

Hertswise Mystery Shop Exercise 2018





Contents

| | |
|---|----|
| Background | 4 |
| Aims and Approach..... | 6 |
| What We Did | 8 |
| Findings..... | 11 |
| Recommendations..... | 16 |
| Next Steps | 16 |
| Response from POhWER (HertsHelp Service)..... | 17 |
| Appendix 1: | 19 |
| Appendix 2: | 21 |

We would like to acknowledge the work of the HwH volunteers who participated in the mystery shop exercise. They made the phone calls and provided the feedback for the findings in this report. Thank you so much for your support.

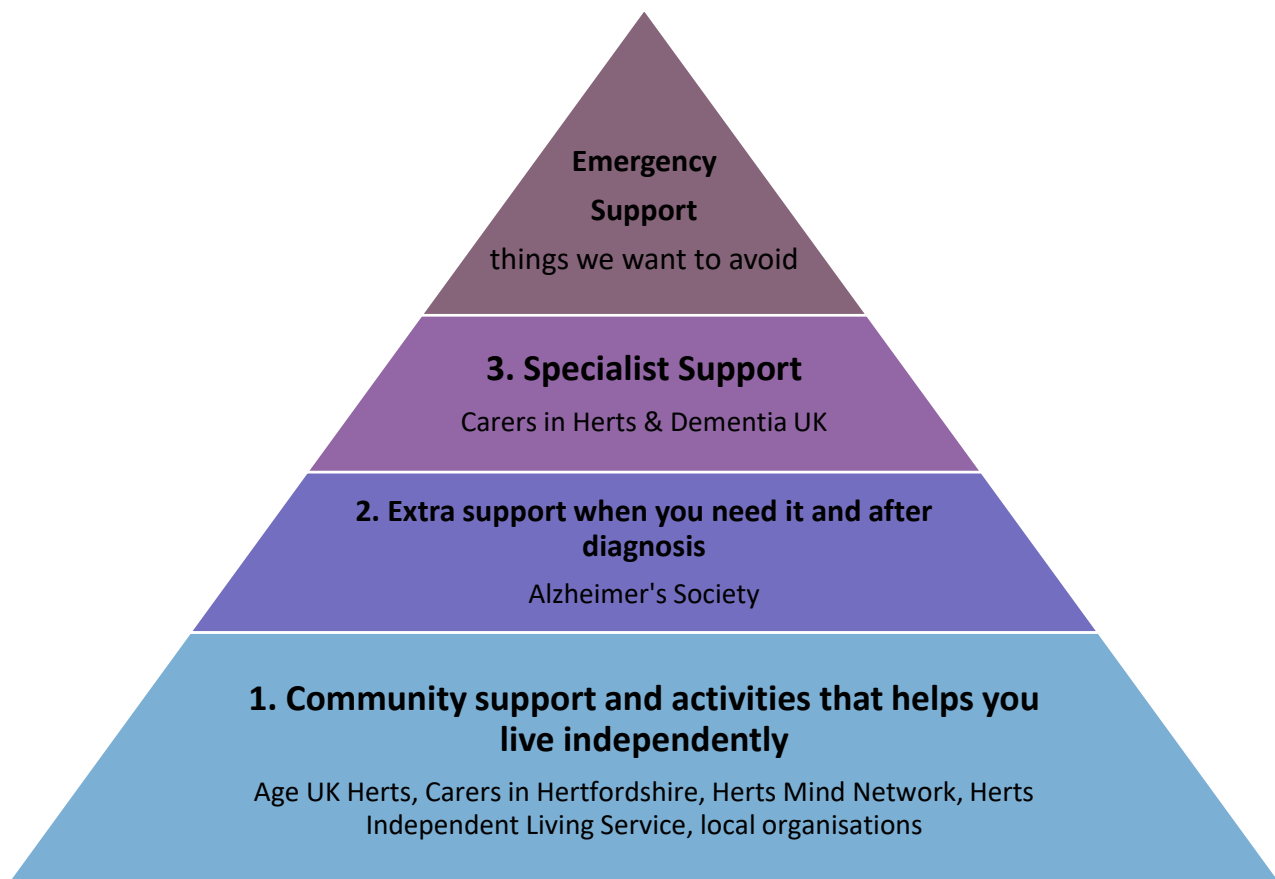


Background

Healthwatch Hertfordshire (HwH) was asked by Age UK Hertfordshire (AUKH) to mystery shop the HertsHelp triaging service for the Hertswise dementia support service. The project was requested due to questions raised by the Hertswise stakeholder group around gaining assurance about the effectiveness and quality of HertsHelp call handlers triaging correctly into the Hertswise services.

About Hertswise:

Hertswise is a county-wide service designed to support people living with dementia, low level memory loss, or mild cognitive impairment as well as their loved ones or carers. The services are three tier and delivered by a partnership of community and voluntary organisations led by Age UK Hertfordshire and including Hertfordshire Independent Living Service, Herts Mind Network, and Carers in Hertfordshire. HertsHelp is the organisation that provides the triaging service.





