



# The relationship between social workers and care home

**healthwatch**  
Kingston upon Hull

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# 1. Disclaimer

All the views, opinions and statements made in this report are those of the public who participated in our research across Hull.

This report presents the data collected with regards to care home managers only in Hull as well as social workers whose work remit is across the Hull boundary.

# 2. About Healthwatch

We are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that people's voices are heard by the Government and those running services. As well as seeking the public's views through regular engagement we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary Healthwatch is here to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

## 3. Background

### Why this subject:

This project came about after conducting several engagements in the first quarter of 2023 Healthwatch Hull found out from speaking to the managers of several residential homes that communication was an issue. We were told the impact of these concerns raised can include delays in care and in any updates to resident's needs. This is often due to social workers leaving posts and care homes not being informed of the change of social worker or of a different social worker taking over case. Other issues which were raised were regarding resident funding which can cause delays in a resident being moved into a home and what care they can receive whilst waiting for funding to move forward. Another issue which was raised was surrounding delays in medication due to a lack of communication between hospital social work team, ASC social workers and external services which causes delays in prescribed medication which can cause further health complications due to then residents not receiving required and updated medication for their needs.

This project was undertaken to understand the relationship between care home managers and social workers in Hull with a specific focus on communication channels and effectiveness of the communication between the social workers and care homes. We also wanted to gain an understanding of both perspectives on the relationship with feedback from Managers of homes and from social workers.

Through research conducted we were able to find data pertaining to visits by social workers via Rights4children.org.uk which states "Every 6 weeks unless it has been agreed that you will live where you are until you are 18, in which case you must be visited at least once every 3 months." We did look to find current legislation that states how often social workers should visit residents in care homes, Healthwatch spoke with the Adults social care team with Hull city council and they provided this information on resident visits; 13.16 of the Care and support statutory guidance states:

"13.16 Local authorities should have regard to ensuring the planned review is proportionate to the circumstances, the value of the personal budget and any risks identified. In a similar way to care and support or support planning, there should be a

range of review options available, which may include self-review, peer-led review, reviews conducted remotely, or face to face reviews with a social worker or other relevant professional. For example, where the person has a stable, longstanding support package with fixed or long-term outcomes, they may wish to complete a self-review at the planned time which is then submitted to the local authority to sign-off, rather than have a face to face review with their social worker. This does not preclude their requesting a review at another time or a face to face review being needed if there is an unplanned change in needs or circumstances. They further stated that those who receive DOLs should be visited monthly”.

It is important for Healthwatch to be able to understand all aspects of Adult social care and this ranges from engagements with residents at homes across Hull to small projects looking at supporting residents with learning disabilities within independent living facilities. We have a wide range of activities and methods we use to engage with adult social care, looking to understand what is working well, what isn't working well and what the people who are living in the settings are saying about adult social care services in Hull.

Feedback received initially from home managers via engagements:

***“Manager of home spoke about how the home is never informed when social workers move on from a role, and mentioned how she was prefer to be kept in the know about when staff have moved on, as the relationship social workers build with residents is really important.”***

***“Staff member stated that there are delays in care packages for patients who are going home and will be no longer residents.”***

***“The manager of Rose villa talked about how there is a lack of continuity with social workers for the residents of the home and that the social workers only come every 6 months or there is a long waiting time for a social worker to be appointed for the residents.”***

***“The manager explained how the home has experienced frustration with the social work team from the council around funding and delays in getting the funds to support incoming and new residents, and that there are also delays in processes when there***

*are staff changes within the social worker team and that work is incomplete or works hasn't been completed by the previous social worker."*

We also wanted to understand the social worker perspective on this subject and so after meeting with the principal social worker from the local authority and with the heads of departments to discuss the project. We agreed on working together to speak to between 15-20 social workers which was agreed as we received 18 responses from homes across Hull and having an even number of responses from both perspectives allowed for an unbiased investigation into the identified problems.

#### Approach:

We created an initial online survey for residential home managers to complete which was made up of 9 questions covering a broad spectrum related to social workers and residents from Communication, delays in support, to what could be done to improve the communication. This was developed through the experiences we had received from the homes initially.

The survey for engagement with home managers ran over a period of two months from August 23' to October 23' and was emailed to home managers across Hull for them to participate in. The two month time period was chosen to allow home managers to have ample time to respond and to maximise the number of responses received.

The second part of this project took place through speaking to social workers to gain their views. The questions asked to social workers were devised based on the answers we received from the home manager survey as this allowed us to address the managers concerns directly. This gave us the most effective response on the concerns that were identified, allowed social workers to raise any concerns they have and explain how and why certain points may have occurred.

Taking this approach ensured we gained an in depth understanding of the relationship and communication between social workers and care home managers.

