healthwatch Warrington

Time, Trust, and care:

Exploring Home Care support in Warrington

2026

Introduction

Home care was identified as a top priority by the Warrington public last year. In response, Healthwatch Warrington worked with Warrington Borough Council's Adult Social Care Commissioning team to carry out a survey.

The aim was to understand the real experiences of people receiving home care across the borough. This issue is important because people who use home care services may be more vulnerable and at risk of social isolation. This work supports a shared goal to make sure care at home is safe, person-centered, and meets the needs of older people and their carers.

The survey used a mix of methods. It combined data from council records with feedback from people through one-to-one conversations and a public survey. In Warrington, over 1,100 people receive council-funded home care, with more than 11,500 hours of care provided each week. This report looks at both the numbers and people's experiences to give a full picture of home care services in the area.

Our methodology included:

How we gathered information:

- We reviewed service data provided by Warrington Borough Council
- We spoke to service users and carers by phone, face-to-face, and through an online survey
- We shared the survey through social media, local press, and community events
- Care providers were invited to share the survey with the people they support
- We analysed feedback to identify common strengths and areas for improvement

Methodology

This report highlights what is working well and where improvements are needed in home care services. It aims to support future planning, improve services, and make sure the voices of people who use home care are heard. This survey and report were created to look at people's experiences of home care in Warrington. It focuses on the quality of care, how easy services are to access, and how well they meet people's needs. We used a mixed approach to collect information. This means we looked at numbers and data, as well as listening to people's views and experiences. This helped us build a clear and complete picture of home care services in Warrington.

1. Data Sources

We used information from different places to understand home care in Warrington.

Warrington Borough Council (WBC):

We initially looked at data from about 1,100 people receiving home care services. We also shared the survey with home care providers across the borough to get a wider picture.
There was a change in how data was shared by the local authority during this project. At first, Healthwatch Warrington was given contact details so that staff could approach service users directly. However, in the second phase, this approach changed. Instead, the local authority sent letters to a sample of people receiving care. These letters invited them to contact Healthwatch Warrington if they wished to take part. This change had an impact on the number of responses received.

Healthwatch Warrington feedback:
We collected feedback from the public through surveys, conversations, and discussions with service users and their carers.

2. Looking at the Numbers (Quantitative Analysis)

We reviewed care data from 131 people who receive home care. This gave us a snapshot of how services are being delivered.

3. Listening to People's Experiences (Qualitative Engagement)

Surveys:
A short survey was shared online and in person. This was for people receiving care and their families to give feedback.

One-to-one conversations:
We spoke directly with people who use care services to hear about their experiences in more detail.

Finding common themes:
We looked at the feedback to find common issues and good practices.

These included:
- Timekeeping (carers arriving late)
- Duration of visits
- Communication problems
- Seeing different carers (continuity of care)
- Overall satisfaction with services

4. Working Together (Stakeholder Collaboration)

The survey was open to all service users of home care providers in Warrington. This included providers commissioned by Warrington Borough Council.

5. Limitations

Some feedback is based on personal opinions and experiences. This means it may not always show bigger or wider issues in services.

Although the survey was open to all home care providers, not every provider received feedback .Because of this, the information does not fully represent all services in Warrington.

Initial findings

Initial findings reveal a mixed picture. Most respondents reported positive experiences with staff, with 79.4% describing carers as friendly, 77.1% as respectful and 71.0% as professional. Overall, 40.0% rated staff attitude as "Very Good" and a further 31.5% as "Good". However, beneath these positive ratings, significant concerns emerged around punctuality, communication, visit duration and continuity of care. While many respondents valued the kindness and professionalism of individual carers, the wider survey highlighted recurring issues with late visits, shortened calls, inconsistent staffing and poor communication, suggesting that positive staff relationships do not always translate into a consistently positive care experience.

Interim report

May 2025, 79 responses had been analysed, with many more expected before the survey closes later this year. These findings have already been shared with Warrington Borough Council and care providers, with early recommendations focusing on improving punctuality, training, communication, and consistency among carers.

Read now

Promotional and Engagement Activities

As part of our promotions and engagements for this piece of work, Lisa held weekly outreach sessions at The Living Well Hub in order to gain more lived experience of Warrington residents.

To support the promotion of this project, we developed dedicated web pages and social media assets aimed at encouraging people to share their experiences and access key information about domiciliary care.

We produced a short video featuring quotes from early survey respondents, which was shared across our social media platforms to build engagement and trust. In addition, we regularly promoted the link to our Home Care Information and Advice page to ensure easy access to support and guidance.

As part of our broader media strategy, we collaborated with Warrington Worldwide to feature a video outlining our plans and encouraging further feedback from the community.

