

## Analysis of Disability Backup Survey of Experiences with Social Workers' Assessments May 2013

29 surveys were returned.

1. Did you have difficulties in getting an assessment done? Yes: 13 No: 15  
If so was the problem:  
Difficulty in getting through to the right person: Yes: 10  
Was there a delay in getting an assessment after your doctor or someone else referred you? Yes: 7 No: 2  
Don't know – wasn't aware I had been referred.  
If so how long did you have to wait? For ever  
Still waiting  
3-4 weeks  
3-4 weeks  
24 hours  
3 days  
3 days trying to make contact

Delays in arranging the visit

(such as cancelled or postponed appointments) Yes: 3 No: 2

Comments: The social worker never called back

Not done

No social worker

Never had a care assessment: doing stroke recovery since Nov 2011. I met social worker twice – she reckoned I was fit to walk.

Received letter giving date, time and names of two people coming to see me.

They arrived in square where I live on time but had difficulty finding me. A quick phone call soon remedied this.

Hard to contact by phone.

Both daughters (one housebound) wanted a joint re-assessment discussion by phone, which was initially refused by social worker at hospital. (Name of social worker available on request).

Third assessment seemed early; but two officers attended, one for me and one for my husband, causing complications. I felt reviews were not done properly.

Failure to return our calls or pager service. Wanted to know about assessment meeting as next of kin and sibling involved. Social worker reluctantly made contact then ignored all preassessment information offered about mother's mental health condition.

An assessor arrived claiming an appointment had been booked, but no telephone call or letter was received by me as carer, or for the service user. Assessor arrived at 9.00am for meeting, which was not booked with me or carer. It was unreasonable to insist on having the meeting, when daughter

was on an emergency visit to housebound sister. Had to be persuaded to return later – obvious hostile tone.

2. If you went into hospital, would you have found more information helpful to allow you to plan and avoid worry ?

Yes: 13 No: 5

If so, why ? Language barrier

No information given

I live alone and my daughter has to meet all my needs, using 9 hours weekly that I'm allocated

They don't care

Was in hospital for 3 weeks

The thought of needing help when I left hospital didn't occur to me until the doctor raised it. Then I started to worry and didn't know what the solution could be.

A pre-op assessment should be given;

Homerton Hospital carers' policy and booklet is useless as staff ignore carers and policies and don't listen.

With elective surgery a social assessment is done, but you are not informed about reablement package or support care available to people giving care support to others or that care arrangements can be made for those receiving care.

But only if hospital staff follow and implement hospital policies regarding carers' involvement and dignity for older people.

Staff not implementing Homerton Hospital carer policy in keeping carer informed. I.e. No discharge meeting for elderly. Nursing staff not listening to care givers or next of kin information.

Consultant requested next of kin attend discharge plan meeting, but then discharged patient, stating meeting can take place after discharge. Hence appropriate help not maximised.

3. If you were given a reablement package – a short term package of support – after leaving hospital, was the support delivered and were the support workers professional ?

Yes: 6 No: 4 If not, why not

Yes, I was given a reablement package but most of the support workers were highly unprofessional.

Mother discharged and escorted home without next-of-kin being informed of discharge room and bed not prepared. Support worker refused to assist making up bed.

Except for first night support worker who refused to prepare bed.

First support worker arrived unannounced as mother discharged too unprepared home whilst carer not informed and unprepared. Social worker unhelpful.

The weekday carers: Poor hygiene. Gloves were reused on a regular basis if family did not remove them. Another worker started arriving late and shortening care time. The weekend agency worker asked for a partner and double staff only at weekends, Found out additional worker (did not have ?) CRB but planned to work with clients without their knowledge.

4. Was an assessment of your needs completed before you left hospital ?

Yes: 10 No: 6

If not were you given an early opportunity to have an assessment once you got home?

No: I wasn't.

Not aware an assessment was possible. No information. No-one told me about an assessment after hospitalisation.

No, I wasn't

NO. I was discharged from hospital without being made aware of the need to have an assessment. It wasn't until a friend called round and saw what a state I was in that she alerted me to the assessment and reablement facility. She called Social Services to try to initiate the service. Their attitude was "It's not our fault".

Assessment done but facts incorrect and shoddily reported by social worker. Yes, but very badly.

5. Assessment done on visit to community matrons offices at St Leonards Hospital during self referral for help with medical assistance.

6. If you did get a reablement package, were you informed when the service would start and did it start as you were told ?

Yes: 6 No: 5

No information given

No, but I was visited by the OT and Physio

Yes, I was told it would start the next day or so.

Not told start date. Social worker arrived for night visit. Arrived unannounced. Care plan and letter arrived 3 weeks into care programme with assessment/review date 1 year before surgery.

As mother sent home unannounced, was unprepared when service to start – not given care plan.