Services Hertswise cover:

1. Activities, groups, 1:1 support and the Community Information Network (CIN)
2. Home visits and emotional support
3. Specialist information, advanced support and Admiral nurses

About HertsHelp:

HertsHelp will listen and support you to find the help you need and can put you in touch with organisations that can help.

HertsHelp are free, independent services available to everyone who lives in Hertfordshire. HertsHelp services are funded by Hertfordshire County Council and NHS partners and delivered by local community organisations all sharing the name HertsHelp.

References to HertsHelp throughout this report specifically relate to the HertsHelp Support Centre (hosted by POhWER). The HertsHelp support centre provides gateway access into a variety of voluntary and community services, including Hertswise, Hospital & Community Navigator Services, Advocacy and the Warmer Homes project.

HertsHelp receives an average of 600 calls and 250 emails a week.

About Healthwatch:

We represent the people of Hertfordshire, and our aim is to give individuals and representatives of a community, a stronger voice to influence and challenge how health and social care services are provided. We can do this using the following powers and functions.

- Through local engagement we gather the views and experiences of local people to build an understanding of why and how people use NHS services. This, along with wider intelligence, is used as evidence to influence providers and decision makers to propose change and improvement.
- Through the Healthwatch Network and Healthwatch England, we share information to identify gaps and trends in order to influence national and local policy regarding health and social care.
- We alert national bodies; such as Healthwatch England, the Care Quality Commission (CQC), and/or council scrutiny committees where appropriate, to concerns about specific providers, health or social care matters.
- We signpost and provide information about people's choices and where to get help if things go wrong.
- We represent local people's voices via our seat on the statutory Hertfordshire Health and Wellbeing Board.



Aims

The overall aims of this project was to:

- Evaluate the quality of call handler’s responses to complex and simple test scenarios
- Assess if the call handler signposts into the correct Hertswise service/organisation
- Identify good practice and potential areas of improvement for the service

Approach

In partnership with Age UK Hertfordshire and Carers in Hertfordshire, Healthwatch Hertfordshire created six scenarios, which aggregated would test the effectiveness of the HertsHelp triaging service across tier 1 and tier 3. For the purposes of this exercise, in consultation with the Alzheimer’s Society (who deliver tier 2 services), it was agreed that scenarios involving tier 2 services would be omitted on this occasion.

The six scenarios were a mixture of ‘simple’ and ‘complex’, and divided across the tiers as follows:

- Tier 1: Four scenarios in total covering the general Hertswise offer, carer support, Carers in Hertfordshire, locality workers. Each set of two would incorporate one simple scenario and one complex for comparison
- Tier 3: Two scenarios in total covering Carers in Hertfordshire and Admiral Nurses (Dementia UK), comprising of one simple scenario and one complex

Number of Calls per Tier:

| Tier 1 Calls | WC 25/06 | WC 02/07 | WC 09/07 | WC 16/07 | WC 23/07 | Total |
|--------------|----------|----------|----------|----------|----------|-------|
| Simple 1 | 1 | 2 | 1 | 1 | 0 | 5 |
| Simple 2 | 3 | 1 | 2 | 0 | 0 | 6 |
| Complex 1 | 2 | 1 | 0 | 1 | 1 | 5 |
| Complex 2 | 1 | 2 | 1 | 0 | 0 | 4 |
| Total | 7 | 6 | 4 | 2 | 1 | 20 |

| Tier 3 Calls | WC 25/06 | WC 02/07 | WC 09/07 | WC 16/07 | WC 23/07 | Total |
|--------------|----------|----------|----------|----------|----------|-------|
| Simple 1 | 2 | 1 | 1 | 0 | 0 | 4 |
| Complex 1 | 0 | 2 | 1 | 0 | 0 | 3 |
| Total | 2 | 3 | 2 | 0 | 0 | 7 |

Due to the project being requested by AUKH, there was an emphasis to collect more feedback on the services led by them, which sit within tier 1. This is the reason tier 1 has four test scenarios and had more calls allocated to it.

What constituted a 'Simple' or 'Complex' Test scenario?

Simple:

The simple scenarios would include more obvious cues to what service the person is looking for, and therefore arguably easier to triage. The scenarios might use words and language such as stating the person being cared for had received a diagnosis of dementia and asking what was on offer or requesting specific information about a service.

Complex:

The complex scenarios would present as more obscure, would need probing questions from the call handler to understand what the client needed, and arguably more difficult to triage. All six of the Test Scenarios can be found in [Appendix 1](#).



What We Did



Phase 1 involved discussions with Age UK Hertfordshire (AUKH) to understand the Hertswise service and what AUKH wanted to test. AUKH would be responsible for pulling together the scenarios based on their understanding of the service and the expected outcomes. The initial scenarios for the 3 tiers were shared with Carers In Hertfordshire (who provided additional detail) and the Alzheimer's Society. It was at this stage that the Alzheimer's Society felt they needed more time to develop the scenarios for their services (tier 2) and it was agreed that the mystery shop would go ahead with the original timeline, but omit the tier 2 calls which could feature as a separate exercise later in the year if required.

