healthwatch
Islington

Interviewing residents receiving care at home

Exploring what's working well, and the challenges faced by service users and their families

December 2025

Contents

Introduction

Healthwatch Islington champions inclusivity in health and care services. This year we've been gathering the views of residents who use home care services, mindful of the fact that it's not always easy for these service users to be heard by decision makers. Our aim has been to explore what's working well, as well as the challenges faced by service users and their families.

We let potential participants know about this research by advertising in the local newspaper and by promoting the project at community events. We visited community centres and day centres, and shared information via home care agencies, local partnership networks, and selected GP practices. We also contacted residents who had used our signposting and information service. Healthwatch staff and volunteers interviewed 26 service users and family members. Face-to-face interviews took place in day centres and community centres across the borough (St Lukes, Mildmay, Evergreen, and Islington Outlook). The rest of the participants completed interviews over the phone. Interviews were semi-structured, following the format suggested by the pre-prepared questionnaire shared in the appendix to this report.

Age UK Islington also agreed to include four questions about home care services in a survey about respite care, circulated to family carers engaged with the Islington Carers Hub. This allowed us to look for examples of recurring themes across the two sets of responses.

After the interviews were completed, we met with home care providers to get a better understanding of the challenges they face delivering the service. Our questions to them were informed by the feedback we had already received from service users.

We intend to follow up this scoping phase of our research with a second round of engagement with users of home care services, allowing us to explore in greater depth some of the themes that have emerged so far, and are shared in this report.

Summary

Positive feedback on home care services

- Most people had some good things to say about the quality of care, and a number of respondents were full of praise. Positive feedback tended to coincide with the resident knowing what to expect from the service and feeling in control.
- Many interviewees appreciated that their carers knew them by name and were aware of their individual preferences. These relationships were clearly very important. Some respondents spoke about having great affection for their carers or regarding them like members of their family.
- While not all service users regularly interacted with their care provider, those who did generally described the agencies as easy to contact.
- Though overall feedback on complaints was mixed, a number of people told us that their provider had listened to their feedback, responded positively, and made improvements to their care. These residents were more favourably disposed towards the service as a result.

Areas for improvement

- Late arrival of carers was a frequently reported issue. Respondents felt that the consequent reduction in visit duration negatively impacted the quality and thoroughness of care.
- Continuity of care was sometimes an issue, with rapid turn-over of staff. This could make the home care service feel less personalised.
- There were repeated concerns regarding carers' lack of training in essential caregiving tasks such as preparing basic meals, making beds, and administering medication.
- Some users experienced mismatches between their needs and the carers assigned to them. In several cases, carers were reportedly unfamiliar with the health conditions or physical limitations of the individuals they support, such as neuropathy.
- Many service users reported being unaware of their care plan or not having a copy available. Changes to care plans, visit times, or assigned carers were not always communicated clearly or in a timely manner, leading to confusion and dissatisfaction.
- A number of participants were unaware how to make complaints either with their care agency or the local council. This highlights a need for improved information sharing and clearer guidance, both on the expectations people should have of home care services, and available channels for raising concerns.

Challenges for providers

- Recruitment is a big challenge. Additionally, post-covid, many carers choose part-time hours and many prefer not to work early mornings.
- Providers felt that social workers were adding an unnecessary level of rigidity to the design of care and support plans, making care packages more difficult to bid for and deliver.
- Needs assessments conducted in hospital settings can be unrealistic, with patients' actual care requirements significantly greater than those provided for in their care or reablement packages.

Who we spoke to

Most interviewees received care seven days a week. Some received care on fewer (two, three, four, six) days each week. Carers visited between one and four times a day. The number of daily visits depended on the type of support being provided.

We interviewed 24 service users and had conversations with two family members without the service user present. 25 interviews followed the structured format of our questionnaire. One interviewee gave feedback without reference to our list of questions.

