Project Briefing

Barriers to quality in community social care in Lincolnshire: an exploratory study

Summary

Persistent pressures on the social care sector have been widely reported. Challenges such as, recruitment and retention of care staff, financial pressures and managing unmet need are some of the identified challenges in achieving consistent quality of care.

This exploratory research set out to understand what registered home care managers perceived as barriers and opportunities to achieving consistent quality of social care. Interviews were carried out with registered home care managers, people who use services, social workers and care commissioners. Participants identified a number of barriers in achieving quality:

- financial pressures, including contemporary Local Authority contracted fee rates and the expectations placed upon home care providers who were contracted by Local Authorities.
- Lines of communication between care agencies and statutory services. This was felt to be particularly acute in respect of discharge from hospital arrangements.
- Recruitment, retention and training of the social care workforce.
- Time allotted to meet care needs for people with complex and high support needs.
- Additional challenges associated with providing care in rural environments.

Participants were asked to identify ways to improve current challenges and several potentially constructive and helpful ideas were generated. These ideas are currently being discussed with relevant stakeholders to assess their potential for further development.

Overarching aims

The overarching aims of the project were to:

- Identify barriers to quality in social care in Lincolnshire and, in particular, the implications of care provision in rural settings.
- Identify achievable potential solutions to addressing or improving some of the current challenges associated with achieving consistent quality of care.

Project background

In December 2020, Stephen Johnson (Managing Director of Adults Supporting Adults [ASA]) was awarded a one session per week, secondment, funded by the NIHR/CRN East Midlands and based at the University of Lincoln. The purpose of the secondment was to undertake a regionally relevant social care exploratory research project.

The research project involved undertaking in depth qualitative interviews. Twelve participants, including registered home care managers, a social worker, two service commissioners and two people who use social care services took part in the research. Interviews were subsequently transcribed and analysed and the five key themes identified in analysis are summarised below.

Recruitment and retention of the social care workforce

Recruitment and retention were identified as key barriers to achieving and maintaining quality of care. Several related factors contextualise the difficulties associated with achieving a stable workforce. First, pay and working terms and conditions in the sector are generally poor. Skills for Care (2022) report that approximately 46 per cent of the home care workforce are employed on zero hours contracts. In addition, home care providers often only pay for care workers for the time spent directly with a service user (that is, travelling time is not accounted for or necessarily, reimbursed). Consequently, home care workers are often uncertain about the predictability of their income. And, they are often expected to work more hours than they are paid for in order to take account of non-reimbursed travelling time. Care staff in the sector tend to be older (50+) (Skills for Care, 2022) and predominantly female, increasing turnover due to retirement and early retirement due to poor health:

> *'In the first wave (of the pandemic) we had an influx of carers wanting to help other people but since then, we have had a lot of older carers leaving because of various things like being worried for their own health or, deciding while they were on furlough, to retire' (*Operational Manager, Social Care provider).

The social care sector is the second largest sector employer in the country. An effective and well-run social care sector is essential to support the wellbeing of people who need care and support services. But, social care is also fundamental to a well-run, functional health service. Nevertheless, despite its importance, the sector remains relatively invisible and poorly understood. Some participants felt that the media and negative reporting about social care had a significant impact on the motivation of people to join social care:

> *'I also think the media has a massive role to play, because you hear of the things that social care are not good....you hear lots of positives from the NHS but home care has dropped off the radar because there is a lot more focus on care homes but there is no focus on home care so I think that recruitment, the pay and home care are not seen as a career' (*Registered Home Care Manager, Social Care Provider)

The rural nature of the county exacerbated existing recruitment challenges. Employers from all sectors are competing with a limited pool of potential workers. Poor infrastructure such as transport links, longer travelling times, combined with demographic factors such as, population ageing and younger people moving out of rural areas, reinforce the difficulties experienced by an already difficult recruitment environment.

> *'From our perspective in terms of Lincolnshire, it is a bit of a lottery in terms of our capacity in certain areas and the ability to expand capacity in certain areas where we don't get the referrals to keep staff. And also for some staff working in those rural areas, they are unable to travel to work because of different issues such as, child care.'* (Operational Manager, Social Care Provider)

The most recent census date identified a 12.6 per cent increase in Lincolnshire's population of people aged 65 and over, in a county that already exceeds the average percentage of older people. Increased demand for social care in combination with the challenges of recruitment in a rural environment environment create situations where demand far exceeds supply leading to delays in providing care and the much publicised discharge delays from hospital to home:

> *'Staff recruitment is by far our biggest barrier and is always a challenge due to the nature of the work.'* (Registered Care Manager)

In a bid to manage with inadequate staff resources, shorter visits may be relied on in the belief that some care is better than none. National Institute for Health and Care guidelines (2015) note that 15 minute visits should be avoided unless it is clear that the visit is required for minimal support. These arrangements are often experienced as unsatisfactory by people using services. Poor retention also add to the lack of continuity in the care provided.