Engagement Metrics

Website Views: **1,326**

Social Media Reach (Facebook & Instagram): 21,501

Warrington Worldwide Video (Facebook & Instagram): 4,000 views

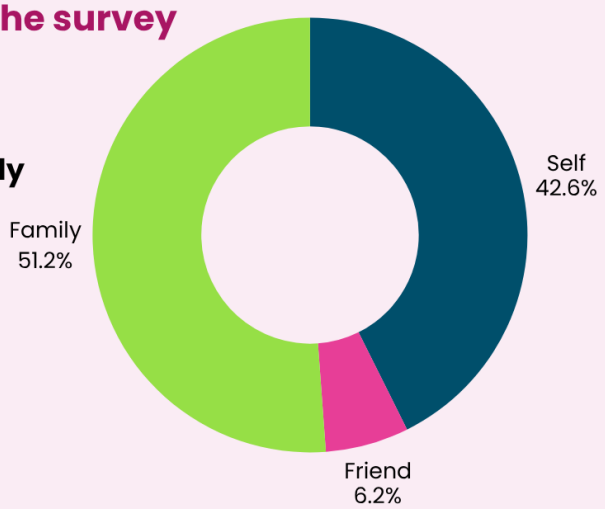
Warrington Worldwide Video (TikTok): 2,822 views

Key Data Highlights

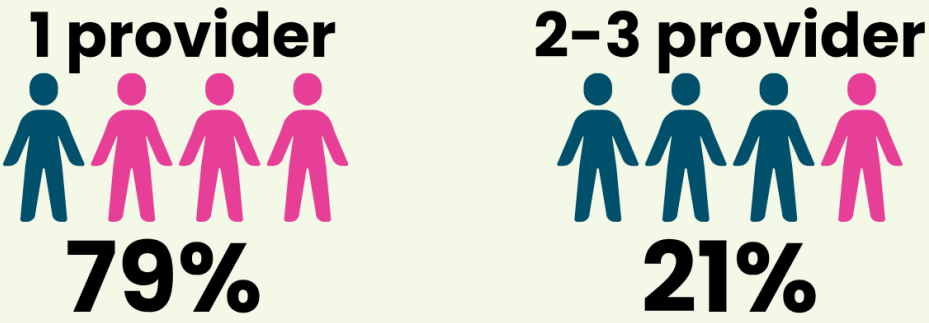
Below are the findings from our survey as of June 2026, based on 131 respondents.

Who responded to the survey

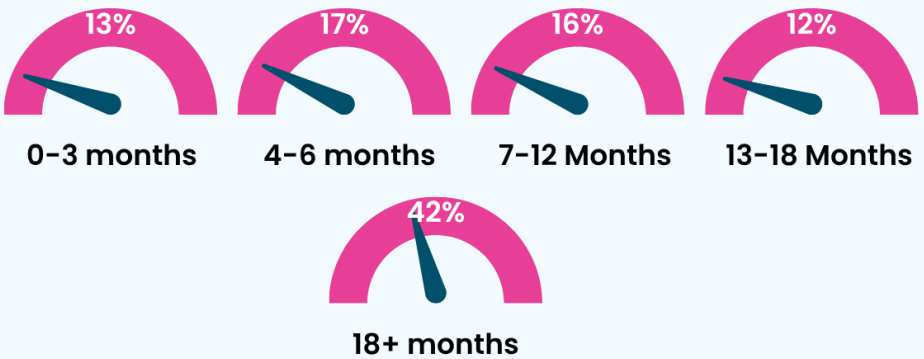
The majority of survey respondents were family members of the person receiving home care, with 42.6% responding themselves and 6.2% being close friends.



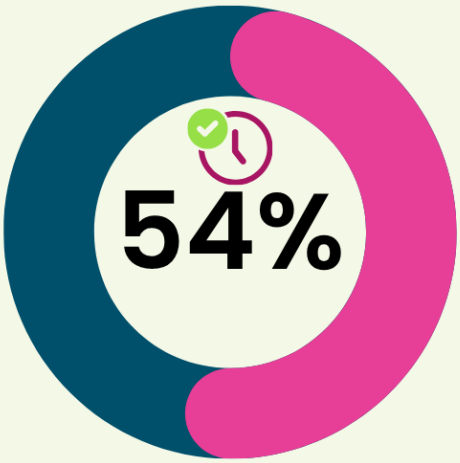
How many care providers have you used?



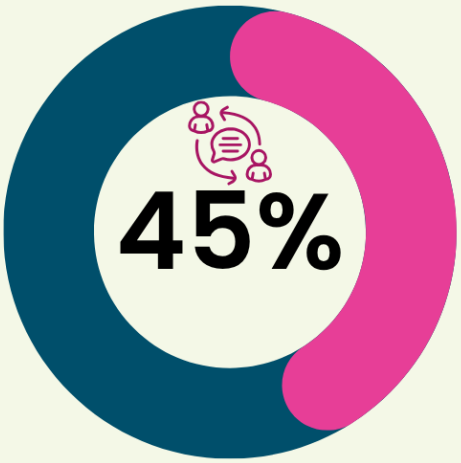
Length of time using care provider



Staff Attitude



said carers sometimes arrived on time

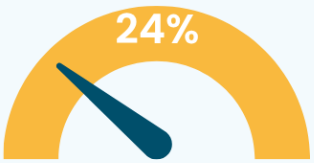


were not informed if carers were delayed

Are you informed if a carer is going to be delayed:

No, never

Yes, always



Sometimes

Out of 5 how would you rate the care and support you/your family received?

If changes are made to the service/care you receive are you/your family member informed?

Do carers meet your needs?

Do carers stay for the full visit?