How is your home care funded?	Number of interviewees
Council-funded	9
Mix of council-funded and self-funded	6
Self-funded	10
No answer	1
Total	26

Ethnicity of interviewees	Number of interviewees
Black/Black British	6
White British	14
White Irish	1
Greek/Greek Cypriot	2
No answer/ not known	3

Age of interviewees	Number of interviewees
25 to 49	2
50 to 64	8
65 to 79	8
80 +	7
No answer/ not known	1

Gender of interviewees	Number of interviewees
Female	17
Male	7
No answer/ not known	2

Findings

Punctuality and reliability of home carers

> **"Regulars usually do a full hour, non-regulars are less likely to do a full hour, likely to arrive late."**

Feedback on this issue was mixed. Some interviewees said that their carers always came on time or were usually on time, others that they were sometimes late or often late. Lateness was more often associated with non-regular carers, 'the regular ones are better' but regulars were also occasionally late. Non-regulars were seen as less likely to stay for the full allocated time.

Service users were understanding of occasional lateness, 'she's living far, and train service may impact her travel' but frequent lateness was viewed as an indicator of poor-quality service.

The degree to which respondents felt empowered in their relationships with their carers and the care agency played a big part in determining their opinion of the service as a whole. Not being able to predict carers' arrival times could make service users feel disempowered. One respondent, who contacted the care agency on behalf of her mother, said 'they told me they cannot be precise about timing. Mum finds it very stressful and frustrating as she doesn't know who is coming and when.'

One severely disabled service user explained that they needed two carers to help them to balance and move about safely. However, their second carer often arrived 15 to 20 minutes later than the first carer, meaning there was more danger they would overbalance and fall because they were being helped to the toilet by a single carer.

A respondent with diabetes needed to eat at regular times but couldn't rely on their carers to turn up on time to prepare their meals. 'Sometimes I ended up getting take-aways just to make sure I was getting the food I needed.' Another reported similar problems because they needed to take medication at specific times and allow time before food. 'On some days I did not eat because the medicines were so badly timed because of the time the carers arrived. There was a constant problem with timing of medicines and food.'

Another respondent, speaking on behalf of their mother, remarked that 'sometimes they don't turn up till 9.30/10am which is rather late for a 96-year-old to have breakfast.'

Only two respondents shared that someone would ring them if the carers were going to be late. This should be a minimum requirement for carers from all agencies (where the circumstances of individual service users make phoning practical).

Scheduling

The other issue that interviewees raised was the scheduled time of the visits themselves. One respondent shared that their carer, though always on time, arrived at the flat at six every morning and had the respondent up and in their chair by 6.30am. The resident felt that this was much too early and suffered from extreme tiredness as a result. When they complained to the agency, they were told it was not possible to change the carer's arrival time as the carer had other people to visit.

Service users feeling empowered

"If I needed something else, I am sure I could ask them and get it."

Interviewees who were positive about the quality of the home care service gave feedback that suggested they felt secure and in a position of control. Some of this confidence was doubtless down to the personalities of individual respondents, but some was enabled by the way the services were run.

Residents who felt empowered reported feeling listened to and feeling supported. They also knew what to expect from the home care service, 'I get given the list of carers who come and when they will be coming.' Communication was effective and relationships with individual carers tended to be strong.

However, it was clear that other respondents did not feel empowered. They did not feel listened to and said that complaining made no difference. Respondents said they weren't sure when carers would turn up, and relationships with carers tended to be weaker. 'The carers hardly wanted to talk to me, and they were always pushed for time', 'They took no notice of anything I said and never did anything that I asked, they ignored what I said to them.'

Difficulties communicating in English, whether on the part of the service user or on the part of the caring team, could also make residents feel like they lacked agency.

Some respondents felt they had little say in how the service was offered and had not been involved in care planning. Communication with care agencies could be disempowering as well. For example, one service user complained that the agency manager just let themselves in to their house and sat down with them because they happened to be in the area. They made no advance arrangement or appointment. 'I felt very uneasy that they had been given the key number to let themselves in.'

Relationships with carers

"I get on with my carers all the time. I know their names and when I've got a new carer, I make sure they show me their badges. I know their names by heart."

Feedback on relationships with carers was mostly positive. Some of those positive stories were presented as successful resolutions to negative situations with previous carers and care agencies.

