



UNISON's
homecare training
survey report

***save
care
now!***

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Introduction

The findings of a shocking new survey of 1,020 homecare workers by UNISON lay bare the devastating impact that huge reductions in social care budgets since 2010 have had on the quality of homecare for elderly and disabled people throughout the UK. They illustrate how homecare workers are also being failed as they are expected to undertake increasingly complex care without being given the necessary training.

Homecare workers are increasingly being expected to do the sort of tasks that were previously undertaken by district nurses. Many are expected to provide this care with absolutely no training, in a rushed manner, whilst being paid poverty wages. In the worst case scenario, this lack of training could have potentially fatal consequences for care users. At best it illustrates the lack of dignity that is being afforded to both our care users and care workers.

The under-funding of homecare is also putting massive pressures on our stretched NHS. Plans to integrate NHS and social care services are doomed to failure as long as we have a social care system that treats homecare workers with such contempt. The care system is in urgent need of proper investment, for the good of the elderly and disabled people who receive care, the care workers who deliver it and to preserve the NHS.

The online survey was carried out over a six week period between February and March 2015 and we received 1,020 responses. The respondents worked for a variety of employers: local councils, private and charitable or voluntary homecare providers.

The findings

- Of the homecare workers who administer medication, 24% had received no training despite some administering controlled medication such as oramorph (liquid morphine) and insulin.

This is undoubtedly the most worrying finding of our survey. When asked what kind of medication homecare workers were administering, one replied:

"So many, some very dangerous if handled incorrectly, I personally have a certificate of competence at level two but none of my colleagues have and I wonder if my bosses do either, which I suspect not!"

Of the homecare workers who have carried out the following tasks:

- 59% had received no training in how to attach or change a convene catheter
- 52% had received no training in how to undertake stoma care
- 45% had received no training in how to change a catheter bag
- 38% had received no training in how to carry out peg feeding

An absence of training for these tasks could potentially expose care users to a range of problems, such as discomfort and infections. In the worst case scenarios not being provided with training on how to administer medication could potentially lead to overdoses with fatal consequences.

The lack of training in these procedures betrays a lack of respect for both care users and care workers. Many of these personal care tasks are extremely intimate and it is unacceptable that they are being placed in this situation.

Homecare workers who actually received some form of training to carry out these tasks also registered their dissatisfaction with the quality of the training they received.

- Only 46% stated the peg feeding training was good enough to help them do this task properly
- Only 39% stated the stoma care training was good enough to help them do this task properly
- Only 47% stated that the changing a catheter bag training was good enough to help them do this task properly
- Only 34% stated that the attaching or changing a convence catheter training was good enough to help them do this task properly
- Only 64% stated that the administering medication training was good enough to help them do this task properly

The majority (78%) of homecare workers requested additional training in order to help them carry out their increasingly difficult and demanding roles, but only 49% received this additional training. This starkly illustrates how underfunding and cuts are affecting access to training in the social care sector.

69% of homecare workers in our survey care for people who suffer from dementia, with approximately 42% of the care users that they have visited in the last six months having the condition. Despite this, 27% of homecare workers have received no training in caring for people with dementia.

Of the workers who received training to care for people with dementia, only 52% believed that it was good enough to help them carry out this task. Furthermore, of those who received dementia training, only 41% went on to receive any on-going training in caring for

people with the condition. This is a cause for alarm. The Alzheimer's Society has noted that the level of people with dementia is increasing which is likely to mean that more people will be in need of homecare services ([Demography](#), Alzheimer's Society, 2015).

This lack of training is compounded by the fact that care workers are increasingly being forced to carry out their roles in rushed timeframes. The number of councils commissioning 15-minute visits is increasing. Many care workers are also not being allocated the same care users. This means that workers cannot build up relationships with the people they care for and so become more adept at caring for them. One of the main findings of the Care Quality Commission's report into homecare in 2013 was that continuity of care workers was one of the most important aspects of personalised care ([Not Just a Number](#), CQC, 2013).

Furthermore, despite being expected to carry out increasingly difficult and responsible tasks, many homecare workers are scandalously being paid below the National Minimum Wage.

The main cause of all these problems is undoubtedly the huge funding cuts that our social care system has suffered in recent years. Since 2010 ADASS has reported that in England alone councils have been forced to make £3.5 billion in savings. Some councils are now paying as little as £9 an hour for an hour's worth of homecare provision. Homecare providers and the Local Government Association have also been highly critical of the lack of adequate funding for homecare services which they all believe are threatening the viability of homecare services for elderly and disabled people.

The Government's response – the Care Certificate

The Government has recognised that there are significant problems with the level of training that care workers receive, and has introduced the Care Certificate for care workers and health care assistants in England. Unfortunately the Care Certificate does not go nearly far enough in addressing the lack of training for many care workers. The Certificate only covers basic induction into care, not the specialised training needed for things like stoma care and PEG feeding. It is targeted at new care workers, there is no external quality control of how well employers train and assess, and the Care Certificate is not even mandatory. It represents a small step in the right direction rather than the fundamental change needed to ensure that both care workers and care users are no longer failed by a dearth of adequate training. Furthermore, as long as procurement is based on the cheapest provider, it is hard to see how many care providers will invest in a non-mandatory Care Certificate

The combination of a lack of oversight and regulation for training standards in an under-funded social care system means that it is inevitable that homecare workers endure a lack of good quality training.