Finding and Understanding Care

77% understood the process of finding care

40% rated the process as neutral

26% rated the process as good

25% rated the process as poor or very poor

The most common ways of seeking home care:

Council referrals
Social Workers
Hospital discharge/ District Nurses

Common themes of frustration

Poor punctuality & unreliable visits

Most frequent and consistently reported issue

- Carers arrive late, very late, or not at all
- Visits often cut short
- People are not informed about delays

Lack of Choice & Control

Not person-centred at entry point

- "No choice of provider"
- "Council chooses for you"
- "Options not explained"

Rushed, task-focused care (lack of time)

Strongly linked to system pressure

Carers described as:

- "in and out quickly"
- "rushing"
- "just doing the basics"

Visits feel transactional, not caring

Lack of continuity

Major frustration, especially for vulnerable users

- Frequent changes in carers
- No opportunity to build trust or familiarity
- New carers don't know needs or routines

Feedback & Improvements Suggested

Respect preferences

Preferences regarding gender or carers, visit times and routines should be considered always

Better training

especially for younger or less experienced carers

Clearer communication

from providers to families and those receiving care.

Improved Punctuality

and better visit duration when at the house

Person-Centred Care

patients want to be seen as people and not as a job.

More consistent carers

to build trust and familiarity

Better pay

and working conditions to attract and retain quality staff.

Themes from Comments

Council Involvement

Several respondents felt they had no choice in provider selection and perceived they were assigned the “cheapest” option.

Respect & Dignity

Mixed experiences—some carers were praised for compassion, others criticised for being rushed or disrespectful.

Continuity & Consistency

Many respondents expressed frustration with frequent changes in carers.

Communication

Poor communication from providers and lack of updates on delays or changes.

Training & Professionalism

Concerns about lack of training, especially among younger or international staff.

Voices from the Surveys

First-Hand Feedback on Home Care Services

All provider feedback quotes have been anonymised.

Timeliness and the length of visits were among the most common concerns raised. Only 32.8% of respondents said carers consistently arrived on time, while 53.1% reported carers were only on time "sometimes" and 13.3% said carers did not arrive on time. Additionally, only 38.2% reported carers always stayed for the full duration of visits, while 49.6% said this happened only sometimes and 11.5% said carers never stayed for the full allocated time

Timing, Lateness & Visit Duration

"I'm not very happy with the lateness of carers and they also don't stay for long enough, they are usually in and out pretty quickly".

"They were often late which caused issues for Mum as she had to get up later than she would have liked and eaten at different times".

"Carers don't stay for the full time, turn up late and carers change a lot".

"They are supposed to be here for an hour but are gone in 40 minutes".

"The staff who attend were always rushing"

"When comparing the level of care to that provided by WBC Intermediate Care there was little comparison. The visits were completed very quickly, almost at break-neck speed, and considering my father was paying for 30 minutes of care, the staff were out of the front door well within this time. The whole feeling was that of a transaction rather than a personal care visit."

> ***"A few problems. Carers can be late in the mornings which upsets Mum. Mum doesn't like going to be bed early."***

Continuity of Care / Rotating Staff

Continuity of care emerged as a significant issue throughout the survey feedback. Many respondents linked frequent changes in carers to reduced confidence in services, increased anxiety, and the need to repeatedly explain care needs. This was particularly concerning for people living with dementia, sensory impairments, or those requiring personal care. Qualitative responses repeatedly identified continuity as a key factor influencing satisfaction and trust in home care services.

> ***"Don't stay for full time, different carers all the time - would be lovely to have the same carers at least most of the time. They seem to have a lack of training so I have to explain things repeatedly".***
>
> ***"Weren't providing adequate care in my view, weren't on time and there was no continuity with carers. When you have someone with dementia having a different carer arrive all the time is not good enough. I ended up cancelling and caring for Mum myself".***

"Awful. We cancelled with them. We were given them by WBC with no say from our 6 week care package with them. There was no introduction or paperwork signed before they attended. They would arrive late. They would be in and out in 11 minutes. When it was meant to be 30 minutes for two people. It would be a different person every time".

"There is no continuity of carers and there are language barriers which make it hard for her to understand carers."

Communication & language barriers

Communication was identified as a key driver of overall satisfaction. When carers were delayed, only 30.2% of respondents said they were always informed in advance, while 45.0% said they were not informed, and 24.0% reported only sometimes receiving notice of delays. Respondents frequently raised concerns about communication from provider offices, language barriers, and difficulties understanding care plans or instructions.

"The staff did not routinely engage with my father, they rarely referred to him by name, and there were many times when staff talked across him in foreign languages."

"We struggled to communicate with them through language barriers".

"Carers scream and shout at her which I have recorded and forwarded as a complaint. There is no continuity of carers and there are language barriers which make it hard for her to understand carers. They also have sometimes entered the home on their personal phone speaking in another language".

"Communication of changes or delays could be improved."

"They were fine. Couple of issues with medication being forgotten to be administered. Carers with English as second language were sometimes a problem - not understanding written instructions and not aware of how some foods should be prepared. For example, asking if a salad needed to be heated up as it had pasta in it or asking how to make a microwave meal when the instructions are on the back"

"Communication is generally good, sometimes he goes out, he doesn't realise he will miss a visit and the carers call to tell us".

Quality of care & Dignity

Despite concerns raised, perceptions of care quality were generally positive. 40.3% of respondents rated their care and support as "Very Good" and 20.9% as "Good". However, 15.5% rated their care as "Poor" or "Very Poor", while 22.5% remained neutral, suggesting significant variation in experiences between providers and individual carers.

Quality of care & Dignity

"The times I wasn't so happy was when there were other carers who were filling in as they weren't as good and some of them weren't friendly. I witnessed one carer who did not speak to my mum the whole visit despite carrying out intimate personal care."

"The carer's were friendly but didn't appear to offer the level of care or empathy... Clothes and bedding were routinely thrown onto the floor, even though some may have even been soiled."