These relationships were clearly very important. Some respondents spoke about having great affection for their carers or regarding them like members of their family. Where carers were more like strangers this generally equated to a poorer experience of care. One resident, responding on behalf of her mother, expressed a bit of frustration at simple opportunities that were missed to make the home care service more personal.

"With different carers coming and going, it is difficult for mum to remember their names. It would be much better if they introduced themselves - some don't even do that. And better still if they wore a name badge. Why can't they do this - it would be so simple? Some of their names are difficult to pronounce so a name badge would be very helpful with that, too. Some carers just leave without saying goodbye, leaving mum to go from room to room to look for them, only to find they have left."

Positive feedback on the quality of care

> **"Yes, they were very good, I have no complaints at all."**

Most people had some good things to say about the quality of care, and a number of respondents were full of praise. Sometimes praise was given to the service as a whole, and sometimes it was reserved for the principal carer(s). Positive feedback tended to cover themes discussed above, such as punctuality, reliability, and the service user having a sense of agency, or feeling in control.

"Thumbs up all round. They provide an excellent service. Yes I feel listened to, they provide good support and I get on well with my carers and know their names. They will go above and beyond the service if necessary. They do usually turn up on time but if they are going to be late, it's always a 'London' issue ie public transport. The office always informs me of this. Do I feel supported to build on what I can do for myself? Absolutely. Anything that needs to be improved? No, nothing."

Concerns about the quality of care

Some concerns were linked to time pressures, with service users expressing concern that carers were rushing tasks, leaving early, and not engaging sufficiently during visits.

Other concerns included poor communication (this was mentioned by many respondents), cultural barriers affecting the quality of care, carers avoiding certain tasks or not doing everything in the care plan, lack of flexibility with regard to the care provided, lack of continuity/ always getting different carers, not enough care, lack of initiative on the part of caring staff, and carers lacking basic skills. One service user reported being sent carers that did not know how to use a microwave or push a wheelchair. Some users experienced mismatches between their needs and the carers assigned to them. Examples included:

- Carers with allergies being assigned to households with pets
- Pregnant carers being unable to provide certain types of support
- Muslim carers being unable to handle some products
- Requests for same-gender carers for personal care being unmet
- Limited English language skills among some carers creating communication barriers.

"Care is a bit up and down. Some of the carers can't do the most basic things. For example, they can't prepare a simple breakfast or make the bed. It's difficult to get this wrong when it's a duvet."

Responsiveness of the care agency

> **“I haven’t had to call them, they call me to check if things are ok.”**

Some interviewees said that they were frequently in contact with their care agency, others did so rarely, relied on another family member for this, or were never in contact. Residents contacted the agency if something had gone wrong, or to cancel or rearrange details of personal care to accommodate holidays, activities, hospital/doctors’ appointments and the like.

Feedback was mixed, but there were a good number of positive comments. Characteristics associated with a good home care agency included being easy to contact, quick to respond, helpful, proactive, and good at listening. Service users who had previously contacted their provider with a problem or complaint that the provider had successfully resolved tended to be favourably disposed toward them as a result.

Those who described an indifferent or negative experience spoke about lack of effective communication between the carers and the agency, excess bureaucracy, nothing changing as a result of complaints, no feedback about complaints, diverse other examples of poor communication, and agencies blaming individual carers rather than addressing systemic issues.

Complaints

Have you ever made a complaint?	Number of interviewees
Yes	12
No	12
No answer	2
Total	26

About half of the interviewees said that they had made a complaint or had one made on their behalf. Complaints are an important mechanism for improving the quality of the service when they are heard and acted on. Although feedback on the outcome of complaining was mixed, it can be seen as a positive that most respondents had felt able to complain when they were unhappy. However, one interviewee said that they hadn’t complained because they feared complaining would have a negative impact on their care going forward.

Care planning

Although one interviewee spoke of having their care plan 'hanging on my wall at home', respondents shared few thoughts on their care plans. One person noted that although they had been shown a copy of their care plan to read, they had not been given a copy of it to keep, so it was not something they were able to refer to. Seven respondents said that they didn't have a care plan and others were unsure.

"Yes, it does describe what I need but I could do with more time, another hour a day. Meals and other activities often take longer."