Yes. Care plan to start morning wife admitted to hospital then transferred to daughter's home while wife in hospital and completed when wife discharged from hospital and returned home.

Yes. Care package given as wife going into hospital and needed support.

Yes, started morning wife booked to enter hospital for surgery.

No was not told and care plan was sent in post – not available at discharge.

7. Did you feel that the assessor was respectful ? Did they respect your dignity ?

If not, how did they fail to do so ?

Yes: 14 No: 6

Felt inadequate. Treated like I was an idiot.

Wasn't given a chance

The initial assessor was incredibly rude and lacked an ounce of empathy. She was merely ticking boxes. She did not introduce herself and never made eye contact. She lacked basic social skills..

Adamant patient shouldn't have care – failed to recognise patient's role as care giver to terminally ill husband; ignored advice that patient previously assessed and under mental health care for older people – claimed 'no history of 'mental health issues identified.

At 3<sup>rd</sup> review asked why I had a different care agency to my husband, which was not true. I realised review officer was using the original hospital assessment not the latest version as a basis for the review: care plan was initially flawed.

The assessor ignored all important information given. Firstly, adamant mother did not need care and refused to acknowledge dementia A request for the hospital assessment was refused.

Two review officers – one for husband and one for wife: reviews confusing with overlapping needs issues raised.

Hostile manner. Claimed my father was getting too many hours. I pointed out that no assessment had yet taken place.

Hostile at door. Started conversation by saying client was getting too many hours. As no appointment was arranged, stated she would consult social worker to review care plan if refused access.

Seemed considerate but failed to implement changes to contact details and other information errors from previous care plans. But included direct copied information and made own errors. Spoke to wrong palliative care team.

Basically did not listen to patient's carer or heed needs. He recommended TLC care to cease and referred to First response. TLC contract was ended whilst patient in hospital – daughter then requested FRPT.

8. Were you informed beforehand what to expect from your assessment ?

Yes: 5 No: 21

9. Were you satisfied that all your needs (physical and psychological) were identified and discussed in the assessment ?

Yes: 7 No: 19

If not, why not ?

Language barrier

No-one came

Wasn't given any information

Only for immediate ie short period and not for my long term needs

I had basic physical needs and mental health needs. She said they could only do one. So if I had mental health needs the physical ones could not be met. Review officer assessment was accurately documented, including all physical and psychological issues., plus feed back from First response team support worker. Care changed to 3 daily visits to meet medication prompting needs accurately..Mental health care needs not met. Mental health care assessment 8 weeks after discharge. Psychiatrist remarked disappointed assessment opportunity missed at hosp[ital]. Medication prompt service says medication twice daily, whilst discharge paper shows medication 3 times daily. Care provision should have been 3 times daily visits.

The two review officers changed between me and my husband's care needs, causing confusion and incomplete assessment. Both officers received calls, distracting from assessments, which felt incomplete., claiming no known mental health issues, when medication was being prescribed.

Carer stated there were physical and psychological conditions but was ignored as were other medical conditions listed in hospital record and treated by long term medication as listed in discharge documentation and also failed to understand that husband, a cancer patient, was given First Response care as patient and sole carer going into hospital and would also need care on discharge.

Review officer was not listening and was intent on reducing the care package. Whilst my health was rapidly getting worse also. Previous care plan failed to fit my needs as health care needs changed whilst case with Review Panel. There were errors in recording the address, phone nos and medical teams information (and spelling errors)

I felt numerous things were not covered and requested assessor to delay taking case to panel meeting. A few days later, when I was unable to stand up, palliative care nurse got urgent appointment with consultant. But panel decision made in the meantime. – this new health issue happened whilst FRPT case worker was doing assessment and called daughter for assistance. Elderly and frail; I needed medications and breakfasts and more time for personal care in morning; also for food shopping.

No ID offered on return visit by two officers. It was obvious that assessment would be unfavourable and was biased to that end. Medication prompt service stopped; palliative community pain control nurse and community matron stopped and hours reduced.

Asked why not eligible for palliative care, as diagnosed with incurable cancer. This and community matron services stopped.

No mention of vascular dementia, although I informed community matron as part of list of illnesses/conditions when doing assessment.

Because discharge planning meeting was cancelled , so family could discuss social, psychological and end of life care needs, as doctor labelled me 'not for resuscitation.' Nor was effect of fall by hospital bed and resulting damage and mobility reductions identified on care plan, whilst OT referred to wheelchair

and TENS machine.

10. A financial test may have been made as part of the assessment.

Did you understand why this was being done and did you understand the results of the test ? Yes: 5 No: 4

If not, please give details

The change is too much

I filled in a form and was told that even though I'm on benefits I had to pay £70 for two hours a week.

