mention she supports me every day. On days of severe fatigue, I may need a lot of support including evening (getting to bed, stairs). I also have nocturnal [enuresis] and although I wear pads I have accidents, then needing help with changing clean bed sheets and with getting cleaned ad changed.

8 https://www.cqc.org.uk/news/releases/cqc-finds-common-issues-undermining-majority-good-home-care
9 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7187425/

Frequency and Familiarity of Visits

Frequency of care visits ranged from once a day (19%, n=10) to more than three times a day (19%, n=10). More (29%, n=15) respondents had two care visits a day while 13% (n=7) had three care visits or more. When we asked the respondents whether they see the same care workers for their visits, only 21% (n=11) agreed. Sixty-seven percent (n=35) said they see the same care workers most of the time while 10% (n=5) said they never see the same care workers. Respondents preferred having the same care workers deliver their care. People wanted to build a relationship, personal contact, and to receive care from familiar faces. Some respondents told us they had seen different care workers with one respondent saying they had seen at least 20 care workers.

There are several care workers - maybe as many as 20 so I've seen them all however, I would feel happier if it were down to the same 4 or 6 in rotation as seeing several different faces makes me lose my dignity and personal contact

Impact of Seeing Different Care Workers

Key issues with seeing different care workers were:

Loss of dignity

> ***Different carers come at varying times and impacts on my dignity. I prefer to have regular carers and familiar faces. It makes me feel happy when I see carers who I recognise.***

Having to explain needs and give instructions concerning care including premises.

> ***I always see the same workers and this is essential, as my building is very complicated to get into, and sometimes I am too unwell to speak on the phone to explain how to get in. An old agency used to always send different carers and they would always get stuck outside and eventually give up and leave, or deduct the time from the visit. I am often too unwell to speak because of severe facial pain or migraines, so having someone who knows where everything is and how everything works is essential.***
>
> ***I don't like receiving care from different people as this means I have to keep explaining how I am feeling that day etc as my regular caseworker knows exactly what to do***
>
> ***I prefer the same ones as it is too tiring physically to explain everything to new carers each time***
>
> ***I'm not always well enough to communicate, so they cannot carry out tasks safety***

Loss of personal contact and therefore having to build relationships with new carers.

> ***I don't like receiving care from different workers as it means building rapport. My usual carers know exactly how I like things done and I don't need to keep repeating where things are kept etc***

Skill and professionalism of home care workers

The CQC notes that understanding the skills and experience of staff and focusing on professional development is vital to ensuring they are equipped to do their jobs effectively. Most of the respondents to our study often praised the care workers that provide their home care and support, often highlighting their knowledge and skills in providing care. When we asked the respondents whether they felt their care workers have the right skills and training, 63% (n=30) agreed.

> ***Very well trained and helpful carers. One carer is always experienced and knows everything they need to do.***
>
> ***The carers are very skillful and understand my special needs***

Twenty-five percent (n=12) felt that they were partially trained and skilled while 8% (n=4) said they are not very well trained or skilled.

> ***Some of the carers are not properly trained and do not have an idea of what to do on a call and it makes me very unhappy.***
>
> ***Some of the carers are not very hygienic, not professional and do not have an idea of their job.***

Gaps in Training and Specialised Knowledge

For some respondents what was lacking was some medical training so that care workers understand the needs of people with particular long-term conditions. Respondents note that care workers are ill- equipped to support people with complex needs (e.g. dementia, Alzheimer's, etc.). The majority (92%, n=57) [see Word Cloud] of our respondents have long-term conditions such as sight impairment, dementia, disability and other health conditions such as stroke, mental health and arthritis.

> ***They are good and do the best they can, however, I feel they need a little more medical skills/ training to recognise certain ailments or symptoms and knowing which creams to apply and how much etc. When District Nurses come they say apply little cream and rub in thoroughly, but carers seem to plaster the creams on without rubbing in which causes more irritation. NHS & Care organisations should have some joint training to learn from each other***

Most know what to do, but some I have had to explain how to do some things like catheters or convene. I don't mind really as I like working with them and helping them to.