## 4. Findings

### Care homes

17 Care homes responded to the survey of the 78 contacted, they had the option available to keep all responses given to the survey anonymous of which the majority have decided to remain anonymous.

The first question we asked home managers was “How would you describe your relationship with social workers and what if any issues have you faced when communicating and/or working with social workers?”

Of the 17 responses to the first question 10 responses highlighted the positive working relationship they have with social workers.

- ***“I feel I have a positive relationship with the social workers who I make contact with. I have found them to very busy but not too busy when it comes to important conversations and meetings. I feel that they care about the people they are responsible for and will keep me informed at regular intervals or will respond to me within a reasonable time. I have found them approachable and professional.”***
- ***“I have always had a good working relationship with the social workers. both East and the West teams along with East Riding, where we have had complex cases social workers have taken over from assistants and given both us and the Resident their valuable services.”***
- ***“I feel Westdene has a good relationship with social workers generally I don't have any problems.”***

The remaining 7 responses provided mixed feedback with some stating that whilst they had good relationships, there were difficulties that were faced with communication highlighted as a particular challenge.

- ***“Good and effective relationship with some social workers especially the local teams, although not all Social workers are the same and work differently. We still at times have problems with communication channels, especially with regard to increase in funding for Categories, there seems to be a tendency to delay this type of decision and then back date payments to the date of the review, meaning that potentially we would be missing out on months of arrear payments. This at times can be exhausting and the paperwork trail can be at times feel never ending.*”**
- ***“However at times our relationship with the some of Hospital Social Workers can be quite short and at times quite heated. We are finding that some of the Hospital Teams Social Workers are poor in communication skills, quick to cancel contracts and extremely poor at liaising with family members which at times causes us significant problems.”***

The contrasting responses we received spoke about difficulties around residents not having a designated social worker, how residents are not seen regularly and how social workers do not always know their clients very well.

- ***“Most service users do not have an allocated social worker, this means their care package has not been reviewed for over a year, when contacting duty to go through best interests they are not interested and want nothing to do with it, and this is poor practice in my view and does not support managers within residential services.”***
- ***“The majority of social workers do not know their client, they have only come in to contact with them in the hospital as they await a discharge, they get a snapshot find accommodation then leave them for someone else to pick up which often does not happen as they are then deemed safe so you have to ring the duty team for someone to get in touch with you, then resulting in the duty officer not knowing the client.”***



- ***“Lately social workers are not available to support us, I personally was emailing a social worker for 1 year about a person we support attending a day service all self-funded, I had to make a threat of reporting this lack of response to safeguarding as it was affecting the person’s mental health. I feel very sad that I had to resort to this as normally the way I work is we are all in this together to get the best outcomes for the people we support, but social workers never respond in good timescale if at all.”***

We then asked the question “How long have you been dealing with any issues with social workers?”



The breakdown in the chart above shows the majority of the 17 responded ‘Not Applicable’ meaning they were not currently or had not dealt with any problems with social workers. With 11 homes responding that they found when they were dealing with any issues with social workers that it could range from 1-3 months all the way up to 12+ months.

We next wanted to know and understand what effect a lack of communication or action from social workers has on residents and so we asked “Has there ever been a delay for a resident’s medication, support or care, due to a lack of communication or action from social workers?”

Of the 17 responses received to this question, 9 homes answered ‘no’ whilst the 8 alternative responses received spoke about how there are several difficulties that come from a lack of communication, which can then delay a residents annual review. There is also mention of how paperwork for residents is rarely returned to the homes.

- ***“We find that our local Social Workers do not tend to get involved in these areas. The Hospital Teams are more involved with this area however the problems occur when one team doesn’t liaise with the other and you tend to be passed from pillar to post. We are at present having a delay with DST meetings with two residents, due to being under review from other medical teams and one of these is due to reports not being submitted or communicated between teams. We have not been informed as to why the way DST meetings have been altered from any of the teams.”***
- ***“Yes. One resident who is still with me now, was placed by the hospital team of social workers brokerage, no financial had been done but the FNC had so from last October I have been passed from one to another and still not been paid the fees.”***
- ***“We very rarely receive and paperwork - my life my ways from Hull social services - I feel annual reviews are pushed back often when there is no concerns.”***
- ***“Sadly, yes all the time for the past few years at least.”***

