



advice and support for older age

**Independent
Age**

**Independent Age response to the NICE consultation on Home
Care: delivering personal care and practical support to older
people living in their homes**

16 April 2015



About Independent Age

Founded over 150 years ago, Independent Age is a growing charity helping older people across the UK and Ireland through the 'A, B, C' of advice, befriending and campaigning. We offer a free national telephone and email advice service focusing on social care, welfare benefits and befriending services, which is supported by a wide range of free printed guides and factsheets. This is integrated with on-the-ground, local support, provided by a network of over 1,500 volunteers offering one-to-one and group befriending.

For more information, visit our website www.independentage.org

Speak to one of our advisers for free and confidential advice and information. Lines are open Monday to Friday between 10am - 4pm. Call 0800 319 6789 or email advice@independentage.org

Independent Age is also a member of the Care and Support Alliance: a consortium of over 75 organisations that represent and support older and disabled people campaigning to keep adult care funding and reform on the political agenda.

Independent Age response to the NICE consultation on Home Care: delivering personal care and practical support to older people living in their homes

General Comments

We fully welcome these draft guidelines and the principles of excellent home care they seek to promote. We believe guidance in this area is prescient coming shortly after the implementation of the Care Act and at a time of great public concern for the treatment of older people in the care system. We think there is substantial evidence to suggest that financial pressures are jeopardising the quality of care services. We note the recent report *The Homecare Deficit: A report on the funding of older people's homecare across the United Kingdom* published by UKHCA in March 2015 which found that only 28 councils (of those surveyed) are paying a nominal rate of £15.75 per hour for care services which is the estimated rate for compliance with the NMW. Funding pressures can undermine excellent care services. We worry poor commissioning in particular could make it difficult for providers to meet these draft guidelines.

Taking into account there is a new duty on providers to publish their CQC ratings, we encourage NICE to clarify how it anticipates CQC using these guidelines so that it can form judgements about which home care services can be rated as 'good' or 'excellent'.

Selected recommendations

1.1.2 Ensure support focuses on what people can or would like to do to 11 maintain their independence, not only on what they cannot do. Recognise:

- that people have aspirations and potential throughout their lives and
- that people with cognitive impairment and those living alone might be at higher risk of having unmet social care-related quality of life needs or worse psychological outcomes.

We welcome this recommendation and its clear relationship to the principle of wellbeing as defined by the Care Act. We agree that excellent home care focuses on maintaining people's current strengths or help with regaining lost abilities



advice and support for older age

**Independent
Age**

Independent Age
18 Avonmore Road
London
W14 8RR

T 020 7605 4200
E charity@independentage.org
www.independentage.org
Advice line 0800 319 6789



View our page on Facebook



Follow us on Twitter @IndependentAge

Independent Age is the operating name of the Royal United Kingdom Beneficent Association
Registered charity number 210729

even if the care tasks take longer as a result. We recommend the guidelines refer to individuals with sensory impairment, as set out elsewhere in recommendation 1.4.4, as also being at increased risk of unmet social-care-related quality of life needs or worse psychological outcomes. There is considerable evidence adults with sensory needs don't necessarily always get their full range of social care-related needs met, including help with communication and taking part in social activities.

RNIB's 2013 report, *Facing Blindness Alone* revealed that between 2005 and 2013, there was a 43 per cent decline in the number of blind and partially sighted people in England getting even the most basic types of council support - down from 55,875 people to 31,740, nearly 25,000 fewer people. The research, commissioned by RNIB using Health and Social Care Information Centre figures, showed that although care and support had declined for all adults with a physical disability (30 per cent), people with sight loss had been the worst affected (43 per cent).

1.1.4 Prioritise continuity of care, using a core team of care workers, so that the person becomes familiar with them.

Full agreement - We recognise from our interactions with older people and carers the importance of maintaining as consistent a team of care workers as possible. We believe this guidance is particularly relevant to home care services for people with cognitive impairment.