Had no idea how to communicate with a person who had a long standing learning difficulty and then Alzheimer's. I witnessed staff ask him if he wanted something to eat and even ask him if he wanted medication! We filled the fridge with fresh food and weekly threw loads in the bin. My husband went once a day to give my brother a hot meal.

Variability in Standards and Consequences for Care

Other respondents noted that the issue is not a lack of training but that some home care staff are inadequately trained. In some cases, the training is not standardised, leading to variable standards and quality of care and support.

I believe they are trained initially, but many of them are trained on the job. I am told they have only 3 days training and they learn from each other.

My thoughts are that they should have outside professional trainers who train them to a specific standard and also that they should be trained with District Nurses and OT's, Physio's etc so the standards are raised and they have at least a little medical knowledge and are aware of certain ailments and diseases.

I find that different carers apply things differently, but if they were all trained to the same standards, they would all work in unison with each other and would therefore raise the working standards of the organisation.

On the other hand, length and mode (e.g. shadowing) of training is of concern to respondents, and they believe that this consequently affects the quality of care and the carers understanding of the support needed.

There was a support worker who was supposed to shadow, never showed up, failed to come twice and then just showed up to do the work. On one of her visits, I was getting ready to call the Dr, and I do need help/clarification especially with medical terminology. I asked her to help me with the call and she said no. Her purpose there was to help me, but she refused. Then we went shopping, it was so busy, and she was just standing and not helping me. I don't need physical help but just for her to stand by the door for my safety. I had to tell the office not to send her back until she is trained. The office sent her back two days later and I was livid and angry. I called them back and told them that if they send her back, I will not pay them. I wonder what they do to other people who have no capacity to.

Respondents want the care and support to be of a high standard and for care workers to be professional, delivering care in the way that they want. Therefore, respondents felt frustrated about support workers who could not deliver this.

Some of the carers are not properly trained and do not have an idea of what to do on a call and it makes me very unhappy.

Some care workers don't even know how to hold a flannel and I have to train them. Some companies just give them 1 or 2 days to shadow.

Basic food preparation skills are lacking. Even served hot water to drink out of the hot water tap which is dangerous. Do not feel confident they have enough training or what to do in an emergency. Know way of knowing what skills training or safety checks have been done or if these are adequate. No checks seem to be made.

Respect, Communication and Cultural Understanding

Respondents feel that some care workers rush through their work, leaving them feeling that the work hasn't been done properly, that they are cheated of their allocated time, and as a process rather than as a person.

They are not seeking to fulfil the task or work. They feel superior and above the task they are meant to perform and that the task is beneath them.

Even when you work with a carer all the time, sometimes they are rushing and do shortcuts which is frustrating.

Carers need to be adequately trained in the conditions affecting the older person. Food should be provided and fed to the person to ensure they are having nutrition and fluids. If it's a 45 minute care slot. Use the time allocated.

Some respondents wished that care workers would listen to them more and deliver their care according to their preferences. Respondents want care workers to respect their home and leave things as they found them.

I can't really dress myself so when I tell them to do it a certain way because it causes me pain, the care worker insists on doing it their way which ends up not working.

Some of the care workers you can't even ask them to do anything even if it's on the care plan. Sometimes, I try to prompt them and they ignore you. Then they forget and come back again wasting time.

I don't like it when they don't talk to me or tell me what they are doing. I don't like it when they can't understand me and just leave me without trying to find out what I want. I don't like it if they don't put things back in their place or as they find it. I don't like it when they leave important things like my phone or careline button out of reach. I like it when I and my house is respected and I am treated kindly and my home treated with care and respect like they would treat their own.

Sometimes communication, especially language barriers, can impact the delivery of care, especially for those with health conditions that affect their hearing. This can lead to misunderstandings about what each want from the care interaction.

The language barrier is a problem at times, and due to different ethnicities, culture and language, sometimes I'm misunderstood or not understood at all, this causes both they and me frustration

There is a language barrier as most have foreign accents which is difficult for the hard of hearing

The language barrier is the main problem. Sometimes the carers mis-understand what I am saying to them and sometimes I cannot understand what they are saying to me, sometimes it is due to their accent, sometimes it is due to them wearing masks and I cannot see their lips and sometimes it is just a matter of terminology - they use different words to describe something and that's where the misinterpretation comes in.