> *'My experience of receiving social care was that there was no continuity of care, particularly with personal care. I had 20-minute visits which was not long enough. And, I didn't know who (carer) was coming and they (carer) would often not have met me before.' (Person using care services).*

Relationships with external organisations

Communication with external organisations was identified by all participants as a significant factor in achieving smooth transitions in care and confirming arrangements for care:

> *'and the communications between the teams where sometimes, as a social worker you spend your time chasing things up to find out they have been done but no one has told you.' (Social worker ex statutory practitioner)*

An often cited communication difficulty is the time it takes to contact health providers, make appointments, clarify information (for example, about medication). This highlights the pressures that everyone is facing, including GP surgeries. From a social care perspective, their experience is that this adds to their own pressures and workload, and presumably, poorly informed social care managers seeking information from GP surgeries add to the workload of the surgery:

> *'It is awful. I rang the doctor's yesterday, and I was on hold for an hour and a half and if I send an email to the practice, I may not get a response for a week.'* (Registered Manager)

The pressures associated with discharge from hospital are well documented (for example, NHS England, 2023). The pressure to discharge from hospital, while often undertaken with considerable care and attention, can inevitably lead to mistakes in discharge arrangements. Discharge planning was highlighted as an issue by home care managers who experienced variable practice ranging from consistently good to poor:

> *'We have now got to the stage where we do not feel able to trust the assessment. I am sceptical of anything I receive and I am thinking what am I walking into? The quality can then be awful. The shame is, I would accept it if I knew. I would just send my most experienced staff. I am looking at an assessment now where it has come to light that the service user has attacked the paramedics and so on, but nothing was written about this on the assessment, they just need the person out of hospital. This can lead to a loss of trust which is a massive barrier to achieving quality'.* (Owner, Home Care provider).

Time allocated to achieve care plan goals

NICE home care guidance (NG21) (2015) states that '....service contracts should allow home care workers enough time to provide a good quality service, including having enough time to talk to the person and their carer, and to have sufficient travel time between appointments'. Recent analysis of local direct payment arrangements suggests that over half of older people in receipt of a direct payment received 20 to 30 minute calls. Time allotted to services within contracted services was identified as a barrier to quality with 15 to 20 minute calls per service user being a regular expectation. This can lead to care staff rushing their visits or often staying longer than the time they were allocated leading to longer hours (unpaid) and the knock on effect of all visits being late. The study regularly cited care staff being compelled to help someone to bed as early as 6.30 pm and not returning to support the person to get up until late morning.

Making improvements

Participants, taking account of the current structural challenges which were unlikely to change in the short term, identified a number of practical ways in which they felt current barriers to quality care could be improved:

1. **Disseminate and discuss the research** and findings with the umbrella organisation, 'Lincolnshire Care Association' (LinCA) who have close links not only to care provider organisations through its membership, but also to Lincolnshire County Council and the NHS.
2. **Staff sharing** in those areas of Lincolnshire where general capacity is stretched which could enable emergency cover for example, for carer illness and annual leave.

3. **Trusted assessors for community discharge** to reflect the same process currently in place with care homes. A similar service for hospital to home discharge could be of great assistance.
4. **Develop relationships with neighbourhood teams who** are a potentially important means to navigate primary care services and potentially reduce some of the current challenges associated with communication between home care providers and community health providers.
5. **Sector recognition** was identified as being important for long term staff recruitment and retention. Local efforts to publicise and recognise the value of the sector would be welcomed. The regional work, for example, of Research Excellence Learning in Care (RELEC) and the national emphasis on developing social care research are good examples of how greater visibility can be helpful in promoting interest and engagement in the sector.
6. **Sector specific university student participation** could include medical students, nurses, social workers and allied health students to complete a planned number of hours working in social care settings to understand more about the role, purpose and value of social care provision as well as providing useful learning opportunities in their own right.
7. **Standard recognised training** could enable potential sharing of resources, and the achievement of all care staff being trained to a consistent standard.
8. **Involvement of people who use services** could be helpful in promoting the voice of people who use services, whose visibility is often poor and who are likely to have ideas about how services could be developed to achieve consistent quality.
9. **Local community hubs** which could be, for example, in rural village halls and comprise different disciplines and volunteers to provide coherent services in a rural environment. It could be that more could be achieved with fewer people.

Acknowledgements

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References

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