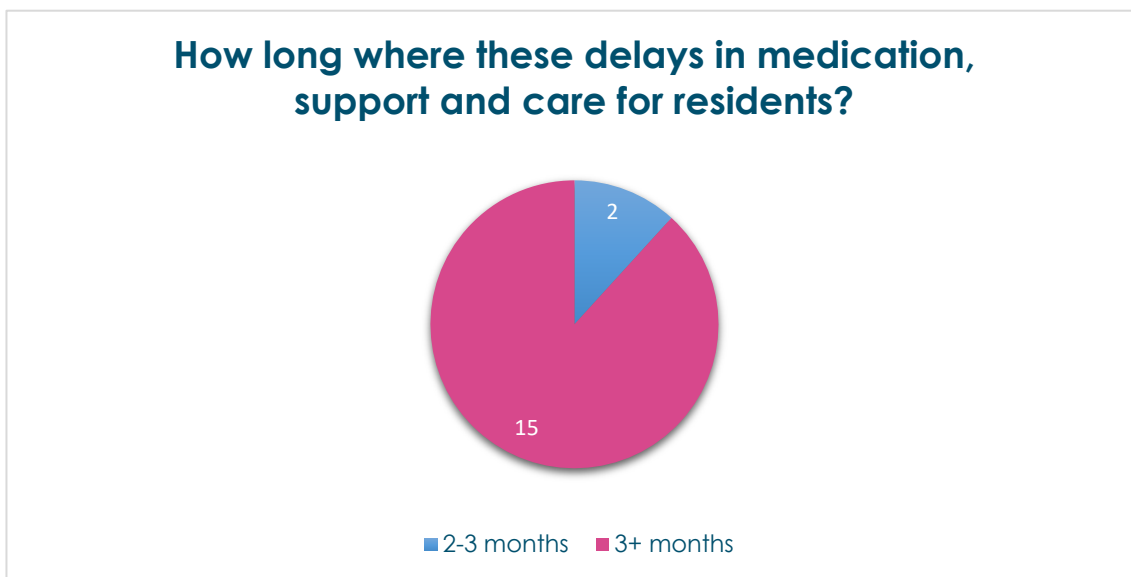
Furthermore, we asked how long could these delays be, we received responses from 3 homes answering the question stating that any delays could be as long as 1+ months

and as is shown above in the previous question from 8 homes shows that there are delays but as the answers above whilst mention delays and concerns.

The series of questions we asked next was to understand the frequency of the visits, the continuity of care and the level of understanding that the social workers have of their client. Finally, we were keen to learn whether social workers are liaising with external services involved in resident care to better understand resident's needs.

The data collected from this series of questions helped Healthwatch to identify and quantify the data so that we could analyse and reference with what legislation states should be the regular amount of visits that residents should be receiving each year.

The information received from the follow up questions allows us to understand what is needed or what potentially needs to be put in place to help both homes and social workers when it comes time for social workers to visit their clients.

