Quality and Standards in Human Services in Ireland: Home Care for Older People

Non-Technical Summary
Non-Technical Summary
This report is one of a series in a NESC\(^1\) project that examines how quality processes, standards and regulations contribute to continuous improvement in delivery of services. This report focuses on the standards regime in place for formal home care of older people.

In Ireland, formal home care consists mainly of home help\(^2\) and home care packages.\(^3\) In 2011, nearly 51,000 people (the majority aged over 65) received home help; and 15,000 a home care package. Both types of home care are provided mainly by the HSE, with a smaller proportion provided by voluntary organisations and private companies.

In 2008, the Health Service Executive (HSE) agreed draft national quality standards on home care, to promote consistent quality in this service. These 2008 standards were then incorporated into two other sets of standards drafted later, with one set to apply to home care packages contracted out by the HSE, and the second to home help delivered directly by the HSE. A number of private home care companies have also voluntarily adopted a version of these 2008 standards. However, only the standards applying to home care packages contracted out by the HSE have been implemented, and so the majority of home care (i.e. that provided directly by the HSE, and that provided on a private basis by voluntary or private organisations) is not yet subject to standards’ requirements.

Thirteen stakeholders interviewed as part of this research (representing the public, private and voluntary sectors) identified a number of strengths in the progress towards standards for home care, including:

- The development of draft quality standards by the HSE, with the participation of all stakeholders;

- Inclusion and development of these draft standards in later draft standards applying to different types of home care, such as home help services, and home care packages;

---

\(^1\) NESC, the National Economic and Social Council, is an agency that analyses and reports to the Taoiseach on strategic issues relating to development of the economy, and social justice.

\(^2\) Until recently, home help consisted of domestic care, such as assistance with cleaning, cooking and washing, but it now includes more personal care, such as assistance with personal hygiene, bathing and dressing.

\(^3\) Home care packages usually provide personal care such as bathing and dressing, as well as more medical care such as nursing, physiotherapy, chiropody, etc.
• The requirement for organisations providing home care packages contracted out by the HSE to meet high quality service standards;

• Voluntary application of the HSE’s 2008 draft standards, and participation in quality accreditation regimes, by some home care providers;

• The Government commitment to bring in standards for home care, inspected by Health Information and Quality Authority (HIQA)\(^4\); and

• The emphasis on service user involvement in the draft standards.

There are, however, many challenges in progressing implementation of these draft standards, as follows:

• The standards being implemented are only required for home care packages contracted out by the HSE. Other types of home care are not required to meet quality standards;

• Notwithstanding progress to date, implementation of the draft standards in home care services traditionally provided by the HSE is slow;

• There is no legislative backing for any of the standards currently drafted;

• Cutbacks are leading to the ‘time available’ increasingly influencing the quantity and quality of home care given, rather than the wishes of the client;

• It is increasingly difficult for an older person to choose the carer they want to employ, when that carer is paid for from HSE funds;

• The State does not provide any guidance to home care providers on how to increase the quality of the service they provide; and

• There is no standardised data to allow comparison of the quality of home care given by different providers.

Given these strengths and challenges, the following are pointers for future policy development:

• Implement the commitments made and standards drafted in relation to quality in home care; and inspect to ensure these standards are met;

• Prioritise application of the existing draft standards to HSE-provided home care services;

\(^4\) The Health Information and Quality Authority, an independent inspectorate established under the Health Act 2007.
• Improve efficiency and increase use of IT in the management of home care services, and support contracted-out home care, to help ensure quality services at lower cost; and

• A standardised data set, which would allow better comparison of quality of care and methods to reach it, should be put in place and used by all providers and commissioners of home care.