"Carers scream and shout at her which I have recorded and forwarded as a complaint."

"We have a couple of girls that are genuinely caring girls but we have a lot that are not caring it is just a job"

"Really wasn't happy with the care so we moved her to a different provider".

"Care seems to be ok. Not perfect. Could be more personalised for example choice of wake up and bedtimes that are stuck to but in general care has been ok"

"They don't just meet her physical needs they also meet her emotional and personal needs, they will take the time to have conversations with her".

"They appear to look after her well and she is happy."

"she seems happy with the carers, she comments on them being kind and looking are her".

"We are not there the majority of the time when the visits take place so can only go off what he says however he is happy and looks well".

"I cannot fault the staff, they care for all of my sisters needs and do an amazing job".

"I am very happy with the care I receive. They do a good job, we have a laugh, they make me a cup of tea and get me ready".

"Always happy to greet and talk to me."

Training & Competency Issues

"The staff are good but they need alot more training, and the bosses of the company need to communicate better".

"The main problem is that the young carers they are bringing in have little life experience and struggle to understand simple tasks at times. It can be quite frustrating especially for Mum. If older carers come they tend to be fine. Time keeping can be an issue".

"They were fine. Couple of issues with medication being forgotten to be administered."

"Carers not always proficient in hoist and sling. Don't think they have the right training."

Personalisation and Accommodating Preferences

"When we first got put with [redacted] they were sending men to do personal care on my mum!!! Shocking. This has stopped now thanks to our social worker".

"She has asked that male carers do not attend due to personal care being needed - this has been ignored."

Staff Attitude & Professionalism

Feedback regarding carers themselves was largely positive. 79.4% of respondents described staff as friendly, 77.1% as respectful, and 71.0% as professional. However, the remaining respondents reported issues such as rushing visits, poor communication, lack of empathy, and inconsistent standards between carers.

> ***"There were a number of occasions when staff arrived without disposable gloves (which I provided) which seems to suggest a lack of preparedness."***
>
> ***"My concern is for those living alone who are paying for a less-than-anticipated service and fear that they cannot speak out. No risk assessment was carried out prior to commencing the contact and no written records of actions carried out were available (no written file or electronic system available to view)."***

Staff Attitude & Professionalism

"Awful. We cancelled with them... There was no introduction or paperwork signed before they attended."

"everything can be improved and I mean literally everything. They are so so bad, from management to the carers who visit. There is no place for them in this industry unless they change everything drastically and quickly. It is a disgrace that people are having to use their services to save the council money."

"An absolute disgrace. They should not be working in the home care sector. I made a complaint to the CQC who said they'd look into it. We had more problems than you could imagine. This company is a danger to the vulnerable people they supposedly care for. It took 9 months to get rid of them and for the council to agree for us to move to [redacted]. It was horrific. Something needs to be done about them but I fear nothing will".

Choice & Personalisation

"Overall, we were very happy. One thing I would say is that the evening timings weren't appropriate for my mum and meant she was mostly in bed by 6pm which proved problematic for dad as mum hated being in bed early and would try to get out".

"Care seems to be ok. Not perfect. Could be more personalised for example choice of wake up and bedtimes that are stuck to..."

Reliability & Preparedness-

Positive Experiences

"Fantastic. Stayed the allotted hour visits 3 times a day. Always asking if anything else needed doing after doing their initial jobs".

"If a change to an appointment time was to be made, I would receive a call the previous day asking if it was acceptable. I had to contact [redacted] out of hours and someone was at the end of the phone and able to assist me. The visit was provided in its entirety and there was never that the staff wanted to get in and out as quickly as possible".

"[redacted] staff were always prepared with aprons and gloves. They talked to my father and explained what they were going to do to him and asked if this was ok. They engaged him in and lightened the mood especially in times where he was out of sorts or in pain".

WARRINGTON Borough Council

Response from Warrington Borough Council

Warrington Borough Council Response to Time, Trust and Care – Exploring Home Care Support in Warrington 2026

Firstly, we would like to thank the Healthwatch team and its volunteers for the considerable work undertaken to gather the views and experiences of people receiving care and support at home. We greatly value the role that Healthwatch plays in ensuring that the voices of residents are heard, particularly those who may otherwise find it difficult to share their experiences.

We also appreciate the detailed survey responses and accompanying comments that were provided to us alongside the report. This additional information has enabled us to better understand the frequency and nature of the issues raised, while also recognising the many positive experiences reported by people receiving care. It was particularly good to see and hear that the vast majority of respondents described their experience of Carers as a good one and that, significantly, they were friendly and respectful. Among those receiving care directly who completed the survey, over 85% provided positive feedback about their carers.

Whilst it is important that areas of poor practice are identified and addressed, it is also important that those reading the report understand the wider context of care at home provision within Warrington. For example, there has been a significant growth in people accessing Care at Home support and we estimate that there are now around 15,000 hours per week of care delivered across Warrington to upwards of 1500 people through a host of different Care providers. The number of people supported and hours delivered has risen by around 15% in the last 2 years. This is positive, as it has helped more people to remain in their own home for longer - which reported as the top priority and outcome by most people.

Growth has happened at pace and at the same time there has been a major reduction in wait times - with the average just being a few days from searching for care to it beginning. It is also relevant to note that the rates paid by the Council to our framework Care providers is in the top 25% for the region and there is a supplement paid for any service that is delivered in more rural parts of the town.