We also asked respondents whether they feel their care workers understand and respect their culture, values and beliefs; a majority (79%, n=38) agreed. While 15% (n=7) said sometimes and 4% (n=2) said their culture, values and beliefs are not understood.

The carers I have are very good. My daughter as intermediate has made good connection and rapport with them so she explains and interprets and explains things to them for which they are grateful then we learn from each other

They always understand me and respect me opinions. Do everything asked of them. They are my friends.

I am Muslim and they respect my wishes on certain way of behavior.

Care workers don't always understand my culture but once they get to know and understand what I am saying then they show respect and do their best to oblige.

Timing of visits and timekeeping

A majority (63%, n=33) of the respondents said that care workers come to provide care and support when they are supposed to, while 29% (n=15) said that they did not always come on time. Sixty-nine percent (n=36) of our respondents had not missed any visits from a care worker in the last month.

> ***They are generally very good and come within 1/2hr of appointed time but occasionally can be up to an hour or so late. On these occasions it would be good to receive a call or be notified.***
>
> ***Carers come when they are supposed to most of the time, however, sometimes they are delayed and especially over festive periods, times and carers faces can vary tremendously.***
>
> ***In the past I used to get out of my bed and waited for the carer, but now I wait for them in bed and get out when they come. Otherwise, I will be in the cold for a long time.***

Only 4% (n=2) of the respondents said that care workers never come when they are supposed to. The main reason for lateness is travel, either traffic, parking, or delays in local transport. Twenty-seven percent (n=14) said they had missed at least one visit, with some missing up to 4 visits in the last month. Although not many respondents are affected by late or missed calls, for those affected it causes anxiety and stress, especially those waiting to go to work or to go for appointments. It also affects the schedule for the day and other activities arranged.

> ***If carers are late I get distressed, and worry I am late for work. If they are early I have not taken my migraine medication or painkillers and I'm not ready for a shower***
>
> ***It affects my daily life because my spouse needs to go meet her personal appointments, but because most of them are always late she misses most of her appointments***
>
> ***This morning, the cover came late then everything else was affected, transport was affected, breakfast was affected and sometimes has to take it with her.***

Others noted that lateness reduces the time of visits and gaps between visits, creating a safety issue for service users. In addition, they feel imprisoned in their home, unable to do any activities (e.g. shopping, appointments) until care workers show up.

> ***I have had to complain a lot as they have not been coming at the agreed times and this means there is too long or short a gap between visits. Meaning safety issues as if in need of a drink or food risk us that will try seeing to own needs when not able and have a fall. Also causes anxiety not knowing who or when the person is coming. It is not possible to plan for medical appointments or visits from family members or social outings if they come at the wrong time and makes the person feel isolated and like a prisoner to care.***

With the exception of one they have all been very kind and caring I am happy with them but would be happier if the regular call times were reliable and I knew. Who was coming and when and if I had more say in that. Also training in food and medical care would be beneficial

More often than not, most (54%, n=28) of the respondents were informed of delayed or missed visits.

If the carer is more than 5 minutes late, they contact me, which is very rare (e.g. sometimes there is an issue finding parking)

They all always give a call me whenever they will be a bit late.

Others (13%, n=7) said they were always informed of delays and missed visits, while 17% said they were never informed. Poor communication around delays and missed visits is an issue raised by service users who are often left to chase this up with the provider.

When carers are delayed, I or a family member has to phone the office to find out where the carers are and if they are still coming and how long it will be etc.

When carers are delayed, I usually have to phone to find out where they are.

Care planning and reviews

Local authorities have a statutory duty to carry out an initial assessment for those requiring social care within their locality. Assessment of care and needs also involves establishing whether there are any needs for home adaptations or aids to support independent living. The needs of those assessed as needing home care inform the individuals' care and support plan, which outlines how the needs will be met. NICE[10] recommends that care plans must be:

- Flexible - in case your needs and wishes change.
- Clear about how family, friends or carers will be involved in your care and support.
- Clear how any needs you have linked to your gender, sexuality, disability, ethnicity or religion will be met.
- Reviewed regularly - including how and when this should happen.
- Clear about what to do if things change or there is a crisis.