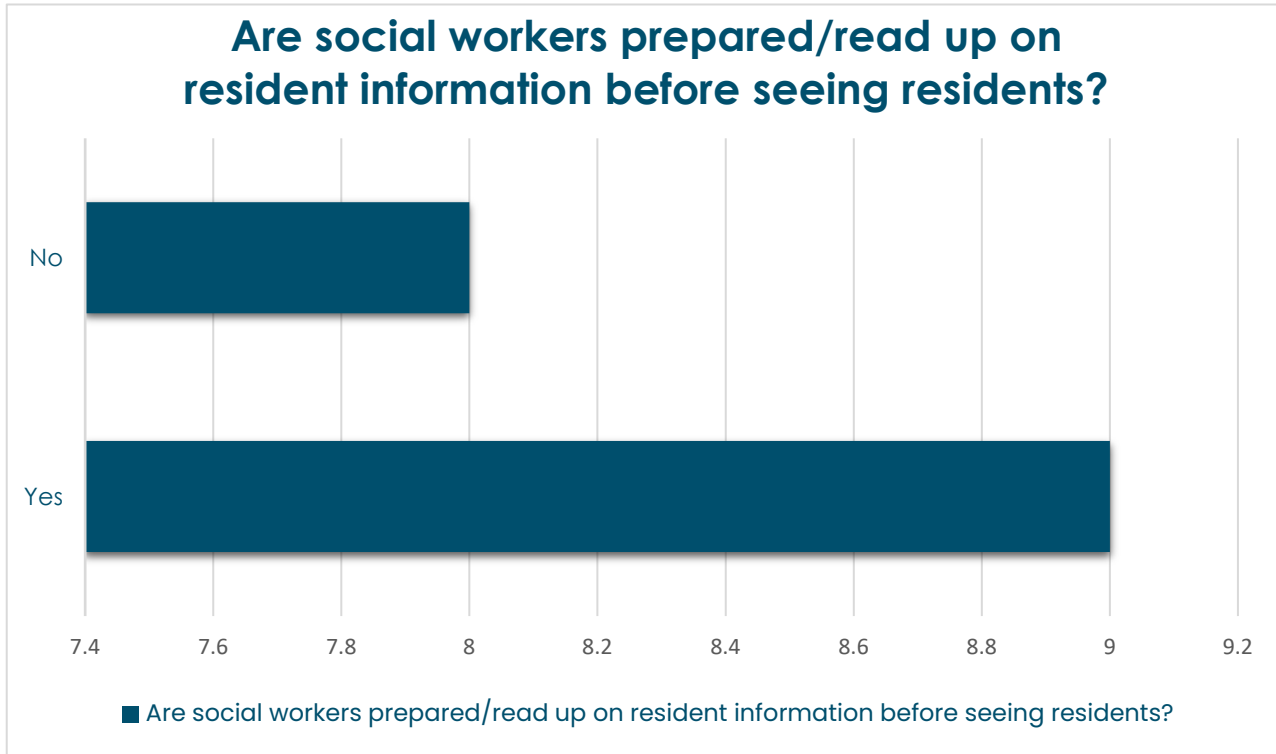


Of the responses received as to how frequently social workers were visiting residents in the homes, 15 responded with 3+ months and only 2 responded with every 2-3 months. Visit rates to residents will change for a number of reasons including change in care priorities and with a change from the short term allocation team and long term allocation team.

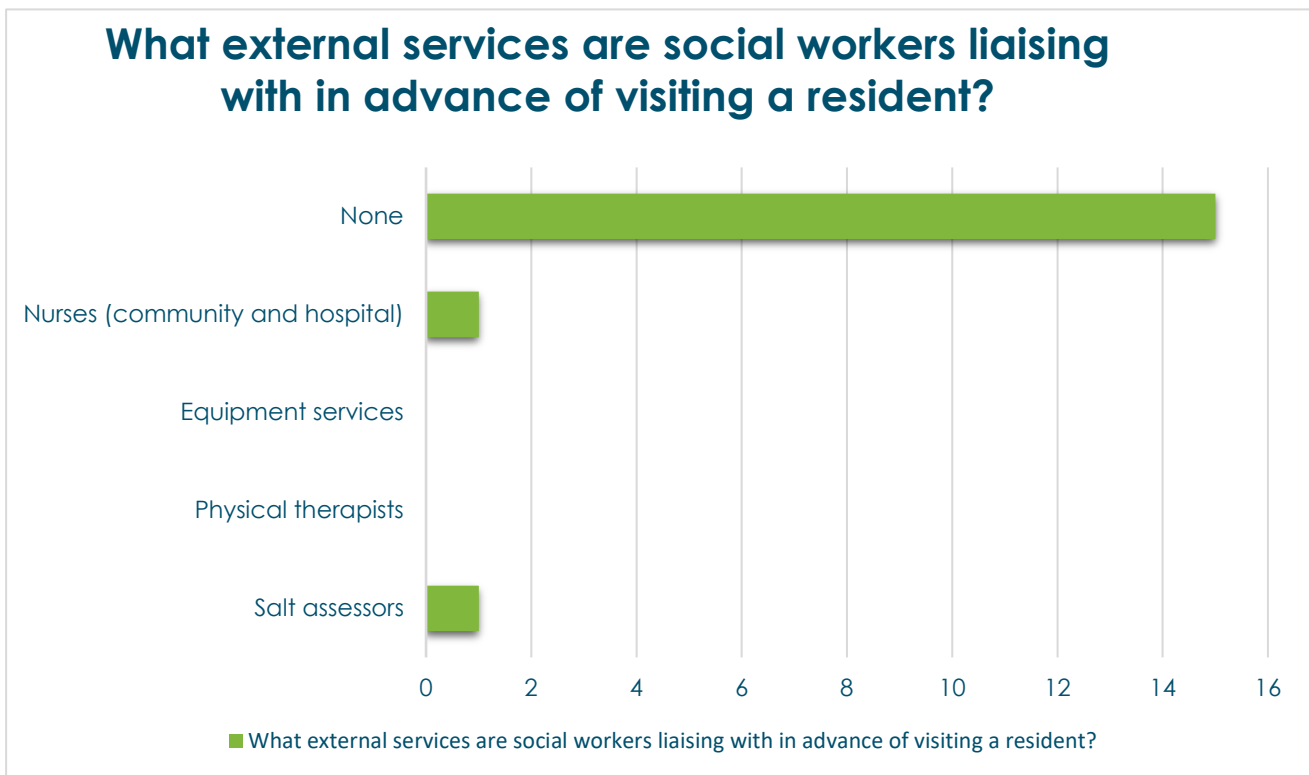
With the frequency of visits we wanted to find out if the residents are seeing the same social worker with each visit and from the responses received 16 homes answered 'No' with only 1 home answering 'Yes'. This information is important because a large part of caring and providing care for those who have dementia is relationship building; **“as the relationship social workers build with residents is really important.”** This quote is from one of our engagements which is mentioned at the beginning of the report and also highlights how important relationship building that a social worker will do with residents is really important.