Test didn't happen

This was not done

Not given financial test

I was traumatised and unable to conceptualise what the financial test might entail. It was bad enough that I had people with a lack of basic skills, such as respect for confidentiality, coming into my house (disclosing to me details of clients they had seen previously that day). I did not want to disclose my personal financial details to them too!

No discussion of financial test at assessment in hospital, but told to use allowance for domestic needs whilst First Response care could deal with shopping and collecting prescriptions and pension.

No financial assessment discussion took place: only health issues discussed. Reference to JVT on care plan and letter, but this was not received until I complained.

No discussion on finance – advised by family member to get all financial details ready as needed for assessment, but this was not part of the assessment.

11. Was the emphasis in an assessment for ongoing services (after reablement, if you had this) more on your needs than you ability to pay/weekly income ?

Yes: 14 No: 4

If you had to pay for services, at what stage were you made aware of this?

Care charges were notified

I wasn't

Three years after

Late, but I was paying even before the assessment

No help from government unless extra serious circumstances

During the start of my second year with adult social care following means test. Never.

If you had to pay, how long was it approximately before you were made aware of precisely how much – on an hourly rate – you would be obliged to pay ?

Four weeks

Four years later

I already contributed £48 weekly. I've always been aware of this.

Informed by letter about the care charges of £56 a month.

Not able to pay for long term

I was made aware that I might need to pay BUT despite repeated requests I was never told how much I might have to pay or the methodology for assessment. It is over one year since I requested details of the hourly rate. I am still awaiting details (and refusing to pay their bills, which upon my assessment, would work out at over £50 per hour!)...i.e. 5 hours of care for a weekly fee of £250. Care workers repeatedly complained to me they were paid less than the London Living minimum wage.

Quite some time; then sent letter querying costs. Points that had been raised were not answered – just a generic letter. Some fees even though care hours massively reduced.

Care plan said 'refer to JVT.' No other information given. Informed some time later.

12. If your needs changed (owing perhaps to a crisis) was there a delay between letting Adult Social Care Teams know and reassessment taking place ?

Yes: 9 No: 9

If so, how long was the delay ?

3 hours

All the time

Can't remember

Didn't know who else to complain to as new to caring role.

Were you told at any point that these needs would not be met ?

Yes: 5 No: 6

Told I did not meet their criteria.

Just fobbed off – I know better now.

13. Were there any communications difficulties in managing your care ?

Yes: 14 No: 6

If so, were they:

In making contact with departments by telephone? Yes: 3

Co-ordination of care by the care agency : Yes: 2

Language difficulties: Yes, language barrier

This was a major problem, care workers not understanding basic English

Other: I was told I did not match the criteria, even though I have several medical conditions and am a wheelchair user.

Tried to phone. Didn't get any joy.

Do not know how to contact the right person

This was for an assessment of need in the home. Some things that it was considered I needed were supplied, but others like grab rails along some walls could not be fixed, because my walls are plaster board and would not take the weight. Also a frame around the toilet to help me get up and down

could not be supplied, because of lack of space.

Difficulties with co-ordination of care by FRPT Review Team. Difficulty getting hospital social worker to understand that a care giver with husband provided with care was also in need of care.

Husband and wife received care starting two weeks apart but assessor failed to co-ordinate care plan. Hence two care providers involved at same time.

Hope this never happens to anyone else again.

Reviewer refused to acknowledge dementia condition. She was not qualified to assess the condition and ignored recent medical prescription.

Care worker forgetting to prompt medication;

Not recording comments accurately;

Late or non-arrival;

Hygiene issues.

Care plan states next review in six months but letter says assessor's involvement to end and another officer to review.

Agency assessor concerned that conditions do not meet descriptions on care plan – asked agency to assist with getting improved care provision, but denied.

Incorrect address and 'phone numbers stated on care plan – mixed up with temporary stay details. Vascular dementia not mentioned: claimed 'none reported at this time.'

Weekend worker failed to arrive on two of three visits. Had to call duty manager almost every day. On day 10 of agency care, worker told me Dad had a fall. I asked him if he had logged the incident and called an ambulance. Care worker then claimed Dad didn't have a fall. I called 999 and Dad was taken to hospital and died two weeks later.

Care worker did not arrive and substitute worker arrived with no gloves (took half box of gloves left by weekday worker). No ID offered, just headed notepaper in hand and arrived two hours early for bedtime visit due at 8.00pm. Clueless about work and wanted me to assist him.

Wrong name and telephone number destroyed contact. Staff given correct no but failed to change no on care plan which continued throughout all care.

14. Requested extra hours for respite day out – *not confirmed. Spoke to senior person and was provided with emergency cover for days in question.*

15. What other difficulties in managing your care did you experience ?

Unable to express my needs and care agency finds it difficult to get someone who can speak my language.