Care plans and involvement of service users/families

Most respondents (76%, n=44) said they have a care plan, while 12% (n=7) said they did not have a care plan. Ten percent (n=6) of the respondents were unsure whether they had a care plan.

> ***Two people came out, asked our needs, time required etc and drew up a plan which I approved and which I have a copy in the house***
>
> ***Never aware of a care support plan***

The level of involvement in care planning varied, with some respondents saying they were fully involved in planning the care they would receive, while others said they were not. At least three-fifths (59%, n=34) of the respondents felt they were greatly involved in drawing up their care support plan. One-fifth (21%, n=12) of the respondents said they were partially involved, while 5% (n=3) were not involved and 9% (n=5) could not remember their involvement. Seven percent (n=4) of respondents said they could not answer this question as they did not have a care plan.

Some respondents indicated that they were able to share with assessors their needs and what they wanted from home care. Others indicated that their families made decisions together with professionals on behalf of the care recipient: "we do not have anything written down yet, but my daughter- in-law is in discussions with Birmingham City Council about her care. She is speaking on her behalf about her needs, how much care she needs in a day." However, others spoke of care planning as something minor that happened and not a key aspect of planning their care. Thus, care planning was not comprehensive enough to capture their needs effectively.

10 https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/what-to-expect-during-assessment-and-care-planning#care-and-support-plan

They did do a little report and they just said this is what you will get. It's not a lot. Have requested more hours to help with mornings. There is no real involvement, they come and ask you a few questions. That's it.

They just wrote little things down like if I want to achieve something.

Care plans and the care and support provided

When we asked the respondents whether they receive all the care and support outlined in their care plan, most (64%, n=37) said they do.

We are satisfied with the care my mother receives also carers observe changes and voice concerns if extra support needed. Carers are reliable and consistent. Communication is effective. I feel my mother is in very good hands when I am absent. Also, carers make my young son very comfortable when entering the family home often greeting him with open arms such attitude does not make the care in place feel systemic but homely and comforting. I would highly recommend First Practice Healthcare to any family looking for a high standard of care for their loved ones.

Yes it meets all of my needs which I am very happy about. All essentials are carried out between the carers and family members. It enables me to be content and grateful, without support, I would not be able to live alone or manage.

The care plan exceeds my needs as not only do my Carer help me but they come with a smile every morning. They talk to me and listen to me. They bring me up when I am down.

For the moment the care plan meets my needs but this might change I guess it's up to me to tell them if I need more help. No one really does any review.

Nine percent (n=5) of the respondents said they do not receive the care and support that is outlined in their care plan, while 19% (n=11) said they do not know. Three percent (n=2) of the respondents said they could not tell whether they were receiving the care and support outlined in their care plan because they had not received a copy of their care plan. Some respondents noted that the complexity of their needs meant that they have to increase hours for each day thus reducing the number of days they receive care. This means they go some days or times in a day without the care or support that they need.

I am supposed to have visits more than once a day because I need help with medication, but because of how long certain tasks take, this isn't possible, and I only have visits on alternate days. The carers always stay longer than they are meant to.

I should get 4 visits but use the extra visit on the morning routine as it takes a lot of time due to hoisting between wheelchairs and length of shower due to delicate skin and getting me back into bed in a comfortable position

I need more hours but my care plan only allows 10 hours a week.

My care agency are amazing and do their absolute best with the limited resources they have. They always go above and beyond, and deliver more than the minimum. The issue is that I don't have enough hours. The council has ignored my advocate, my GP, a safeguarding alert, multiple complaints, and have failed to do anything meaningful. My health had deteriorated, I'm very depressed. My relationship with my family has broken down, and my friendships have fallen by the wayside. I'm very socially isolated and I'm exhausted and my mental health is terrible. I'm burned out and have no hope for the future, and I don't trust services anymore.

Some respondents found the care package inflexible, such that care workers were unable to provide care that is not in the care plan or offer another form of support when not carrying out care prescribed in the care plan. For instance, cleaning or shopping instead of a bath. In some cases, it was failure to encourage the care receiver to receive the care outlined in their plan.

My brother had one shower in the several months he received care. The carers did not take any time to motivate or encourage my brother to be washed. They repeatedly said do you want a shower and he replied no. That was the end of the matter.