If residents aren't seeing the same social worker then it removes that ability for them not only to build a relationship with this person which is an important factor in the residents care. We were told It also makes it difficult for social workers to maintain and build relationships with staff, which could cause delays in appointments as the social workers will have to meet with management to discuss who the resident is and their needs e.g., (Care plans and assessments) every time a visit is scheduled.

We asked homes if they felt that during social worker visits that the social workers understood and had up to date knowledge on the needs and support requirements for the residents, with 9 of the homes answering yes and 8 answering with no. This question was used to help Healthwatch understand if social workers knew the full support mechanisms needed by the resident they were visiting.



Whilst the chart above shows care homes are satisfied that social workers have an understanding of their clients when visiting without having to meet before going in with the client to discuss needs, support and more. The chart below shows that home managers feel that many social workers don't liaise with external care service providers before visits, which as identified in this report the feeling that social workers don't know their clients.



One of the care homes told us that they feel the service was impersonal and this was identified by one of the homes and that social workers don't know their clients, also when we asked what could be done to improve the communication and relationship, a home talked about how social workers should look at information from health professionals or to the home themselves before a visit.

'None' was the most commonly selected answer selected by home managers with 'Yes' only selected twice and they highlighted that they some social workers have liaised with the SALT(Speech and Language Therapists) assessment team and the community/hospital nurses.

What the breakdown of data in the chart above tell us is that the majority of homes feel that social workers are not proactive in liaising with external care providers that their clients will potentially access which further highlights the issue with communication within the relationship.

***“Some/most workers do not come in to the home often residents never see their worker as assessments are done over the phone from the workers home, at least when they were working from the council office other workers would know who they were talking about and have an input, but unfortunately now it is totally impersonal.”***

To gain a different perspective of the relationship between social workers and care homes, we wanted to understand what the behaviours of social workers is like during a meeting or visit so we asked managers to talk about what their experience of social workers were like during meetings and their behaviours and the response for this was overwhelming in that all 17 homes answered no or none to this question highlighting the professionalism of social workers in Hull. Only one scenario was given in regards to any mention of a similar experience but it was focused more on a lack of awareness of the social workers client’s needs and support.

***“Only once and it was mainly around the social worker not having any knowledge about the person before attending the meeting she had asked for. The gentleman it involves has PMLD and needs full support with most things. She was going through her new form and wanted to fill it out, all the information that she needed was on the old form she had. It was a total waste of everyone's time repeating the same information.”***

Another response to this question was...

***“No never and if I did I would ask them about it in private or report to their council. I feel in most cases if you respect social workers and care, they give you this respect back and this is what should happen”***

The final question we asked care homes “what could be done to improve the communication and relationship between yourself and social workers” Two of the responses received stated that they are not sure and/or that nothing immediately needs changing.

Responses received relative to what could be improved were:

- *“Answering of local offices phones instead of it ringing out”*
- *“My life, my way could be forwarded to the home for care planning purposes.”*
- *“Notify us as to when they are coming so that we can be organized, spend time with them and ensure that the appropriate information is provided. Consistency of the same social worker, i.e., back to the days of an allocated social worker rather than a Duty Officer. Regular reviews on a yearly basis. Some sort of a request form to complete when seeking additional 1-1 funding and or increase in Categories, like the Continuing Healthcare checklist which gives specifics that are required. This would therefore save time and repeated requests for additional and yet further information so as it can be processed quickly to panel.”*
- *“More social workers in general. Also, the system of work when a resident goes into hospital and transfers social working teams does not help.”*
- *“One social worker per client following the client through their journey, they then know the client and the client can build up trust with them. I feel this is the most important question of all for all involved in delivering quality care.”*
- *“Allocated social workers, regular care reviews, input into best interests decisions.”*
- *“If a social worker could take on a resident then see it through without swapping workers there would be continued support and no time wasted as the worker would know the resident.”*
- *“Residents to be assigned to regular social workers for continuity of care”*
- *“Feel we need more social workers and long ago even if no issues each person with a learning disability was allocated a social worker and a disability nurse and this didn’t often change which was amazing as they got to know the person,*



*family and there carers and it was good continuity of care and even if no concerns you always had an allocated care co and community nurse. The way of working then was very good and rarely anything got missed or a stone was not left un-turned. Staff in homes felt supported and felt they could ring these people for a little advice or to just run something past them , no point doing this now as never get a response so does anyone look at the emails or phone messages sent?"*

Following on from our engagements with care homes, we also spoke with social workers to gain their perspective and how they feel their relationships are with care homes; this was done also to allow us to show an unbiased approach to the report and so that no side felt like they were unfairly focused on throughout the engagements and within this report.