Growth at this pace/scale and the effort to meet demand have affected some areas of quality and we believe this is reflected in the main survey findings and themes. It is however important to note that all Care at Home providers are regulated by the Care Quality Commission and for example of the main Framework agencies commissioned by the Council, 6 are graded as Good and 1 has yet to have a full inspection – so, overall quality in Warrington is assessed as good and many parts of the survey feedback supported this.

WARRINGTON Borough Council

Response from Warrington Borough Council

Where respondents raised issues of significant concern we asked the Healthwatch Team to contact these people and offer the person or family advice and support and suggested that they contact the Council. We were available to look into any issues raised (if this had not happened already).

The main themes for improvement in the survey and where experiences were most consistently reported as poor, align directly with the feedback that we have received and are part of our improvement work and priorities with the Care agencies that we directly commission. It is helpful to have received the detail and further insight into these issues from Healthwatch and how they impact people's experiences and lives. I have summarised some insight and actions we are taking related to the main themes.

(A)Timekeeping and duration of visits (including carers arriving late and not staying for the fulltime):

This is a central issue as it affects the whole experience of care. Care that feels rushed or is late starting is a stressful and a poor experience for the person receiving it. We recognise that travelling around the town can at times be difficult, but we now have a very localised delivery model for care, which means most carers should only be travelling short distances between calls. In the last 6 months we have prioritised improvement activity on timeliness of calls and have increased our monitoring of start times, call durations and sufficient travel time allocated. This has become a key part of our contract monitoring activities and where there is evidence of under-delivery or poor timekeeping (without good reason), we have taken action on this and are monitoring improvement with our commissioned Care agencies. We also frequently engage directly with Care staff and they too have welcomed this improvement work, so that they have sufficient time to delivery good quality care.

(B) Communication problems: The survey responses cover 2 main communication issues;

• **Care Agencies not letting people know what was going on** (eg if carers were for example running behind or changing).

Feedback on this ranged from being a regular frustration to a more concerning and at times a distressing issue for people. Care is often delivered in time clusters – for example, there is a lot of care delivered in the morning and evenings as people across the town are 'getting up' and 'going to bed'. This means that Care Offices can be exceptionally busy at these times as they co-ordinate visits and deal, for example with covering staff sickness, roadworks and other enquiries. Despite this, timely communication mut improve

WARRINGTON Borough Council

Response from Warrington Borough Council

The expectation of our commissioned services is that Care agencies are to arrive half an hour either side of the usual planned time ; this will still be classed as being 'on time '. Individuals and families are sometimes unclear on this standard and that providers wouldn't ordinarily make contact during this time window. We will raise awareness of this.

Based on the feedback from this survey , we will take two actions: (1) we will get more feedback directly from people who receive care about their experience of communication, and (2) we will meet with providers around how this can be improved day to day. We did note in the survey that people who received care were clearer on how to communicate with their care provider, and, for example, 84% of this group knew how to complain, which is important. This score was lower in the friends and family group and is clearly an area for more focus with providers.

• Language and cultural issues linked to internationally recruited staff/workers.

This featured significantly in the first version of the report, based on earlier feedback in 2025, and we appreciate it continues to be an issue for some people. Whilst we have also received concerns and queries about internationally recruited staff, this has reduced in the last 12 months – mostly we think as staff have become more settled and confident. Our commissioned providers have also strengthened their wellbeing support and training programme for overseas workers, to address some of the concerns, such as cooking skills. The majority of workers who have a Certificate of Sponsorship to work in care in the UK began in 2022/23 and have now been working locally for between 12 and 36 months.

The Government indicated in 2025 that it will not approve further international recruitment of care staff. We anticipate that while some issues around language and understanding will continue, we hope they will continue to fall. As noted , we have seen a decline in the number of quality concerns relating to language and cultural issues, but we will continue to monitor this with our care providers.

(C) Seeing different carers (continuity of care):

Building up trust and familiarity with carers is reported consistently by individuals and their families as important and this survey re-enforces the significance of this. There are clear expectations for our commissioned care providers around the continuity of carers depending on the size of the package of care.

WARRINGTON Borough Council

Response from Warrington Borough Council

The findings in this report do reflect our own monitoring that evidenced this is not consistent, especially for high and complex packages of care. As people's needs have become more complex, for example, the number of hours people need has on average increased, and more people now need 2 carers on each visit. Care agencies have found it increasingly difficult to guarantee the consistent carers on each call as the number of hours delivered to each person has increased. We are working with our commissioned providers to improve continuity of care, and one aspect of that work will be to discuss with individuals and their families the expectations of what is achievable. The Council will continue to monitor our care providers to evidence the required improvement.

As the findings highlight, there continues to be a lot of work still to do across the sector. The survey highlights several important, frustrating, and recurring issues that need to be addressed to help people feel more confident and happier with the care they receive at home. We continue also to recommend that if people have concerns or issues that they are unsure about, then they should contact their Care Provider and/or Adult Social Care if this is needed.

Thanks again to the Healthwatch Team for their work and insight.

Important Footnote

We suggested to Healthwatch in advance of publishing the report that it would help the reader to understand the context and depth of some comments by for example, adding how often the issue was mentioned by the (131) survey participants. Our concern was that without noting or indicating the frequency of this feedback from the respondents, the poor experience of sometimes a small number of people (1-5) could look like an issue that many encountered when this was not the case. In some instances, the information presented as 'evidence' had been reported by one person; in other examples, it was 2 or 3 - this is not made clear in the report. The body of the report also used phrases like 'frequently', 'many' and repeatedly without context. When we looked closely at the actual survey findings, these were at times 3 or 5 people that had described this issue.