In **Phase 2** Healthwatch Hertfordshire briefed 8 HwH volunteers and 1 HwH Staff member (specifically to support the young onset dementia scenario), providing them with briefing packs and email, telephone or face to face communication to support them with undertaking the mystery shop.

Ahead of phase 3 Age UK worked with Carers in Hertfordshire and notified HertsHelp and the Hertswise Stakeholder Group about the work. This was to inform key parties about the work and expected timeline. It was important that the manager at HertsHelp knew about the mystery shopping exercise so that they could support call handlers with any concerns about the calls being made, and be responsible for responding to any recommendations in the final report.



In Phase 3 HwH Volunteers and staff member made 27 calls to HertsHelp between the period of the 25th June to 27th July 2018, using the agreed scenarios. This can be broken down as follows:

| | | | |
|-----------|---|---------------------------|----------------------------|
| Tier One: | <p>Simple 1</p> <p>Scenario: Partner of caller has a diagnosis of dementia (2 years) and has just moved to Hertfordshire. What can they do here?</p> <p><u>Outcome:</u> A rundown of the Hertswise service</p> | Total calls expected 5 | Total calls completed 5 |
| | <p>Simple 2</p> <p>Scenario: Partner of caller has been told they do not have dementia but a mild cognitive impairment. They had been told to do things to stimulate the memory.</p> <p><u>Outcome:</u> Hertswise / Carer Support</p> | Total calls expected 5 | Total calls completed 6 |
| | <p>Complex 1</p> <p>Scenario: Caller's parent is only 62 but has become forgetful and saying odd things and not changing clothes. Parent says nothing is wrong but caller is worried and embarrassed about the parent's behaviour.</p> <p><u>Outcome:</u> Young onset dementia / Hertswise / Carers in Hertfordshire</p> | Total calls expected 5 | Total calls completed 5 |
| | <p>Complex 2</p> <p>Scenario: Caller is worried about 'Dad' who has been diagnosed with dementia. Money is tight and parents aren't receiving any support - dad manages the finances. He doesn't want to go into a care home but will the family be able to care for him if he gets really ill?</p> <p><u>Outcome:</u> Locality worker / Carers in Hertfordshire</p> | Total calls expected 5 | Total calls completed 4 |



| | | | |
|------------|--|---------------------------|----------------------------|
| Tier Three | <p>Simple 1</p> <p>Scenario: Caller is stressed caring for mother who has advanced dementia. GP has prescribed pills and suggested calling HertsHelp to ask about Admiral Nurses.</p> <p><u>Outcome:</u> Admiral Nurses / Carers in Hertfordshire</p> | Total calls expected 5 | Total calls completed 4 |
| | <p>Complex 1</p> <p>Scenario: Caller has looked after partner with dementia for 5 years. Now partner has diabetes and partner will only drink cola. Caller is severely stressed and tired trying to manage the increasingly difficult situation. Caller is not sleeping and worried they will be ill. Caller feels they will have to find a care home for partner.</p> <p><u>Outcome:</u> Admiral Nurse / Carers in Hertfordshire</p> | Total calls expected 5 | Total calls completed 3 |

For each call a scoring sheet ([Appendix 2](#)) was completed which collected the following:

- The scenario being presented as well as the date and time of the call
- How quickly the call was answered and how the caller was greeted
- What information was provided by the call handler & who they were signposted or referred on to
- What the caller felt worked well and what could have been improved from their perspective
- Whether they would recommend the service to their Friends and Family

This information collected was then compared to the outcome and information that should have been provided as part of the analysis phase.

The reason for not completing all calls in tier 3 was that some calls had to be aborted as sometimes the volunteers found that it was difficult to call more than once about a complex scenario. It was also easier for the call handler to recognise that the scenario had been used before.



Project Considerations

It was important that if a call became difficult or the call handler required more detailed information to make a referral, the volunteer/staff member ensured they explained to the call handler:

- That the call was part of a mystery shop exercise, and
- Who to speak to for more information.