*"We have attempted to speak to the equal number of social workers as to the number of responses received from care home managers but unfortunately we only received 3 responses from social workers and understand we are working with a limited data range of which not all questions and feedback will apply to all social workers and we have been careful in understanding that there is not just one social worker team which operates within Hull and so have not tried in any capacity to come as showing a bias as to care homes or social workers and understand for social workers there are many factors which can affect their professional work streams for any number of reason. We would welcome feedback to the report from social workers across Hull and the ASC team so more context can be provided to care homes." (Matthew Boast ASC & LD project Officer Healthwatch Hull.)*

## Social workers- Hull Adult social care

The questions that were asked to the social workers were based on the feedback we received from the care home managers and our findings from the social worker engagement were as follows:

Our first question was the same asked of care home managers and this was to “describe the relationship between social workers and residential homes in Hull” with the social workers saying that their relationships with homes is good.

- ***“I would state that relationship between my specific team and residential homes is positive. I believe we have an honest and open line of communication with management of care homes. I feel that this is needed as a large part of what me and social workers in my team do is facilitate discharges from the hospital to those care homes.”***
- ***“Relationship between residential care homes and the hospital social work team are generally good. There can be a lack of urgency from the residential homes when it comes to arranging discharge and the majority of residential homes do not accept new residents on weekends or bank holidays which can cause delays for hospital discharges.”***
- ***“I personally have good relationships with several care homes as my role requires in person assessments with residents in short stay. I chat with managers and staff to build good working relationships. This helps when I visit the same homes on a regular basis”.***
- ***“Some homes I do not visit on a regular visit, so those relationships are not as strong. I do always give them the same respect, I often give my direct number for them to contact me if they need to.”***

This was asked to gain understanding of what social workers feel their relationship with care homes is and from what has been provided the overall consensus from managers and social workers is that the relationship is strong and positive.

We then asked how social workers felt their communication relationship was with homes as home managers have highlighted concerns around communication; from the responses we received they were mixed;

***“Not all care home managers can access the DPS system or are proficient with using this. The hospital social work team are not permitted to initiate contact with care homes without an existing DPS offer currently due to a new system, therefore all initial contact is done by our brokerage team.”***

One social worker from the hospital team disagreed with the comments received from the home managers stating ***“I would disagree with this. I feel that in my specific team within the hospital setting, we have a good line of communication with residential homes”***.

An alternative answer we received was ***“There have been times when communication can frustration. Care homes have not always contacted the social worker if a person has passed away or gone into the hospital however, I have had conversations with the care home and explained the importance of them updating us when this happens. My contact with care homes last around two weeks on average cases so I ensure that I stay in contact and update the care home when I am transferring a case to the long term team. If we want good contact, we have to give good contact”***.

The next question we asked was around the paper work that the homes told us is sometimes not returned when they have handed this over to the social workers.

One response we received mentioned how they were ***“unsure what paperwork this relates to”*** and goes onto describe how any paper work on the day is used for use on that specific day and then given to the home as they are leaving ***“any paperwork I use from the care home is use on the day and given back to the care home on leaving”***, the social worker then goes onto describe how any paper work that may need to be taken is requested as a photo copy and not the original document.

The alternative responses received were as follows;

- ***“This is something our brokerage team manages.”***
- ***“I would be unable to give an answer to this question as it is not relevant to my team. We complete initial assessments for people within the hospital, that then have to be sent to care homes in order for us to find placements.”***

We received feedback that residents of homes were not being allocated a social worker was feedback received so we asked for our next question about any responses that social workers could have to this feedback and from what we have as a data range the hospital team have no impact on this as ***“hospital social work team is not a long term team and do not deal with long term allocations”*** and ***“Again, this question is not relevant to the team”*** but goes onto highlight ***“once an individual is settled within a care home, their case is then placed in a review tray. The individual then has a yearly review.”*** Then finally states that the review can be brought forward by request of the resident, family or care or care home.

The final response we received in relation to this question was ***“In my role, we are allocated residents, though we have them for only a short time, it is explained to them that this is a short term and the case will be allocated to a long term locality team once the assessment process and decisions have been made. It is explained that they will be updated when this is done. I do also advise there is no allocated social worker. My understanding of this and my explaining of this is that a case will be given to a worker once there is any statutory work to be undertaken, this could be for a short period of time but the positive of not having an allocated social worker means less delay in accessing support.”*** This highlights why there is not allocated social workers and also provides reasoning for the positive benefits of not having allocated social workers as is stated above.