We are disappointed that the Healthwatch Team did not feel it was relevant to add additional (available) information to support the readers understanding. We also asked the Healthwatch Team to make clear at the beginning of the Report 3 issues, but this was also not considered relevant to add;

WARRINGTON Borough Council

Response from Warrington Borough Council

1. That the survey was open to all those who accessed care at home services and that comments came back from people who had care arranged by the Council, NHS and also those who paid for and arranged their own care.

2. That some comments and feedback were describing historic experiences that were not in the last 12 months.

3. To make clear how many of the 131 responses were via the online surveys and how much of the report was informed by 1:1 meetings.

We requested more context in the report to ensure transparency, so readers could understand the prevalence and scale of the issues raised. Our request was informed to support the reader and out of respect to the many Carers and Care agencies that are working in Warrington. Several agencies have reported that people are increasingly quick to be negative and draw attention to the worst issue/s without balanced recognition of the good work that is also done.

For the avoidance of any doubt – there is no place for poor quality care, and this needs to be exposed and dealt with appropriately. Whilst doing this, we must also note and recognise where there have been good experiences, and that care is valued.

Rick Howell - Lead for Commissioning Warrington Borough Council

Updated Recommendations

1. Enhance Continuity of Care

Original Recommendation

Introduce a “core carer” model for high-needs clients. Prioritise continuity by assigning small, consistent care teams.

New Evidence Added

New survey responses strongly reinforced that:

- Frequent changes of carers increase anxiety and distress.
- Continuity is especially important for:
  - people with dementia,
  - visually impaired clients,
  - autistic/neurodiverse users,
  - people requiring intimate personal care.

Users repeatedly linked continuity to:

- trust,
- dignity,
- emotional wellbeing,
- improved outcomes.

Updated Recommendation

- Implement a formal continuity standard across all commissioned providers.

Aim for:

  - consistent small care teams,
  - minimal rota changes,
  - advance notice of new carers.

- Prioritise continuity for complex and vulnerable clients.
- Monitor provider turnover rates as part of quality assurance.

2. Improve Punctuality and Visit Duration

Original Recommendation

- Implement stricter monitoring of visit times.
- Review travel time allocations.
- Hold providers accountable for full visit duration.

New Evidence Added

The new data showed:

- Late visits directly affecting:
    - medication timing,
    - meals,
    - toileting,
    - getting in/out of bed.

Many users reported:

    - 30-minute calls lasting 10–15 minutes,
    - carers sitting in cars during allocated visit time,
    - rushed task-only care.
- Several respondents believed carers themselves were over-scheduled.

Updated Recommendation

- Introduce stricter and more frequent electronic monitoring with audits of:
    - arrival times,
    - departure times,
    - missed calls,
    - shortened visits .
- Require providers to evidence realistic travel scheduling.
- Establish escalation thresholds for repeated lateness or reduced visits.
- Ensure care commissioning reflects realistic travel and visit times.

3. Strengthen Communication and Language Support

Original Recommendation

- Provide English language and communication training.
- Use translated materials and clear care plans.

New Evidence Added

New responses highlighted:

- Families not informed of delays or missed calls.
- Service users feeling ignored when concerns were raised.
- Language barriers affecting:
  - food preparation,
  - understanding instructions,
  - medication support,
  - emotional reassurance.
- Communication quality was one of the strongest predictors of satisfaction.

Updated Recommendation

- Introduce minimum communication standards for providers:
  - mandatory notification of delays,
  - clear escalation routes,
  - responsive office support.
- Strengthen spoken English competency assessments for care roles.
- Include communication and cultural competency within induction and annual refresher training.
- Encourage proactive family engagement and updates.

4. Increase Training and Supervision

Original Recommendation

- Mandate refresher training.
- Introduce shadowing for newer carers.

New Evidence Added

Further concerns were identified around:

- infection control,
- hoist use,
- dementia care,
- meal preparation,
- safeguarding,
- medication routines,
- professionalism,
- understanding person-centred care.

Users particularly highlighted:

- “young and inexperienced carers,”
- lack of practical life skills,
- inadequate supervision.

Updated Recommendation

- Introduce competency-based assessments before lone working.
- Ensure mandatory training to includes:
  - dementia care,
  - safeguarding,
  - food hygiene,
  - medication awareness,
  - person-centred care,
  - communication skills.
- Require minimum supervised shadowing periods.
- Increase spot-check supervision visits by management.

5. Improve Responsiveness to Complaints and Feedback

Original Recommendation

- Standardise complaints processes.
- Include complaint information in care packages.

New Evidence Added

Survey respondents frequently reported:

- feeling dismissed,
- complaints not investigated,
- not knowing who to contact,
- fear of complaining in case care worsened.

Updated Recommendation

- Introduce an independent escalation route for unresolved complaints.
- Ensure every service user receives:
  - complaint information,
  - safeguarding contacts,
  - advocacy information.
- Use complaint trend analysis across providers.
- Introduce regular “experience check-ins” with service users and families.

6. Ensure Person-Centred and Culturally Sensitive Care

Original Recommendation

- Embed person-centred care principles.
- Provide cultural competency training.

New Evidence Added

The newer responses strongly reinforced that users value:

- conversation,
- companionship,
- dignity,
- personalised routines,
- flexibility,
- emotional support.