Feedback on how involved service users felt in the care planning process was mixed, with those with a poorer experience tending to feel less involved, 'I have never been given any options for care'. Those with a positive experience felt more included, 'Yes always. They always ask, take insights. I'm always informed about decisions.'

It was also clear that individual carers played an important role in making service users feel involved in their own care, and in the decision-making around it.

Contacting Islington Council

Four interviewees said that they had contacted the council with a concern about their home care. One respondent had contacted the council when their care agency had tried to charge them for a service that they had not received (their carer had not shown up). The council sorted this out for them and they appreciated this, "Very satisfied, can't fault them. Always helpful." Another respondent who had a problem with an agressive carer was also satisfied with the way the council stepped in, "I complained to Islington Adult Social Services who were very good and changed the agency."

Feedback suggested that some service users were unclear when it was best to contact the council rather than the care agency, 'keep being sent back and forth. Council says contact the agency and vice versa'.

Respondents were also unsure who at the council to contact and how to get hold of them. One respondent's feedback showed they felt they would have had a better outcome if they'd contacted someone else at the council "It needed a stronger intervention and it was not resolved. The social worker did not hold the agency to account."

More clarity about when it is appropriate to escalate a complaint to the council, and the home care complaints pathway overall, would help.

Age UK Survey

Does have having a care agency worker mean you get a break from your caring role?	
Always	1
Often	5
Rarely	5
Never	6
Total number of respondents	17

How well do you feel the care agency worker provides the support that the person you care for needs?	
Extremely well – all needs are fully met	3
Quite well – most needs are met	8
Adequately – some needs are met, but improvements are needed	6

How well do you feel the care agency worker provides the support that the person you care for needs?	
Very easy	7
Easy	5
OK but not perfect	3
Not great	1
Not tried. No need to	1

Earlier this year, the Islington Carers Hub (a service provided by Age UK Islington) distributed an online survey to family carers in the borough. The survey was about respite care, but we included a few extra questions for respondents whose loved one was also using home care services.

17 people responded to these questions. Since the survey targeted family carers rather than service users, and was circulated to a different audience, we were able to hear from a completely new set of people. Nevertheless, many of the same themes emerged in the responses.

Recurring themes

- Generally speaking, people felt it was easy to contact the home care agency (though a couple of respondents qualified this by saying it was harder to feel listened to).
- Examples were shared of carers delivering excellent care.
- Cultural barriers, particularly language barriers, could adversely affect the quality of care, making service users feel disempowered and isolated.
- Continuity of care was sometimes an issue, with rapid turn-over of staff. This could make the caring service feel less personalised.
- Time pressures could make care visits feel rushed.
- Some carers could be more proactive

Selected quotes about care agency workers

[The care agency workers provide] "personal care and housework plus reacting to needs, calling me or 111 or 999 in case of emergency. Excellent."

"Pleasant people doing their best."

"The carer was kind and punctual. She understood aspects of dementia."

"Sometimes new caregivers are sent that know little about Dad."

"We have someone who comes in at least once a day, sometimes twice to wash and dress mum. I would like them to speak English as a first language so mum doesn't feel so isolated and so that they could engage with her more."

Care Providers Forum

Healthwatch staff and volunteers gathered feedback from care providers at the London Borough of Islington Home Care Providers Forum in October 2025. 10 providers were in the room and three or four attended remotely. We wanted to get a better understanding of the challenges they faced delivering the service.

Care planning

We asked providers how they involved service users and families in their own care. Some service users had told us they didn't feel included. However, providers insisted that involvement of the client and family was important from the initial assessment onwards. Input from the family was needed to determine the inital care package. Providers took advice from them on the timing of visits, food preferences, and so forth. Providers did their best to match the service user to appropriate carers based on personality, language needs, and location. Home care could be challenging if it was new to the client, so providers needed to meet with the client and family members to explain what was involved, and sometimes to manage expectations. Care packages also needed to be reviewed, to be increased or decreased depending on the changing needs of the client. The relationship with the client and their family was ongoing.