Much the same as we asked care homes about the visits of social workers to homes we asked how regularly they are visiting homes in response to the data we collected from homes and once again the hospital teams talked about it can be 5 or less times a year due to being based within the hospital team and that they **“rarely visit care home residents as we are hospital based and we focus on supporting people to be discharged from the hospital in a care setting that is appropriate for that person.”** But also mentions how they will sometimes visit those residents in short term care home placement **“whose needs have changed in the time they have been there”** as they are more likely to be waiting for homecare calls.

Our final responses received talk about they visit homes every week as they are performing in person assessments of residents.

We next wanted to find out what social workers felt what is working well and what they feel is not working well when it comes to communication and the relationship between care homes and social workers.

The responses we received for what social workers feel is working well:

- **“Majority of residential homes are familiar with the pressures of the hospital and are able to complete preassessments quickly”**
- **“I am of the belief that consistency works well for me in regards to communication with residential homes. Like earlier stated, I feel the relationships are better with the care homes I visit on a regular basis then those I only see a couple of times a year”**
- **“I feel that we have an open line of communication with residential homes. Between my team, we may contact most homes within the hull area a handful of times a week. I am able to contact the care home managers with ease, and they are usually quite proficient in contacting me back with any information I request.”**

We asked social workers what they feel is currently not working well, these are the responses we received:

- ***“Process would be smoother if social workers and social care advisors could directly initiate contact with care homes rather than waiting for brokerage team to do this as this is not often swiftly and can cause delays.”***
- ***“This is all dependent on the care home, some care homes are somewhat suspicious of social workers and see them as interfering and there to complain. This can lead to resistance to working professional with social workers, but I would say this few and far between.”***
- ***“The care homes that have a manager on site and available is much better in terms of communication but those homes who do not have a named contact or manager often rely on staff to answer who are busy and cannot answer the questions that are needed to be answered.”***
- ***“I feel that there is an issue with the fact that my team are unable to contact most management staff on weekends. My team works on a 7 day service and we have to put a lot of our discharges on hold over the weekends, which mean some people have to spend an unnecessary 1-3 days in the hospital as they are not able to be assessed by management over the weekends.”***

For our final questions we asked the social workers where they feel improvements could be made in regard to communication in relation to the level of communication and quality of communication, the responses we received mention an update list of or directory of contact details (phone number and email address) ***“as it ensures that we are able to communicate information much faster and clearer”***. The alternative responses speak on building up the knowledge of the priorities of each other and the roles that are performed and that the one social worker feels that if residents were allocated regular care homes that they would visit as they feel this would improve trust and help when building those important relationships.

These were the responses we received to the question “what could residential homes do to support social workers better?”

- ***“From hospital discharge perspective – have senior staff members available on weekends and bank holidays to accept new residents and complete pre assessments.”***
- ***“I think residential homes should have the authorized staff available 7 days a week to ensure that we can support and facilitate discharges in a timely manner.”***
- ***“Being prepared for the meeting, having someone who knows the person they are talking about. I have been in meetings with care staff who do not usually work with the person and can not answer the questions without having to go and ask others.  
Having the information needed, if they had a template of the information that is needed for an assessment it would help them be better prepared.  
Having a named contact for communication, someone who has answers about finances for example.”***

As part of the engagement, we spoke to Mathilde Fulford, Principal Social Worker, she stated that ***“Speaking from my own experiences in practice, I found that generally relationships between social workers and residential homes always worked best when there was clear, respectful communication and where we worked together towards the common goal of supporting the person in receipt of care and support. I found that barriers to this could be around availability of staff to speak with in the home who have good knowledge of the person and time constraints in practice to take the time we might like to foster those relationships. What helps is using other methods of communication alongside phone – e.g. e-mail.”***

Mathilde also provided further comments ***“We held a CQC engagement session with providers at the end of 2023, and we have developed a provider action plan on the back of this which details the steps we are taking to respond to this feedback and strengthen our relationships with providers. Whilst social workers and staff working in***

*direct practice play a key role in supporting our providers, we are also very proud of the work we do with our Contract & Care Quality Assurance Team and with our commissioning managers to work positively with residential providers across Hull.”*

## 5. Conclusion

Overall, from the feedback we received from care homes, it is clear that care homes across Hull generally do have a good relationship with social workers and that it can be an effective working relationship. Care homes have found social workers to be responsive and helpful when dealing with more complex cases. However, whilst there is a strong relationship between social workers and many of the care homes, several of the homes highlighted areas for improvement in regards to communication that is received from the social workers who are involved with care homes in Hull. Feedback we received talked about how homes did not know or find out about a social worker moving onto a new role. We were also told there have been times where social workers did not inform the home of their visit to the resident. This also reflects the need for more clear communication alongside the feedback from social workers around communication. It was highlighted by social workers that homes should where possible have a member of staff on weekends who is authorized to communicate when or if needed with social workers.