I am still waiting for the social worker to contact me

As I'm unable to hold a pen properly, everything is done by my carer and read back to me.

I can't go shopping, or go out on my own because of my disabilities: I don't get any care, personal or otherwise.



There were some issues raised on the assessment and I was advised that I would be informed with feedback, but I haven't been informed yet and the assessment person who did the assessment – I learn from the ansaphone that she no longer works for the department.

It's hard to explain in words other difficulties I am facing.

Self manage in own house

My floating care support worker left to have a baby. After she left I had no contact from the provider (Hanover). I wrote to complain about being abandoned, as I felt.

Confusion about what contribution I had to make following rather misleading letters, which are now sorted out.

Refusal to comply with basic social skills, such as introducing themselves after they had let themselves into my house. Care workers repeatedly complained to me they were paid less than the London Living minimum wage (but I felt powerless to do anything about this). Several made repeated complaints about their state of health and one made repeated attempts to intimidate me into giving her my medication. Several care workers imposed their religious beliefs on me, make insulting comments to me because of my sexuality, made racist remarks. Other difficulties include: eating whilst on duty, demanding food, lack of confidentiality, dishonestly stating hours worked when they had not been working, intimidating me into signing inaccurate time sheets, intimidating me into looking online for second hand cars for a careworker (and then becoming aggressive when I failed to do so), recounted (unsolicited) tales of violence and torture they had experienced (I was in a poor mental state and not able to be receptive or resistive to these). Also, dirty finger nails, and a lack of basic empathy skills when dealing with a person who is sick or disabled.

When husband's First Response care was transferred to a care agency, it was two weeks before FR care ended, with the result that two separate care organisations were attending home at some appointment slots. – continuing care was reassessed for both husband and wife separately but by same officer. No provision made to co-ordinate care for couple receiving continued support.

First response Team and Care Assessors offered disabled equipment which failed to appear, but when contacted felt case closed and not their responsibility any more.

Lack of awareness of cognitive impairment, resulting in reduced care plan. Health & Safety officer proposed telecare upgrade, but received nothing. OT claimed officer not in a position to recommend changes Next care assessor offered foot aid but again none supplied. OT unable to help as care package was closing.

Care agency workers arriving late – some wanting signature on blank forms. Wife's review resulted in agency providers (while wife's carer was ill) arriving at same time as FR carers, causing difficulties as they both wanted to use the

same equipment.

A carer left street door open whilst out feeding parking meter 2 blocks away and Dad in bath on own.

Social worker instructed GP to refer patient to district nurses services to administer medication. They never did so.

Care worker refused to allow me to write in company comment book. Claimed it was OK just to inform Family Limited personal care done, as task description minimal ie oral hygiene not done (not on tasks list). Left soiled incontinence pads under bed (pastic bags were provided for disposal). Didn't finish tasks but left. Claimed I didn't need to sign work sheets.

Requested male care worker for male client but changed to a female one at weekends. Care package merged with wife's at weekends against client's wishes.

1 weekend carer (Somali) had language barrier. All carers with Muslim backgrounds refused to handle meals with bacon,.Double carers failed to arrive at correct time; failed to provide incontinence personal care properly,changed pads but left client in wet clothes. Claimed to make bed, but sheets wet and soiled. Broke plates. Failed to arrive with gloves. Personal gloves had to be reimbursed by FRPT.

16. If you were dissatisfied with your care, did you make a complaint ?

Yes: 9 No: 7

If you made a complaint, how well was it handled ?

Complaint made to care agency. No positive outcome.

So I don't know if my raised concerns was or is being taken seriously by the department

No hope of good outcome

By return post got letter apologising and giving details of my new support worker. Since then she has seen me or honed once a month.

I am only partially satisfied. I was assured that some of the care workers involved would not be allowed to be re-employed in Hackney whilst others would undergo retraining. However, the abusive behaviour continued once my care package was transferred to an external agency.

No point. No-one listens.

Told daughter care to be cancelled and had to do without – assessor needed to be more professional and transparent in working practices and stop attempting to influence GP to change patient's medication to reduce care packages.

Phoned duty officer – he initiated complaint about agency regarding threatening behaviour- the agency refused to remove the worker during the investigation.

Contacted duty team about carer claiming for time not done – the agency removed the carer, but sneakily returned.

Agency claimed payment when carer did not show and when pre-warned not

required. Holidays not covered.

Phoned assessor but no response. Case closed. Must wait for next review.

No help from agency or palliative care to get case reviewed.

Notified duty manager of each breach until agency was contacted and attended to apologise and make new start. Care agency reviewed plan and felt care plan was inadequate for client's level of needs from her visual assessment. Notified care agency of care worker's notification and then the fall was denied on arrival at Homerton A&E.

Compalined many times to duty manager. Care plan was changed and details specified ie teeth cleaned twice daily.

Ignored