1.2.2 Offer people and their carers information about local and national support groups and networks.

We welcome this recommendation as promoting the provision of good information and advice about support services as set out in the Care Act. We support recommendations made in the report produced by The Department of Health, ADASS, and SOCiTM *The development of online services for information and advice supporting the Care Act 2014* that information and advice should not be restricted to existing 'service users'. Information and advice services should in fact be made available more widely and need to effectively reach self-funders, carers and wider family and friends. Critically, local advice agencies and the voluntary sector need to have an opportunity of promoting their own information and advice on home care. We also agree with the point that disproportionate reliance on information and advice only being made available through a local authority's website, or third party websites, is unlikely to meet all the authority's duties under the Care Act, or indeed, public bodies' responsibilities under the Equality Act 2010. To help with development of online services as DH, ADASS and SOCiTM have advised, we would recommend improved website design and ongoing monitoring of online services with the view to making appropriate improvements.

1.3.6 Consider offering home care support to older people with low to moderate needs. This is because it may mean that they need less intensive support later on or may delay the time at which support is needed.

We support guidance that home care should be provided to individuals with low to moderate needs as defined by the Care Act. We recognise that councils have flexibility under the Care Act to be more generous in the level of needs they provide support for but are not required to do so.

1.3.15 Ask people about their aspirations, needs and priorities, as well as what gives them peace of mind, and makes them feel safe and unsafe.

Ensure the home care plan:

- empowers the person as much as possible, by recognising what they can and want to do
- explicitly addresses safety, wellbeing, independence and any specialist needs
- is informed by the experience, skills and insight of carers, as appropriate
- addresses the range of practical support needed to help the person to live how they choose, as far as possible, rather than addressing only personal care needs (this could include, for example, support to help a person manage their own financial and personal affairs, do their own shopping and cooking, or socialise, or other help, depending on the person's needs and preferences)
- describes how success and outcomes will be measured
- is clear, concise and easy to navigate
- has a summary at the start, with links to more detailed information.

Full agreement - This criteria ensures that councils do not just prioritise personal care needs but also the general wellbeing and care planning of individuals with an emphasis on maintaining social connections and personal interests.

1.3.22 Ask people:

- which elements of their home care service are a priority for them, and
- whether some home care time may be used flexibly

We think this recommendation is particularly important for realising the objective of person centred care within home care and creating more responsive care services more widely. We think that home care workers should be encouraged to ask more probing questions about what care services their service users might require in order to anticipate demand and signpost to relevant support agencies. We believe that home care workers should be encouraged to ask service users about their satisfaction with their current levels of social contact in order to avoid

the negative impact of long-term loneliness, which the Campaign to End Loneliness among others have illustrated can have adverse health impacts.

1.3.23 Give people and their carers if appropriate, a copy of their home care plan in a format that meets their needs.

We support this recommendation but would welcome further guidance from NICE detailing the rare instances when the provision of a home care plan for carers might not be appropriate. We believe it is worth clarifying that in the majority of cases carers should be provided with a copy of the care plan for the person they support. We would also suggest the phrasing of this recommendation be revised to make it clear that the phrase 'if appropriate' refers only to carers receiving a copy of the home plan and not the care service user him or herself.

1.3.28 Ensure telecare does not replace personal contact, unless the person using services wants it to.

Despite the benefits offered by telecare we know from our contact with older people, as well as their carers', that personal contact is the preferred model for delivery of home care services. We would support this guideline ensuring that personal contact with a care professional remains the standard way of delivering home care. We acknowledge that in some cases a combination of personal care and telecare may well be the preferable option depending on the needs of the person and the support the carer requires. We would encourage signposting to telecare services for those people who have suffered multiple falls in the home. However, for carers looking after someone with cognitive impairment, who becomes anxious when left alone, we would rather see the promotion of sitting services, as opposed to providing telecare alone.