Challenges

Lack of continuity of care, with rapid turn-over of caring staff, was an issue identified by service users. Providers agreed that recruitment was a big challenge. A carer's salary is lower than the salary for an equivalent supermarket role, and carers are not paid for travel time between clients. It is also difficult for providers to find carers able to work at the hours specified in care packages. A variety of reasons were given:

- Post-covid, most carers choose part-time work so a full package from a single carer is not often possible.
- There is also the challenge of the hours that most carers can or want to work. Carers often have commitments (such as taking their children to school) and many want, or are only able, to work from 9.30 or 10am onwards. But they are needed much earlier to help the user to get out of bed, wash and have breakfast. More home care packages are now for a 7am and 8am start and this is a challenge.
- In winter, carers generally aren't keen to work evenings.

The care needs assessment

Care packages are based on a care needs assessment, typically carried out by a social worker from Adult Social Services. Providers felt that early morning visits are recommended in care packages almost by default, and these decisions are not necessarily informed by close consultation with service users (service users can be more flexible about visit times). This makes care packages difficult to bid for and deliver. Providers felt that they should have more involvement in the design of care packages because their expertise in delivery would help ensure the packages were realistic. If early morning visits were reserved for those who really needed them (to take medication etc) then providers would be better able to meet demand.

Hospital discharge

Many service users' home care needs are assessed when they are in hospital waiting to be discharged. Some overestimate their abilities, expecting to be more able than they prove to be once they get back home. The home environment is very different from the hospital environment and facilities at home, such as toilets, baths, showers and stairs, are less accessible than their hospital equivalents. Needs assessments conducted in hospital settings are often unrealistic, and patients' actual care requirements may be significantly greater than those accounted for in their care or reablement packages. Providers told us that there needed to be education for professionals carrying out hospital discharge to support them to produce more realistic care packages. It was important that room to amend the packages was built in.

Communication with Adult Social Care

It can be a challenge to successfully contact Islington Council's Adult Social Care department, "we send emails and emails and there is no response". Having effective and easy contact with Adult Social Care can be key in making sure carers have all the relevant and up to date information on the clients they support. Lack of regular/timely communication with the council was a problem identified by a number of attendees.

Successes

We asked attendees what they were most proud of in their service and what aspects of care delivery were currently working well. We were told that some clients will have been in hospital for six or nine months or even longer, so providing the care that then gives them back their independence is so important.

> **"Giving people their independence…seeing someone who is then able, after care, to manage and do things on their own."**

Examples of other responses include:

- "That we are able to build a person's trust"
- "The care that we give can keep people away from hospital, reducing hospital admissions."
- "The family members are happy – just having someone there who can solve the problems."

Providers also identified that connecting with other groups and people in the community was important, connecting service users with voluntary organisations that can also provide help.

Recommendations

1. More co-production is needed in care planning.

We recommend a review of how care plans are put together and whether there is enough co-production with the person receiving care, and family members where relevant. By making care planning more genuinely shared, and ensuring people better understand their entitlements and what they can reasonably expect from the service, we can put service users in a stronger position to self-advocate. This will help drive up quality. We would be happy to support this in the next stage of our work, in which we could speak to social workers and care agencies about the care planning process in greater depth.

2. The complaints pathway needs to be clearer and more consistent.

We recommend a clearer complaints pathway that's more consistent across providers. A lot of service users didn't seem sure whether they should complain to the agency or to the council, and some felt like they got bounced between the two. If the pathway was clearer and communicated better, it would help people feel more confident raising/escalating issues earlier.

3. Care agency training for care staff should be reviewed.

We recommend that care agency training be reviewed. The review should look at the length of the training, the topics covered, and how ongoing training and supervision are delivered. We suggest that training needs to include some communication basics that sound small but clearly matter a lot to residents: saying hello, introducing yourself, wearing a name badge, saying goodbye before leaving. Currently, some carers are missing opportunities to use these basics that can do so much to make care feel more personal.