Integration

All the major political parties are now articulating the need to integrate health and social care services. NHS England's 5 Year Forward View set out the aim to move the delivery of more services into community settings, whilst similar paths are also being followed throughout the rest of the UK.

However, these findings make it clear that unless homecare workers are provided with more and better training than any attempts to integrate health and social care services will be result in a merged system that delivers too much poor quality care. All the talk at the moment is around the need to provide care more in people's homes and in community settings rather than in hospitals. This will not be possible whilst homecare workers are denied the correct and necessary training. Ultimately pressure on the NHS will not be alleviated if we continue to tolerate the existence of an under-funded and under-valued social care system.

Conclusion

This survey illustrates the consequences of the under-funding of our social care system. It is a system that is systematically denying dignity to the elderly and disabled people who receive the service and to the homecare workers who provide it. Every day across the UK homecare workers are being expected to deliver rushed care - at scandalously and often illegally low levels of pay - despite receiving little or no training to carry out the vital work that they do. It betrays not only a system that is increasingly bereft of money, but one that fails to treat homecare workers with respect. The same is true of the elderly and disabled people who rely on these services. How has the UK, one of the richest countries on the planet, reached a stage at which many elderly and disabled people are forced to receive intimate personal care from a stranger who has received no training to carry out the work?

If we want a homecare system which supports the NHS, in which care users receive the care they deserve and care workers are provided with the training levels they need, then the first step is undoubtedly to invest urgently in the social care system. Greater funding will also help to tackle the other enduring problems that blight our social care system, such as rushed visits and the National Minimum Wage breaches for 220,000 care workers.

Homecare workers' comments about the training they have received

"The training I have been given is through Social Care TV.

I have just completed the manual handling course, this is not something you can do without practical training. It is awful to think that this course means that someone is legally able to use a hoist without ever having seen a sling or been shown how to use it. The course says you must not do any task if you don't think you have received adequate training, which is typical of the culture of "covering your back" which is so common in Care."

"The worst thing was trying to help a lady with a catheter have a shower. Neither she nor I could work out a way to do it which did not leave her with a soaking wet catheter bag chafing against her leg. Maybe I should have taken it off? I also didn't have a clue how the catheter was supposed to be strapped to her leg when I started, neither did the colleague who was supposed to be mentoring me, and it was several weeks before a district nurse showed me how the elastic bandage was supposed to be threaded through the catheter bag. Even done right it was still not very comfortable for the patient."

"We have to deal with all sorts of people not just elderly. Some people have complex needs which we don't get training for we are just thrown in the deep end. We are given time limits with our Clients and sometimes that is just not enough and that puts pressure on us as we have to move on to our next client. I used to love my job but I feel that I am failing my clients as I feel that I am having to rush in order to fit all my client in to my work load."

"The first time I was faced with a convene, I did not know what to do. The client handed me a tube of adhesive and I kind of muddled my way through but it was very embarrassing for both myself and the client. The number of dementia and mental health cases has increased dramatically lately and whilst I have had basic training in dementia care, I have not had any in mental health and I have requested this many times but nothing happens. I have been to paranoid schizophrenics, been threatened with a knife twice, had no back up from management and felt totally frightened, let down, alone and vulnerable. Myself and my colleagues frequently ask to work in pairs for these clients, especially at night, and when working in rough areas but this is ignored. I was today (again) hit by a dementia client. Who cares about us care workers?"

"Many of our service users have catheters: no training was or is giving about this task; this was part of a nurses job. We change leg bags, night bags - many catheters bypass as some workers do not know how to attach them properly to the leg they are to high /over the knee which causes the service user great pain and discomfort.

I have also had to change dressings, change convene catheters, administer bolus feeds, suction a tracheostomy and administer medication. A lot of this has come from experience or by being shown by another member of staff, not via specific training. Where training was provided it was before commencing work and then no update after that. When I have worked as agency staff you don't know what you may encounter or who. And this can be difficult if you lack confidence or have only had basic training that may not focus in on what your individual clients needs may be."

"Catheters, bypass a lot , also lots off infections , and tubes coming out , stoma bags are not to bad for changing as long as there are plenty in supply not enough training , just expected to deal with it been in the job 14 yrs and never been sent on a course to explain or train on this , or update also not enough time to do tasks. And expected to walk in all types of weather too far a distance"

"I feel there is no support from line manager, and pretty much left to use your own ways of coping with situations. I also had peg feeding training 3 yrs ago, and then nothing, until I was sent into a client for this. In 3 yrs it is hard to remember, and felt blinded by this. This happens quite frequently!!"

"I was sent to a client and was not given any information of the needs of the client, and with only 1/2 hour to complete the list of task, I got to the client and have never done stoma care before. The client informed me that I will need to change her stoma bag and to clean and fit a new one. With no training on stoma care I hadn't a clue where to start, told I had never done one before, so she had to instruct me on the procedure, that was my training?"

Often you don't know what the situation is until you get to your clients house and read the care plan, worse for new and inexperience young carers, private care providers actually sent new carers to be trained by more experienced carers, having work for a company of which I'm no longer working for! I ended up her trainer but without the pay? carers get fed up with some of these providers and that the reason for their constant recruitment drive, most carers move from one provider to the next and word of mouth is we talk to each other about who is ok to work for, there is a policy of not talking on social media about company, but there is meet up group of carers, that talk to each other, I'm one of these, before i apply for a job i tell or ask if anyone know this company?"

"I have worked for my present employer for 7 years and in the last 2 years I have not received any training for anything despite repeatedly asking"