On two separate occasions my brother smashed a mirror as he thought his reflection was a face coming out of the wall. Both times the carer just left broken glass all over the floor.

I would like more help sometimes but don't know how to ask if it is something possible and don't want to go through a whole review. I would like help getting out to appointments as u can't get out alone and have to rely on people to take me.

For others, the care and support they need is not on offer: "no Applied Behaviour Analysis Support/positive behaviour support worker is available in Bham through health social care and education authorities make life hell the minute you mention it. None of them care about latest guidances and recommended NICE/SIGN guidance. The support does not meet needs of adult son who has autism and LD challenging behaviour."

Care plan reviews

Some respondents told us that despite being accessed as needing a certain level of care and support, this was not always provided.

> ***I was assessed as needing 18 hours in 2020. Since then I've been assessed by council social workers and OTs as needing over 50 but the council keep refusing to fund it for various reasons. Therefore, my care plan is several years old.***
>
> ***I've had several plans drawn up with social workers, but the council refuse to fund them/delay. For example, currently they are delaying by carrying out a feasibility study to install a stair lift to the entrance of my home. This would make it quicker for me to leave, but I would still need help with all of the tasks, and still need help showering, dressing etc. I'm not receiving any extra interim help. The study is going to take 9 months, and if approved there is a 2 year wait for the stair lift, and they have refused to look at my care plan before then, despite being required to review it every 12 months. I have a detailed care plan that my care agency drew up who are great, and they try their best with the limited visits I have. I have PAs for some of my hours.***
>
> ***My agency are great, unfortunately the council errors mean that I'm receiving around 1/3 of the hours I've been assessed as needing and are in my care plan. I've spoken to others who are in the same position.***

A small number of respondents indicate that their care plan is reviewed annually with one respondent saying ***"my care plan was put in place 3 years ago. The social worker calls once a year and discusses the plan and any changes with me."*** However, others noted that even when a review of the care plan has been carried out, ***"the quality of the review is poor – they just call and ask, how is she getting on, that's it. They should understand that her needs have changed. Her mobility is getting worse and her mental health is not great."***

For most of the respondents their care plans have not been reviewed or updated to meet their changing needs. One of the respondents told us of a care plan that has not been reviewed in the past 10 years. This was a source of frustration for some as this respondent indicated ***"I am afraid I will die before the council finish their care act assessment."***

Its not a care plan, just what they wrote ten years ago. They were supposed to review it a year ago but nothing happened.

20 year old care plan. It has not been updated – it has been reviewed but not updated. Paperwork is the same and this paperwork passes to the care company. Some might ask you what you want doing but others just follow this paperwork.

I was assessed as needing 18 hours in 2020. Since then, I've been assessed by council social workers and OTs as needing over 50 but the council keep refusing to fund it for various reasons. Therefore, my care plan is several years old.

That was many years ago my daughter has greatly deteriorated and I have requested a new assessment a number of times and they agreed but haven't come. Need more as he is hardly ever able to go out and his mental health is suffering.

I had a support plan done by Birmingham City council years ago so we follow that. It seems like guesswork on their part because they haven't sat with me to check if things are still the same.

Problem management and complaints

The personalised nature of home care makes an effective complaints procedure crucial. It is important that people are aware of how to raise concerns about the quality of care, neglect or abuse. As one respondent highlighted, a lot of time people who receive care in their own home are hidden ***"I wish there was an organisation that could keep an eye on service users even if we paid. The experience I have had, I wonder what they do to other people who have no capacity."***

When we asked respondents if they know how to make a complaint about their service or care workers, 67% (n=35) said they do. Some highlighted the process that they would take, and others noted that they had contact numbers that they can call. Some highlighted instances where they had raised a concern and it was addressed.

I would complain to the agency in the first instance, then to the CQC or Healthwatch.

I once had to call them regarding different caseworker coming in and this was addressed

I have contact numbers and know how to make a complaint if I need to by phoning, however, I do not have any specific papers or forms to complete which let me know how to make an official complaint nor do I have anything letting me know the correct steps to take to make a complaint

I have contact email addresses and phone numbers if I need to make a complaint.

A small number (12%, n=6) of the respondents told us they did not know how to make a complaint while others said they were not sure (6%, n=3) and 15% (n=8) said they have never needed to make a complaint.