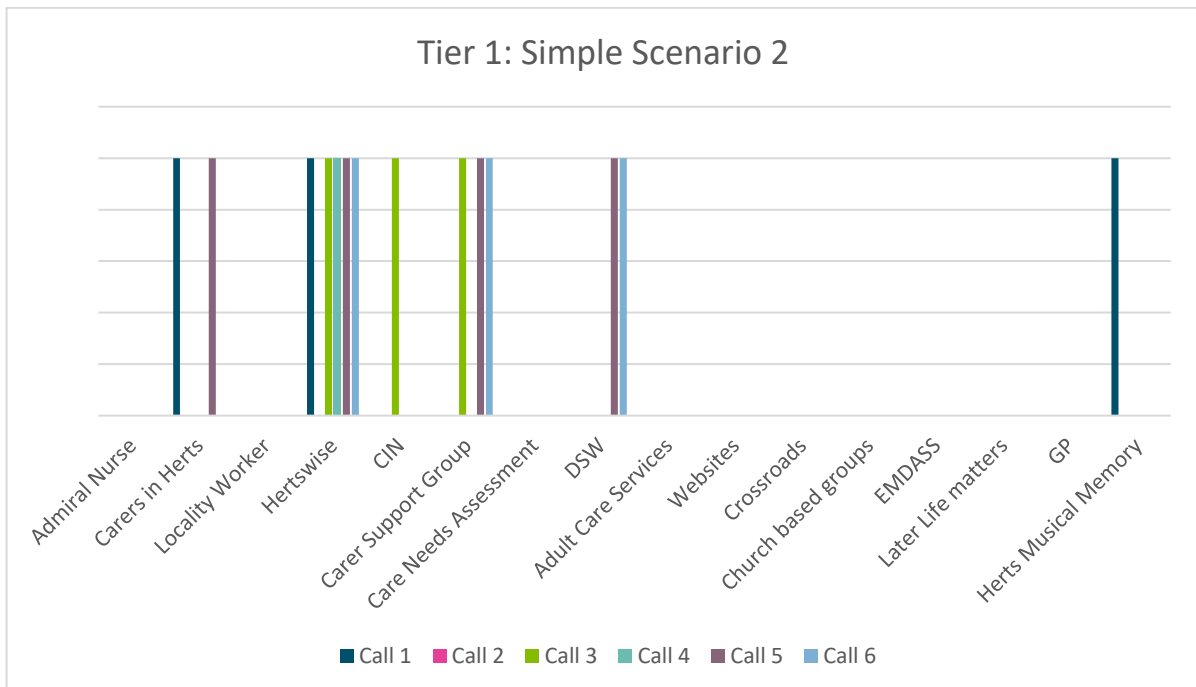
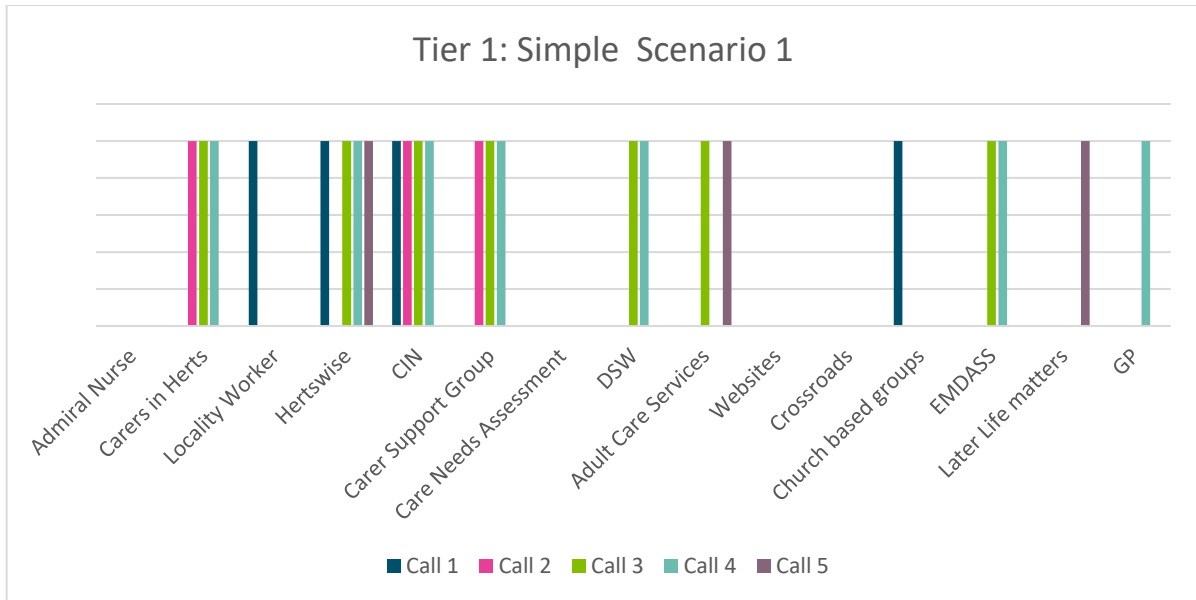
This ensured that call handlers knew that this wasn't a live situation and who to go to in their organisation if they were concerned about any of the conversations.

Findings

1. Prompt answering of calls (calls were made randomly from 0900 to 1700) and there was rarely a wait for an operator.
2. All calls included the Herts Help greeting (sometimes this was automated) and the name of the operator handling the call.
3. Volunteers reported a high level of satisfaction with the quality of the calls and the information given:
 - a. Callers felt they were given lots of options (including non- mainstream choices)
 - b. Options were explained in detail
 - c. Callers were offered call backs
 - d. Callers were offered home visits
 - e. Callers felt confident that support would be given
 - f. In depth questioning to ensure people got the right service close to home
4. Volunteers felt that call handlers showed care, concern and empathy towards the caller.
5. Signposting for simple scenarios generally met the expected outcomes and often included a variety of other groups and options to consider.
6. Responses to complex scenarios still offered a number of solutions but did not always meet the identified outcomes. (Young onset dementia seemed to be the hardest condition to identify).
7. For complex scenarios signposting could be more tailored to the immediate needs of the caller.
8. Timing and amount of personal information requested prior to providing information needs to follow the wishes of the caller.