1.4.1 Ensure contracts allow home care workers enough time to provide a good quality service, including having enough time to talk to the person and their carer. They should ensure that workers have time to do their job without being rushed or compromising the dignity of the person who uses services.

We particularly recognise the need for NICE guidelines in this area. For care workers to deliver person centred care services time for travel between appointments needs to be incorporated into formal contracts between commissioner and provider.

1.4.2 Home care visits shorter than half an hour should be made only if:

- the home care worker is known to the person
- the visit is part of a wider package of support
- it allows enough time to complete specific, time limited tasks or to check if someone is safe and well, for example.

We welcome guidelines which generally deter commissioning of visits that last for shorter than half an hour. We would recommend a clearer definition of what constitutes 'a wider package of support' for justification of visits under half an hour. We acknowledge short visits should be permitted if the total package of home care across the entire day meets the person's care and support needs in full. When short visits are approved by providers we would encourage careful monitoring of service users' needs, to ensure that an increase in need is matched with an increase in time for the appropriate level of care to be delivered.

1.4.4 Ensure home care visits are long enough for home care workers to complete their work without compromising the quality of their work or the dignity of the person, including scheduling sufficient travel time between visits. Take into account that people with cognitive impairments, communication difficulties or sensory loss may need workers to spend more time with them to ensure they have the support they need.

We think it is essential for promoting person centred care for managers and supervisors of home care services to account for the time necessary for staff to travel between visits. We would support attempts by commissioners to define a minimum - *appropriate* - allocation of travel time between visits, based on local variables, when commissioning home care services.

1.4.5 Ensure there is a complaints procedure in place. Tell people about how they can make a complaint either in writing or in person.

Full agreement - We welcome this recommendation as fundamental to the better coordination of care and the success of the integration of such services.

1.4.10 Closely monitor risks associated with missed or late visits and take prompt remedial action. Recognise that people living alone (without carers or advocates) or those who lack capacity may be particularly vulnerable if visits are missed or late.

We think this recommendation supports the delivery of excellent care services. However, we believe NICE should consider how such visits (e.g. late arrivals by care workers) should be reported to managers and what evidence would be sufficient to support such reporting. We think the risk of missed visits should be monitored and the delivery of services reviewed if problems persist.

1.5.5 Build a culture in which reporting of safety and abuse concerns is understood as a marker of good care, not just as a negative outcome of poor care. Stating explicitly, as part of induction training, that build such a culture by, for example:

- safeguarding alerts are part of delivering a responsible home care service and that home care workers play a vital role in helping to safeguard a person using services, and
- providing case studies that demonstrate the far-reaching effects of not acting on safeguarding concerns.

We welcome this recommendation as it helps promote a culture of transparency and open dialogue within home care services. This is particularly important as there is substantial evidence that older people are consistently reluctant to raise concerns regarding care services (Healthwatch England have provided recent evidence to this effect). We believe providers should make staff aware of their own internal complaints process, which ensure staff feel able to raise concerns anonymously and to an identifiable and impartial member of staff.

1.6.8 Ensure home care workers have opportunities to refresh and develop their knowledge and skills.

We support the need for staff to receive ongoing training and CPD. We think it would be beneficial if NICE guidelines state that such training must be paid for by the employer and that staff are not required to take annual leave to attend training courses. We make this recommendation in accordance with findings from the report *The Homecare Deficit: A report on the funding of older people's homecare across the United Kingdom* published by UKHCA in March 2015 which suggested that allowances for training were being absorbed into other budgets in order to comply with the NMW.

Do you agree with the areas that have been identified as having a big impact on practice and challenging to implement? Let us know if you would give priority to other areas and why?

- Delivering services that support the aspirations, goals and priorities of the person using them
- Working effectively in multidisciplinary teams coordinated by a named lead
- Helping people to determine which care options will best meet their needs and preferences

We agree with the three areas which NICE have identified as having the greatest impact on practice and implementation.