However, whilst there are those areas for improvement there was more feedback provided around the strengths of the current system.

This report and the recommendations along with it are aimed to help foster a more positive and effective relationship between care homes and social workers and to enable them to provide an overall better experience for residents of care homes in Hull.



## 6. Recommendations

### City of Hull Residential Care homes:

1. Residential homes should consider a member of staff being available who is authorised to support with social workers outside of those senior or management staff outside of normal operating hours e.g., evenings, weekends and bank holidays.
2. Residential homes should consider providing social workers and ASC with an up to date directory of contact details including email addresses and phone numbers.
3. Residential homes should communicate their role and priorities with social workers effectively to support in the improvement of communication.
4. Residential homes should consider creating or utilising a template for resident's needs, current priorities to allow for a more effective social worker assessment for the resident.
5. Residential homes should have a named member of staff who social workers can contact for operational updates and information in regard to any changes in priorities for a resident's needs when or if a manager is unavailable to contact.
6. Residential homes and the ASC team should work together to build an understanding of why social workers are not allocated to specific residents and the difference between the short term allocation and long term allocation teams.

**Hull City Council Adult Social Care team- Social workers:**

1. Social workers should provide clear and concise information regarding the resident before visiting care homes.
2. Adult social care and social workers should ensure they effectively communicate with residential homes when a social worker has moved on from their role with adult social care as a social worker and to inform the residential home of who will be replacing the previous social worker including contact details for the social worker replacing them.
3. Social workers should inform, where appropriate and in advance; care homes of their visits allowing time for the homes to be organised and prepare time to meet with the social worker
4. Social workers should, where necessary, be aware and read up on the relevant information needed prior to visiting a client/resident.
5. Social workers, where appropriate should liaise with external care providers of residents to make the passing of information with the home quicker and more efficient and to allow for a smoother visit to their client/resident
6. Social workers should liaise effectively with alternative social work teams i.e., the hospital social work team to ensure a smoother transition when residents are transferred between services.

## 7. Next steps and acknowledgements

This report will be shared with the Adult Social Care team at Hull city council and to be shared with care homes across Hull to highlight what we have found through this engagement.

Healthwatch Hull would like to thank the care homes across the city of Hull who took the time to participate in the survey which allowed us to gain this feedback. We would also like to thank the Adult Social Care team at Hull City Council, specifically Mathilde Fulford, Principal Social Worker for helping us in speaking to social workers and providing feedback of her own in relation to the questions asked.

## Report Response



**Hull**  
City Council

FAO: Ellie  
Healthwatch Kingston Upon Hull  
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HU3 1XL

My Ref: DL/LJ/98  
Contact: Liz Jamil  
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Tel: 01482 616312  
Date: 05/08/2024

Dear Ellie,

**Formal response to the Healthwatch formal report with recommendations submitted under the Local Government and Public Health Involvement in Health Act 2007 (part 14) as amended by the Health and Social Care Act 2021 (Part 5) regarding the relationship between social workers and care homes in Hull.**

I am writing to formally acknowledge receipt of the Healthwatch report on 'The relationship between social workers and care homes'.

In relation to the 6 recommendations included within your letter from the findings of the report I can confirm I will take the following actions:

- (1) Work with the Head of Service for Commissioning, Contracts and Brokerage; the Commissioning Manager for Residential Care; and the Contract and Care Quality Manager to assess the feasibility of implementing the recommendations within the terms of the existing contracts under our residential care Dynamic Purchasing System. Subject to feasibility, implement the recommended changes around out of hour contact to senior managers within care homes (though this has previously been pursued without success therefore it may not be possible under the existing contract) and adoption of a template for resident needs and priorities if not in place (this should already be part of the care and support plan).
- (2) Work with the Principal Social Worker to develop an effective communication plan with social work teams on the role of residential care providers, sharing a contact directory including direct contacts at each care home for social workers to use.

- (3) Work with the Hull and East Yorkshire Care Association through the Provider Forum to improve communication around the social work team structures and rationale for the teams not case holding.
- (4) Invite social work team operational managers to the provider forums on a regular basis to improve communication between care providers and social work teams.

I would hope to have all recommendations which are confirmed to be feasible to implement under the contract, to be implemented within 6 months of the date of this letter.

If you would like to discuss this further, please do not hesitate to contact me.

Yours sincerely,



**Liz Jamil**

Strategic Lead for Quality and Partnerships



Warehouse 8, Guildhall Road, Hull, HU1 1HJ

OFFICIAL

Please note, Healthwatch Hull will publish any further responses or action plans from Hull City Council Adult Social Care Team when they are received this alongside the report.