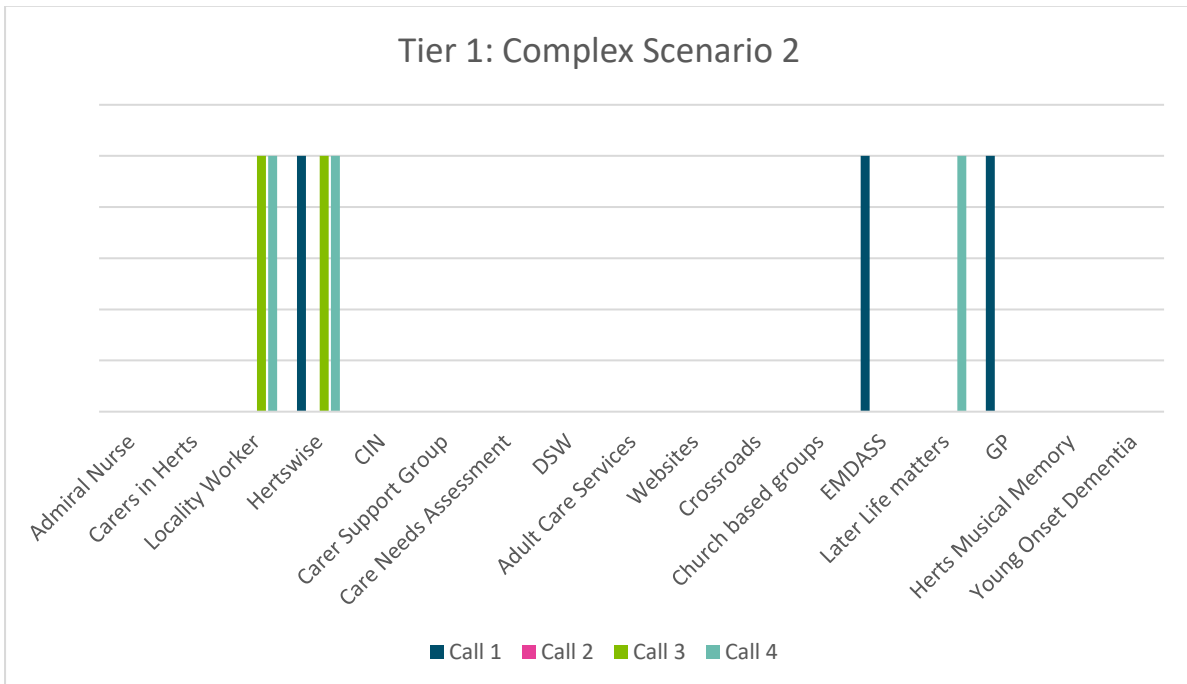
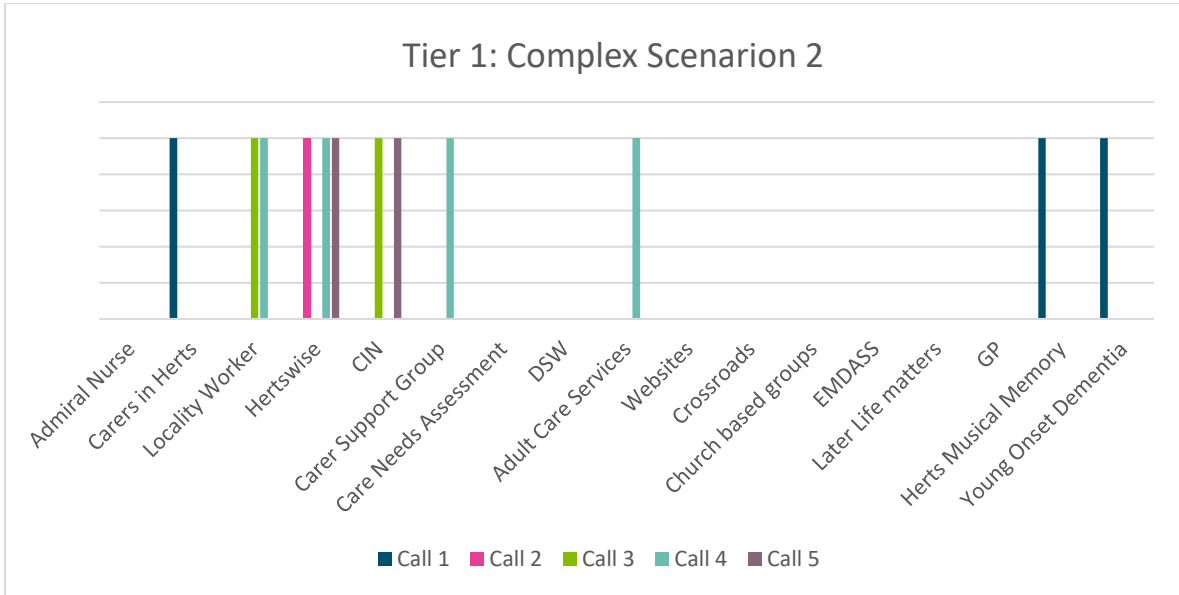
Range of Services callers were referred to:



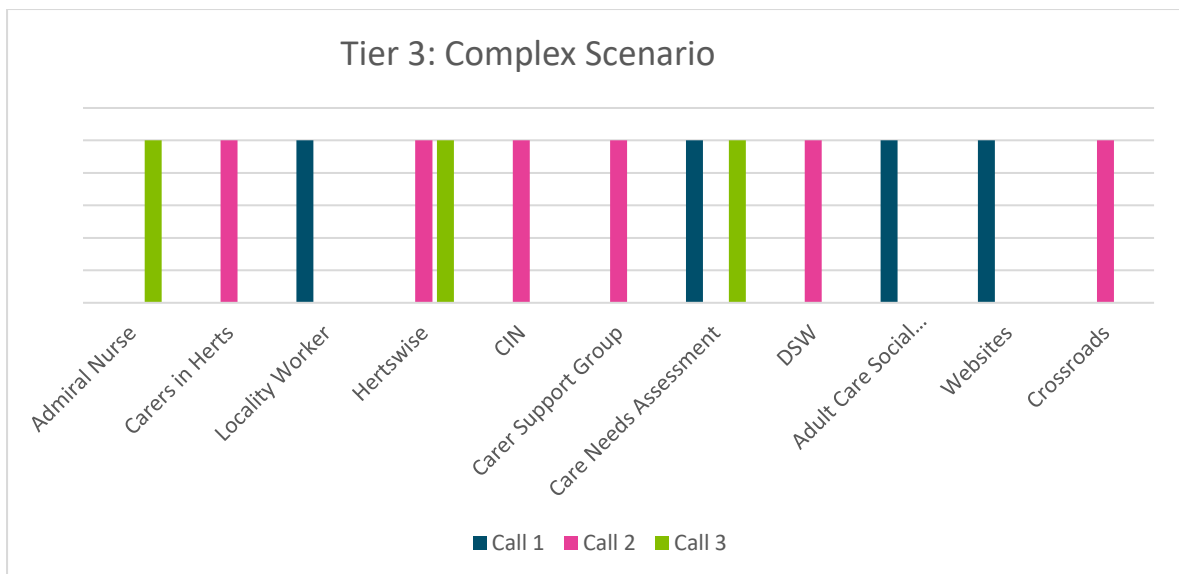
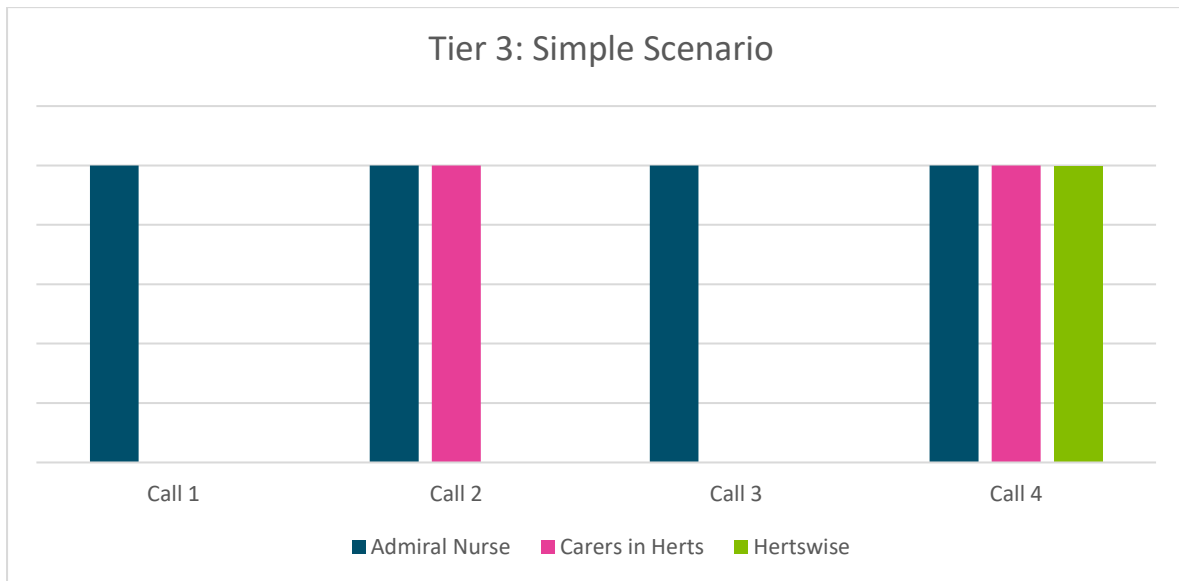
Call 2 shows no services as call handler required specific information about the person with dementia first