Conclusion

Home care support offers people the independence they need and greater control over their day-to-day lives. For some, care workers are their main source of human contact, reducing isolation and providing vital social connection. Therefore, people place high value on good relationships with their care workers, particularly continuity of care. Seeing the same carer or a small, familiar team fosters familiarity, dignity, and trust. It is not surprising, then, that this is an area respondents said needed improvement.

While many people reported high levels of satisfaction with the skills and professionalism of care workers, this standard was not consistent. Gaps in training, particularly in supporting individuals with specific conditions such as dementia, epilepsy, and sensory impairments, were a recurring concern. It is important that care workers receive standardised training that reduces the potential for variable care and training tailored to better meet individual needs. Improvements in timekeeping and communication were also seen as essential for ensuring that care plans are followed accurately and compassionately. Overall, good training ensures the highest standards of care are provided safely, effectively, and with compassion.

Some respondents wanted more from their care packages and often found that they could not receive support outside of their care plan, such as assistance to go out more. Many noted that while their care needs had changed, their care plans had not been updated accordingly—often due to infrequent reviews and a lack of involvement in the planning process.

Access to clear information and advice was another significant theme. Some people were unclear about their care arrangements, how to seek help, or how to raise complaints. They did not always know what good quality care is; what to expect from the local authority, care providers, and care workers; the basis of decisions about their care arrangements; timing and length of care; arrangements for assessments and reassessments; and who to contact or raise concerns with.

While this research highlights valuable insights and common themes, it is important to recognise its limitations. The sample size—63 survey responses and 13 interviews—is relatively small given the scale of domiciliary care in Birmingham. In some areas, only a portion of respondents provided answers, limiting the breadth of conclusions that can be drawn. As such, findings should be viewed as indicative rather than representative. Nonetheless, the consistency of experiences and depth of feedback offer meaningful direction for service improvement and signal areas where further exploration is warranted.

Ultimately, respondents were clear: they want dignified, person-centred care that adapts to their changing needs and circumstances. Improving continuity, communication, training, and transparency are key to achieving this. Ensuring that people feel informed, respected, and involved will be vital to delivering the high-quality home care they deserve.

About Healthwatch Birmingham

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham listen to and gather public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care and nursing homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers. You can read more about the work of Healthwatch Birmingham here.

How do we select the issues we collect evidence about?

Some of the issues we hear about from patients and the public may require deeper exploration to present a comprehensive report to those who commission, design and deliver health and social care services in Birmingham. Members of the public select these issues as part of our Topic Identification and Prioritisation System. By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Birmingham's board members, patients, members of the public, service users and carers. They share relevant experiences, knowledge, skills, and support. Healthwatch Birmingham also talks to key professionals providing or commissioning the service we are investigating. This helps us to form a deeper understanding of the issue, from the perspective of these professionals, and encourages them to take prompt action to implement positive changes for patients and the public.

What differences do our reports make?

We follow up our reports to see if our findings have made services better for patients and service users. We hold service providers and commissioners to account for changes they stated they would make in response to the report. If we find no improvement, we may decide to escalate the issue to Healthwatch England and local regulators. We also monitor the changes to see if people experience sustained improvements.

How to share your feedback about the issues heard in this study

If you are a service user, patient, or carer, please do share your experiences with us:

Healthwatch Birmingham

Online Feedback Centre here.

Information and Signposting line on 0800 652 5278 or by emailing us.

Appendix

Response from Birmingham City Council

Action: Quality Monitoring: ensure quality monitoring includes measures based on the findings of this report and is used to drive improvement in the domiciliary care market: Monitor the effectiveness of care plans to meet the needs of the individual, including care plan reviews taking place regularly and the involvement of individuals and their carer/ family in care planning and reassessments.

Response: The monitoring of effectiveness of care providers and their care plans, is a fundamental role of the Care Quality Commission (CQC), who regulate the provision of these services.

However, Birmingham City Council and Birmingham & Solihull Integrated Care Board (ICB) would be responsible for the contract management of any care providers we contract with, albeit we do not hold contracts with all providers and are only directly responsible for the care we arrange on behalf of citizens.