Many respondents stated care had become:

- “task-based,”
- “transactional,”
- rushed.

Updated Recommendation

- Redefine quality standards beyond task completion.
- Encourage providers to support:
  - emotional wellbeing,
  - independence,
  - choice,
  - routine preferences.
- Incorporate person-centred outcomes into contract monitoring.
- Ensure providers recognise the social isolation many clients experience.

New Recommendations

7. Increase Client Choice and Transparency

New Theme Identified

A significant new theme emerged:

- many people felt they had little or no choice in provider selection,
- several believed cost was prioritised over quality.

New Recommendation

- Improve transparency around:
  - provider quality,
  - availability,
  - complaints data,
  - user ratings.
- Support easier provider switching processes.
- Expand awareness and access to direct payments.
- Develop a provider comparison resource for service users and families.

8. Workforce Planning and Staffing Capacity

New Theme Identified

Many issues appeared linked to:

- staff shortages,
- unrealistic scheduling,
- high turnover.

New Recommendation

- Encourage providers to:
  - improve retention,
  - reduce burnout,
  - create stable staffing models.
- Include workforce stability indicators within provider monitoring.

9. Strengthen Quality Assurance & Oversight

New Theme Identified

Several respondents questioned how poor-performing providers continue operating without intervention.

New Recommendation

- Increase unannounced quality audits.
- Introduce random care observation visits.
- Monitor:
    - punctuality,
    - continuity,
    - complaints,
    - missed calls,
    - safeguarding concerns.
- Use survey feedback trends to trigger provider reviews.

Case Studies

The following case studies are based on in-depth interviews with individuals who participated in Healthwatch Warrington's domiciliary care survey. Participants who provided detailed feedback were invited to share their experiences in greater depth through one-to-one conversations. These discussions allowed people to describe not only what was working well, but also the challenges they had experienced while receiving home care support.

The case studies are intended to bring the survey findings to life by illustrating the real-world impact that care provision can have on individuals' safety, independence, dignity, wellbeing, and quality of life. They reflect personal experiences and perspectives and are presented anonymously to protect the identities of those involved.

Whilst the experiences described are unique to each individual, they echo many of the themes identified throughout the wider survey, including communication, continuity of care, timekeeping, professionalism, person-centred support, and overall quality of care. Together, these accounts provide valuable insight into both the positive difference that effective home care can make and the areas where improvements are needed to ensure all residents receive safe, compassionate, and reliable support.

Service User Experience: Concerns Around Safety, Communication &

A Case Study Exploring the Impact of Care Practice on Safety, Dignity, and Emotional Wellbeing

This case study examines the experiences of a service user receiving domiciliary care support over an extended period. While positive relationships with some staff and approachable management have been acknowledged, the service user reports ongoing concerns relating to allergy awareness, inconsistent communication, poor timekeeping, and limited social engagement during visits.

The case highlights how gaps in person-centred care and professionalism can significantly affect an individual's sense of safety, trust, and overall wellbeing, while also identifying opportunities for improving care quality and service delivery.

The service user has received support from several home care providers over the years and has been with their current provider for more than 18 months. They describe their experience as mixed, with some positive interactions but also several areas where they feel improvements are needed to ensure their needs are met safely and respectfully.

They note that most staff are friendly, and that the management team is approachable and willing to listen. However, one significant concern is the service user's allergy to certain cleaning products. They explain that some carers regularly spray cleaning products around them without caution and do not wipe away residues, leaving them feeling unsafe in their own home. They describe this as a lack of awareness and understanding about their allergy, which causes considerable anxiety.

The service user also feels that they are often ignored during visits, with some carers showing little interest in engaging with them. This lack of interaction affects the emotional and social support they rely on. Issues with timekeeping and communication are also reported. Carers often arrive late, sometimes by up to an hour, and the service user is not always informed. On some occasions, they do receive a call in advance, which they appreciate, but this is inconsistent.

They also report that some carers leave early, reducing the amount of time they receive support. Overall, the service user feels that their needs are not consistently met. They would like carers to have better awareness of allergies and a stronger understanding of the importance of social support.

They believe that improvements in staff professionalism, consistent communication, and ensuring carers remain present and engaged throughout visits would greatly enhance their experience. They recall receiving higher-quality support from a previous care provider, although they cannot remember the name, and would like to regain that level of experience.

Enhancing Quality Through Compassionate and Consistent

A Case Study Exploring Positive Care Experiences and Opportunities for Improved Communication and Continuity

This case study highlights the experiences of a service user who has received long-term support from their current care provider. The service user describes the care as largely positive, praising many carers for their kindness, attentiveness, and willingness to go beyond routine responsibilities to provide meaningful support.

While overall satisfaction with the service is strong, the case also identifies areas where improvements in communication, visit scheduling, staff introductions, and consistency could further enhance the service user's comfort, confidence, and overall care experience.

The service user has been receiving care from their current provider for quite some time. They describe the service as generally positive, noting that most carers are “lovely,” and that several of their regular carers take extra care by offering help beyond routine tasks, such as putting the washing out, which is greatly appreciated. Overall, they feel that many carers are kind, caring and attentive.

They also highlight areas where improvements would enhance their experience. Carers can sometimes appear rushed, which they believe may be due to insufficient time allocated for visits. On occasions when carers arrive late, they are not notified, and they would value a call to let them know. They also report that new carers sometimes arrive without introduction or notice, which feels uncomfortable as unfamiliar people enter their home.