Findings



Call 2 show no services as call was aborted



Volunteers highlighted the following good practice:

Good Practice

- Taking details to be able to complete the referral or offering contact numbers so that caller can think things through and discuss with their 'loved one'
- Reassurance given and 'owning my call'



- Talking through the situation and not being ‘fazed’ by the conversation
- Additional information given e.g. about groups such as church groups, Later Life Matters; benefits (care assessment), lasting power of attorney.
- No waiting time to talk to a call handler compared to other NHS organisations
- Thinking about the person with dementia as an individual and what they may like
- Evidence of inter-agency working
- Offering a home visit if unsure of what the best course of action would be
- Asking about consent
- Clear and informative when describing what Hertswise is and what services are provided
- Ringing back when the phone got cut off

Volunteers were also asked to record if they would recommend the service to Friends and Family (similar to the question asked by NHS providers to their patients).

Friends and Family Recommendation scores:

| | | |
|------------------|----|--|
| Extremely Likely | 14 | |
| Likely | 11 | |
| Neither | 1 | (aborted call) |
| Unlikely | 1 | (operator insistent on taking details) |

Total 27

Volunteer quote: *Just wanted to say how fantastic I thought Hertswise is. Everyone I spoke to could not have been more helpful, certainly has made me feel confident that support is available out there!*



Recommendations

1. To consider asking the caller for their personal details at the end of the call rather than beginning, to avoid the perception of this being a barrier for those seeking help
2. More awareness raising and training for staff in identifying calls related to Young Onset dementia
3. In an urgent/complex situation, to identify and focus on what the caller really needs rather than overwhelming them with lots of options e.g. financial help and carer support (Tier 1 , complex scenario 2). Good practice: Financial Power of Attorney was specifically mentioned and explained in some calls
4. Ensure there is no gap between the automated message and the operator's welcome (technical issue)
5. Notify caller how many calls are waiting when there is a queue (technical issue)

Next Steps

1. Initial findings shared with the Hertswise Stakeholder Group September 2018
2. Review of recommendations by HertsHelp and Age UK Hertfordshire
3. Review of Mystery shop exercise and future quality assurance planning for the Hertswise service by Age UK Hertfordshire and Healthwatch Hertfordshire
4. Share findings with the commissioners of the Hertswise service



Hertswise Mystery Shopping

Feedback from POhWER (HertsHelp service)

Response from Findings section (page 11)

I am really pleased with the comments received in points 1-5, with particular emphasis on call handlers showing 'care, concern and empathy towards the caller'.

I am delighted that the exercise has shown that callers are provided with a range of options, offered a call back to provide more information where needed and offered home visits where required.

It is pleasing to hear that the HertsHelp team have provided reassurance to callers and take ownership of the call, dealing with a variety of issues and providing information on a range of subjects that may be of interest, wider than the initial enquiry. This is a key element of the Herts Help service.

With regards to dealing with complex issues and specifically young onset dementia enquiries, I would acknowledge that the team had not felt so confident in this area, as the calls are relatively low on this issue. However a training workshop was arranged and has subsequently been completed in October 2018.

Recommendations (page 16)

Point 1 – We have been asked by commissioners to get details of all callers to the HertsHelp service and it was agreed that in order to do this more effectively, details should be taken at the start of the call. However this should not be a barrier to dealing with the enquiry and continuing with the call as appropriate. Call handlers are asked to obtain as much detail as possible in order to direct callers into more locally based and relevant services, but if this is not possible then general non-specific information should be provided.

Point 2 – The majority of the HertsHelp team have completed a workshop in liaison with the Young Onset Dementia lead within the Hertswise service and have expressed a greater understanding of the support available. I anticipate training with the Hertswise team will occur on a rolling basis.

Point 3 – At the start of the mystery shopping exercise HertsHelp had recently appointed a new Hertswise lead within the team after a short period following the departure of the previous experienced lead. I believe this had a small impact on the team feeling confident in being able to deal with more complex issues, which are now being dealt with effectively given the current experience and knowledge of our Hertswise lead, who has much experience in previous employments and has now settled in well to her Hertswise lead role.

Point 4 – this is a technical issue we are aware of and working to rectify

Point 5 – This is not currently available, but is being explored as part of a review of our telephone system with the aim of this being in place later next year (2019)

Final Comments

As the manager of the HertsHelp support centre I am thrilled at the overall positive feedback received. The team work really hard on all the calls they receive and embraced the mystery shopping exercise, they were delighted to hear such positive feedback. At HertsHelp we receive a high volume of calls on a large range of different subject matters for which Hertswise is an important element of the service provision.