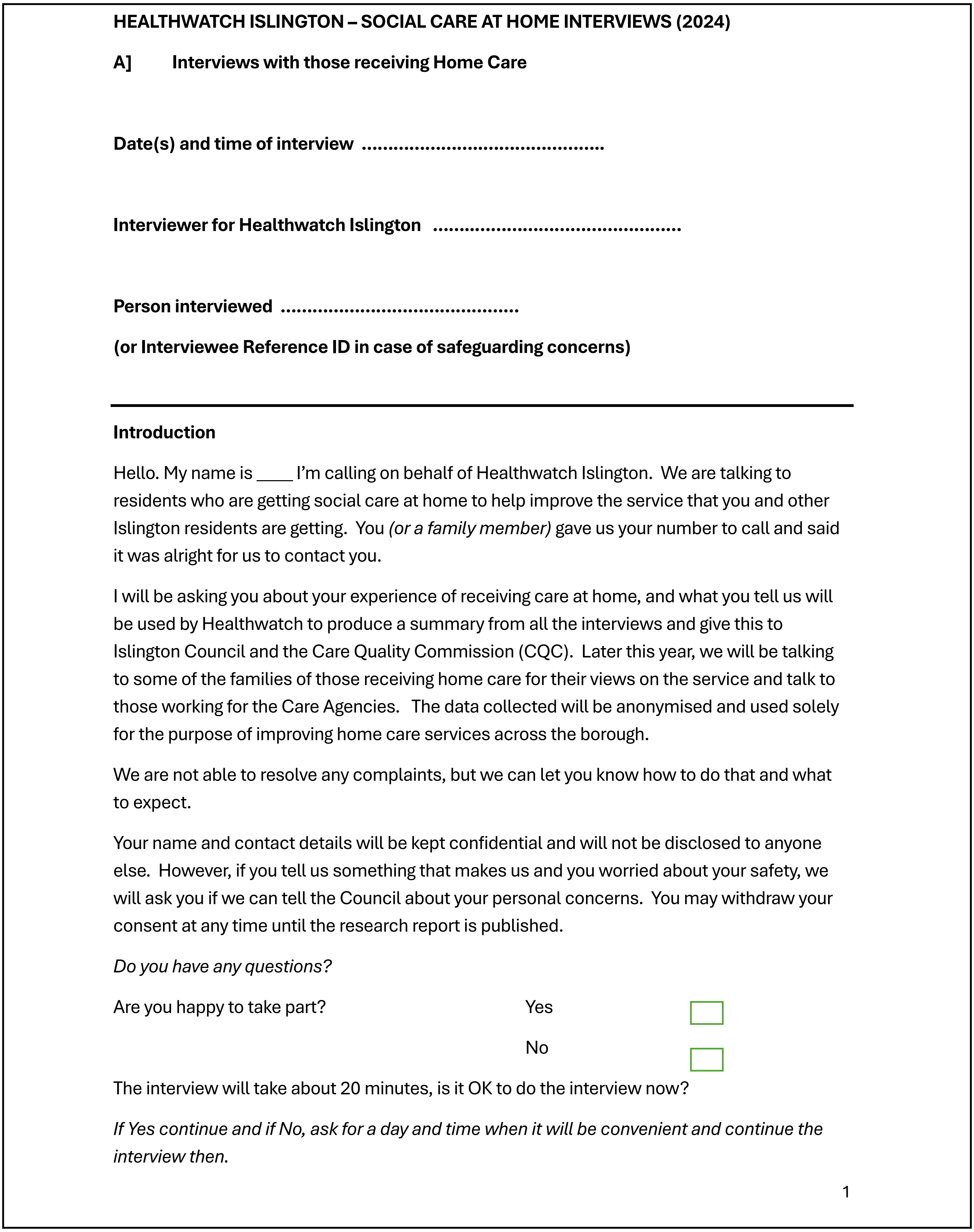
Next Steps

Providers told us that care packages can be too rigid/unrealistic (especially around timings), and that they could help shape something more deliverable if they had more involvement in the design of the packages. We have not spoken with hospital discharge or adult social care teams about this topic, or about their roles more broadly. This is an area we will explore in the next iteration of this work.

Hospital discharge is a pressure point and we intend to do more work to understand it properly. We will speak to discharge teams and social workers about the challenges they face designing care packages, and where the gaps are between what's assessed in hospital versus what's actually needed at home.

We also plan to interview/run a focus group with paid carers to better understand their perspective on the challenges they face.