They feel that better communication, consistent introductions, and further training for some staff would strengthen the quality of care. Overall, they feel their needs are met well and they are happy with the care but believe these improvements would enhance their experience further.

Concerns Around Dignity, Safety, and Reliability in Care Provision

A Case Study Exploring the Impact of Communication Failures, Inconsistent Support, and Person-Centred Care Challenges

This case study explores the experiences of a service user living with long-term mobility difficulties following serious injuries caused by two major falls. While home care support is essential in maintaining independence and daily wellbeing, the service user reports ongoing concerns relating to dignity, reliability, communication, and safety within the care provided.

Key issues include inconsistent attendance, lack of proactive communication, concerns regarding PPE, and the failure to consistently respect personal preferences around same-gender care. The case also highlights the emotional impact that poor professional conduct and inappropriate interactions can have on vulnerable individuals, emphasising the importance of compassionate, respectful, and person-centred care delivery.

The service user has experienced significant health challenges following two major falls in recent years, each resulting in shoulder injuries that required extended hospital stays followed by intermediate care before a home care provider was arranged. These injuries have left her with very limited shoulder mobility, making personal care tasks such as washing, showering and dressing extremely difficult. Since receiving support from Care at Home, the service user has reported ongoing concerns about the appropriateness and consistency of care.

Despite expressing a clear preference for same-gender carers due to the intimate nature of the support required, male carers have still been sent to carry out the care. They have also raised concerns about carers arriving without appropriate PPE and reported being told that the office does not open early enough for staff to collect equipment before their morning visits begin.

The service user reports recurring communication issues, particularly when carers fail to attend scheduled calls. They report receiving no proactive contact from the provider in these instances and are often left to phone the office themselves early in the morning to report that no one has arrived. As a result, the service user feels that the care provided does not always meet their needs.

More recently, the service user experienced a highly distressing incident during which a carer arrived late, remained in the doorway for less than ten minutes and made inappropriate and accusatory remarks. The interaction left the service user extremely upset. Following advice, they reported the incident to the local authority, who confirmed that the carer in question would not be allocated again.

Conclusion

This report provides a snapshot of experiences of domiciliary care in Warrington at a particular point in time. While it draws on a combination of survey responses and available data, it is important to recognise that the findings are not fully representative of all services or all service users across the borough. Variations in response levels, alongside the limitations outlined within the methodology, mean that the insights presented should be understood as indicative rather than definitive. However, the consistency of themes identified provides valuable insight into key areas of strength and concern that warrant attention.

Domiciliary care plays a crucial and increasingly important role in supporting individuals to live safely, independently, and with dignity in their own homes. As this report highlights, demand for home-based care continues to grow, with many people choosing to remain in familiar surroundings where they can maintain their independence, identity, and connection to their community.

Encouragingly, the survey findings demonstrate that many people experience positive home care support. Over three-quarters of respondents reported that carers were friendly (79.4%) and respectful (77.1%), while 60.2% rated their overall care and support as good or very good. Many respondents described positive relationships with carers who demonstrated kindness, compassion, and a willingness to go beyond routine tasks to provide emotional support and companionship. These examples illustrate the significant value that high-quality domiciliary care can bring to people's daily lives and wellbeing.

However, it is equally important to acknowledge that a substantial proportion of responses highlighted consistent and, in some cases, serious concerns about the quality and reliability of care being delivered. Only 32.8% of respondents reported that carers always arrived on time, while just 38.2% stated that carers always stayed for the full duration of their allocated visits.

Furthermore, 45.0% reported that they were not informed when carers were running late. These findings reinforce concerns raised throughout the survey regarding poor timekeeping, shortened visits, lack of continuity of care, communication barriers, and issues relating to training, dignity, and safety. For some individuals, these experiences directly affected their wellbeing, confidence, independence, and trust in services.

The contrast between positive experiences and these ongoing challenges reinforces the need for system-wide improvement and a more consistent standard of care across all providers. While many services clearly deliver compassionate and effective support, the findings show significant inconsistencies across the sector that require attention. The recommendations outlined in this report are therefore not simply enhancements but essential actions needed to address the issues identified and to ensure that all service users receive safe, effective, and person-centred care.

A central message from this work is the importance of moving beyond task-based care towards a model that truly prioritises continuity, communication, dignity, choice, and emotional wellbeing. Stronger oversight, improved workforce support, clearer communication standards, and a renewed focus on accountability will be critical in driving this change.

Collaboration and partnership working remain key. By working collectively across commissioners, providers, health professionals, service users, and their families, there is a clear opportunity to drive meaningful improvements. Listening to lived experience must remain at the heart of service development, ensuring that feedback is not only heard but translated into tangible action.

In conclusion, while domiciliary care remains a vital and valued service, this report clearly demonstrates that there is work to do to ensure greater consistency, quality, and equity of experience across Warrington. By acting on these findings and implementing the recommendations set out, there is a strong opportunity to strengthen services and ensure that every individual receives the compassionate, reliable, and dignified care they deserve.

With Thanks

We would like to extend our sincere thanks to all the service users, relatives, and friends who took the time to share their views and experiences through this survey. Your feedback is invaluable and plays a vital role in helping to shape and improve the quality of care and support services.

We would also like to express our gratitude to all home care providers for their cooperation, engagement, and support throughout this work. In addition, we thank Warrington Borough Council for its ongoing support and commitment to ensuring high-quality care services for local residents.

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