The feedback has re-enforced my knowledge that the team provide a high level of support, working in a compassionate and empathic manner dealing with a wide range of callers and call issues (including access to Crisis Intervention service, gateway for Hospital & Community Navigation service, Warmer Homes etc) in addition to the Hertswise service. Call handlers act in a professional manner, discussing the individual's needs and providing options specific to their needs.

The team are always keen to learn and develop their skills and knowledge in all areas and have found the support and training from the Hertswise team beneficial, which I know we can continue on a rolling basis to ensure knowledge is maintained.

I would like to give Lauren McGuire a special mention. As our HertsHelp Hertswise dementia lead, starting shortly before the mystery shopping exercise she has thrown herself into the requirements of the role, supporting the team and liaising with the wider Hertswise team as appropriate. Over the past 6 months Lauren has been a positive and proactive member of the HertsHelp team, taking ownership of the service, providing support and training to members of the HertsHelp team and dealing with often complex or urgent enquires.

Anne Garcia

HertsHelp Support Centre Manager



Appendices

Appendix 1 Scenarios

Tier 1 Simple Scenario 1:

We have just moved to Hertfordshire to be nearer our son.

My wife/husband (delete as appropriate) has dementia diagnosed 2 years ago.

We used to attend the local dementia café and I found it really helpful to meet other carers and my partner loved it.

What can we do here in Hertfordshire?

Tier 1 Simple Scenario 2:

My husband /wife has just been discharged from EMDASS they said he/she didn't have dementia but did have mild cognitive impairment.

They said we should do stuff and go places to stimulate his/her memory. What can we do?

Tier 1 Complex Scenario 1:

I am a bit worried about my mum, we saw the GP who has referred us to a London hospital for tests.

She is only 62 but she is so forgetful, she says some odd things, she isn't changing her clothes and she looks uncared for.

She can hold a conversation but struggles in group situations.

She is adamant that there is nothing wrong and she is just tired and won't even look at any of the information the GP gave us.

She said she would like to get out of the house more and I wondered if there is anywhere I could take her where I wouldn't feel embarrassed by how she looks and what she says.



Tier 1 Complex Scenario 2:

I am worried about Dad.

He was diagnosed with dementia last year and he and mum have been managing really well but money is really tight and they aren't receiving any support.

Dad has always managed the finances and I am worried about what will happen when he can't manage that anymore.

He is adamant he doesn't want to end up in a care home and that's not what any of the family want but will social services let us care for him if he gets really ill?

Tier 3 Simple Scenario 1:

I saw my GP today because I am really stressed caring for my mother with advanced dementia.

He gave me some pills but he also said I should call you and ask to see an Admiral Nurse

Tier 3 Complex Scenario 1:

I have looked after my husband with dementia for the last 5 years and it has been hard but I was managing.

Last month he was diagnosed with diabetes. They say it is really quite severe probably because the only thing he will drink is Cola, not even the diet stuff it must have full sugar.

I have a whole load of appointments and a pile of leaflets but I just don't think I can manage it.

I am tired - if he doesn't drink he gets infections and ends up in hospital and he won't drink if he can't have his cola. I haven't slept since we saw the consultant, and I am worried that I am going to be ill.

I think I will have to find a care home for him.



Appendix 2 Hertswise Scoring Sheet

Hertswise Mystery Shopping Project Scoring Sheet

Please refer to the instructions in your pack. It is expected that Herts Help will give an explanation of the service they suggest eg Hertswise. If this doesn't happen please prompt them and make a note in the appropriate section in the table.

Using the agreed scenario complete the following information:

Scenario number:

Initial Contact:

1. Date of Call:
2. Time of Call:
3. How many rings before the call was answered?:

Go to question 5.

4. If the call was not answered, were you asked to leave a message? Yes/No

If yes:

Did you receive a call back? Please note date and time.

If no:

Please start again.

5. How were you greeted?



6. Did they give their name?

7. Did they give the name of the service e.g. Herts Help ?

Triage:

8. What information were you given? Note organisations, advice and any other information that may help us assess the quality of the service:

| Service | Tick if mentioned | Notes |
|-----------------------------|-------------------|-------|
| YOD Young Onset Dementia | | |
| HW Hertswise | | |
| CIH Carers in Herts | | |



| | | |
|---|--|--|
| Locality Worker | | |
| CIN Community Information Network Advisors | | |
| Carer support Group | | |
| EMDASS Early Memory Diagnosis Support Service | | |
| DSW Dementia Support Worker | | |
| Admiral Nurse | | |

Other services - not mentioned above:

9. Did you feel satisfied with how the call was dealt with?

10. Was there anything that you felt could be improved ?

11. Was there anything that you felt was good practice?

12. From your experience of this call, would you recommend this service to family or friends?

Please circle.

| | | | | | |
|-----------------------------|---------------|----------------|-----------------|-------------------------------|-----------------------|
| Extremely Likely | Likely | Neither | Unlikely | Extremely Unlikely | Don't Know |
|-----------------------------|---------------|----------------|-----------------|-------------------------------|-----------------------|