Appendix



HEALTHWATCH ISLINGTON – SOCIAL CARE AT HOME INTERVIEWS (2024)

A] Interviews with those receiving Home Care

Date(s) and time of interview ....

Interviewer for Healthwatch Islington ....

Person interviewed ....

(or Interviewee Reference ID in case of safeguarding concerns)

Introduction

Hello. My name is ____ I'm calling on behalf of Healthwatch Islington. We are talking to residents who are getting social care at home to help improve the service that you and other Islington residents are getting. You *(or a family member)* gave us your number to call and said it was alright for us to contact you.

I will be asking you about your experience of receiving care at home, and what you tell us will be used by Healthwatch to produce a summary from all the interviews and give this to Islington Council and the Care Quality Commission (CQC). Later this year, we will be talking to some of the families of those receiving home care for their views on the service and talk to those working for the Care Agencies. The data collected will be anonymised and used solely for the purpose of improving home care services across the borough.

We are not able to resolve any complaints, but we can let you know how to do that and what to expect.

Your name and contact details will be kept confidential and will not be disclosed to anyone else. However, if you tell us something that makes us and you worried about your safety, we will ask you if we can tell the Council about your personal concerns. You may withdraw your consent at any time until the research report is published.

Do you have any questions?

Are you happy to take part?	Yes	☐
	No	☐

The interview will take about 20 minutes, is it OK to do the interview now?

If Yes continue and if No, ask for a day and time when it will be convenient and continue the interview then.

1. What is the name of the Care Agency that provides your social care?

2. When did you start receiving your social care at home?

3. How is your social care paid for?

   Self-funded ☐ Council funded ☐ By Direct Payment ☐

   Mix of self-funded & Council funded ☐

   Mix of self-funded & Direct Payment ☐

   Interviewee unsure or does not know how it is paid ☐

4. How many days a week do you *usually* receive care at home?

5. How many visits from a carer do you *usually* receive in a day?

6. Is this the same carer or do you usually get different carers during the day or the week?

I am going to ask you now about your experience of the social care you receive at home

7. Overall, what do you think about the care that you receive at home?

   Prompts for the response -

   Do you get the support you need from your carer(s) at the time that you need it?
   Do you feel listened to?
   Do you feel that you get the right support at the right time?
   How do you feel you get on with your carer(s)?
   Do you know their name (names)?
   Do they turn up on time? (and if not – does this happen often and why does it happen?)
   Do you feel supported to build on what you can do for yourself?

8. Is there anything that you feel needs to be improved or changed about how you get your care at home?

I am now going to ask you about your relationship with the home care agency

9. How frequently have you contacted or tried to contact your Home Care Agency?

Frequently ☐
Occasionally ☐
Rarely ☐

10. How easy was it to contact your care agency? Were they easy to talk to?

Do you feel able to tell them how you feel about the care provided and the carer(s), and any problems that you may be having?
How do they respond?

11. a) Have you ever made a complaint?

Yes ☐

No ☐

I don't know how to make a complaint. ☐

b) If Yes, how did you feel about how your complaint(s) was dealt with and what happened as a result?

12. a) Have you ever tried to contact the Council with a concern about your social care at home?

Yes ☐

No ☐

I don't know how to complain to Islington Council. ☐

b) If Yes, how satisfied were you with the result?

Finally, just to ask you about how engaged or involved have you felt in deciding what care you should get at home, and about your Care Plan

13. Do you have a Care Plan that shows what care you should get at home?

Yes ☐
No ☐

Not sure ☐

14. Do you feel listened to and involved in decisions about your care planning and support? Why?

15. you been informed by the Care Agency about the choices and the support that is available for you? How did they do that?

Yes-in person ☐

Yes-by letter ☐

Yes-another way ☐

Not sure ☐

16. Do you feel that your Care Plan accurately describes what you need?

Prompts –

Do you feel supported to build on what you can do, and with what's important to you?

Has the Care Agency explained if and when there are any changes to your care plan?

17. Is there anything else you would like to tell me about the care service you receive at home?

Thank you for your time and valuable input. Your feedback is greatly appreciated and will help us improve health and social care services.

(End of interview)

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