As part of our contract management, the Council and ICB have an agreed Integrated Quality Assurance Framework (IQAF). This framework clearly sets out how we jointly assure the quality of care that is commissioned and delivered by care providers on our behalf. Critical elements of this process include monitoring; the effectiveness of care plans; involvement of citizens in care planning and delivering; timeliness of the services provided; continuity arrangements; and effectiveness and training of care staff. Where action is required, providers are issued with an Improvement Action Plan and providers are required to implement the necessary changes within agreed timescales. Completion of these actions is followed up by the Council and ICB to ensure improvements are made in a timely way. We also share learning and best practice with providers to support their improvement. The IQAF will be published on our website shortly.

All contracted home support providers are required to have in place electronic call monitoring systems and to demonstrate how this information is used to monitor and improve their service. Again, this is reviewed under the IQAF and any improvements identified.

The Council monitors the effectiveness of individual support plans through our Case File Audis. Each worker has at least one case fil audit per month and will receive live feedback in supervision. The audit outcomes are then analysed for key themes and these inform practice learning sessions and practice learning weeks. We have also introduced Performance Clinics which operate at a team level to provide managers and senior practitioners with data to inform their team planning and a key focus of these has been timeliness of support plan reviews. In addition to this a Performance Metrics document is in development to provide a baseline for staff and ensure expectations and standards are clear and equitable across the service.

Action: Monitor the quality and reliability of services including time keeping and communication, and professionalism of carers and continuity of care.

Response: Please see above response.

Action: Monitor the level of carer training ensuring providers provide specialised training so staff understand complex needs of service users (e.g., dementia care, catheter training, supporting people with sensory needs etc).

Response: Please see above response.

The Council has specific providers that are contracted to support citizens with sensory loss and these providers are required to ensure staff have additional training. Again, this is monitored through the Integrated Quality Assurance Framework.

In some instances, citizen choose to use a Direct Payment to employ a personal assistant or to choose a preferred care provider. In these cases, the Council will have limited say over whether care staff are appropriately trained. However advice and guidance will be given by social workers if requested.

The monitoring of the effectiveness of individual support plans is a key role of the Council's social work function. The aim is for support plans to be reviewed regularly by social workers to determine whether needs are being met and outcomes delivered to citizens and if care plans require adjustment as a result.

Care providers should involve citizens in the development of a care plan, based on the support plan provided by the social worker. These should be reviewed regularly by the care provider. This forms part of the Council and ICB's quality assurance of providers.

Action: Information and advice: improve the information and advice provided to service users and their families – including details about care plans and packages, what good quality care looks like, what to expect from the local authority/ICB and care providers, how care decisions are made, the timing and duration of care, the assessment process and who to contact with questions or concerns.

Response: The CQC publish ratings and inspection reports for all registered care providers and these can be found here: www.cqc.org.uk

The Council and ICB are committed to ensuring citizens and families have information available to help inform decisions, which includes:

- As part of the Integrated Quality Assurance Framework, the Council and ICB publish our own quality assurance ratings, which can be found on our Care Services Directory.
- The Council currently collects feedback from citizens during social work reviews which is used to help decide which care providers are used for other citizens.
- The Council requires all of our contracted providers to use and promote the Healthwatch feedback tools and use data collected to improve services.
- The Council requires all of our contracted providers to have Service Users Guides, complaints processes and agree a care plan with individuals and their families. Compliance with this is monitored by the Council and ICB through our IQAF.

The Council and ICB will continue to work with Healthwatch to ensure further citizen feedback can be collected and used to improve services.

The Council has a range of useful information for those who receive care and support, on our Connect to Support platform: CtS Home | Birmingham Connect to Support

In addition to this, we have produced a Waiting Well Policy which is due to be launched by the end of the year. We are in the process of planning co-production session with citizens to develop waiting well packs that will support them to understand the Council's processes. As part of this, we can include guides about what to expect and what 'good' looks like.

The Council will consider the feedback from this report in any future reviews of our information, advice and guidance for citizens.

Action: Engagement and Feedback: Promote Healthwatch through Social Care providers and other front-line staff who are in contact with care recipients to increase the feedback heard about domiciliary care services and its use in improving services.

Response: Please see above.

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