



An Chomhairle Náisiúnta Eacnamaíoch agus Shóisialta
National Economic & Social Council

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

Executive Summary

Introduction

This report examines standards and quality in relation to home care in Ireland, with a particular focus on the care of older people. It is one of a series of reports that make up the NESC project, *Quality and Standards in Human Services in Ireland*. This project assesses how quality processes, standards and regulation can contribute to continuously improving human services.

Home care provides a range of services for those who need assistance with basic activities of daily living, such as getting in and out of bed, bathing, dressing, eating, etc. Typically, this care is provided either informally by family and friends, or formally, by professional home care providers. Formal care in Ireland consists of home help,¹ and home care packages,² and these are delivered mainly by the HSE, but also by voluntary and private organisations. In 2011, through the HSE, nearly 51,000 people (the majority aged over 65) received home help and 15,000 a home care package. Formal home care in Ireland is currently largely unregulated, although a variety of draft standards to promote quality services do exist. Some of these draft standards are being implemented, but they either cover only a proportion of home care, or are implemented on a voluntary basis. These developments are the subject of this report. The information in the report is based on documentary evidence, and interviews with thirteen stakeholders representing the public, private, and voluntary sectors.

Home Care Quality Frameworks

Draft standards to regulate the quality of care of older people in their homes were first agreed by the HSE in 2008, in partnership with stakeholder groups. A number of private home care operators are now implementing a version of these standards on a voluntary basis. The HSE does not yet implement these standards in the home help and home care package services it provides, but is working towards implementing them. Some home care providers have also been accredited with the Q Mark and ISO quality standards. However, the HSE has recently awarded a tender for organisations to provide new home care packages on its behalf, and this requires those awarded the tender to demonstrate quality standards in a range of areas. This new process should increase the overall quality of management and care in home care packages, and has been dubbed 'regulation by the back door' by one stakeholder interviewed.

¹ Until recently, home help consisted of domestic care, such as assistance cleaning, cooking and washing, but it now includes more personal care, such as assistance with personal hygiene, bathing and dressing.

² 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 government also committed in 2011 to bringing in standards for home care, which would be inspected by HIQA.³ A recent Law Reform Commission report (Law Reform Commission, 2011) on regulation of home care providers includes specific guidance on how the Health Act 2007 can be amended to allow this.

Five Key Themes

How these standards frameworks are relevant to the five key themes addressed in this NESC project is now outlined. These five key themes are – responsive regulation (which is how implementation of quality standards is encouraged by a balance of sanctions and supports); involvement of the service user; monitoring and learning; devolution and accountability; and addressing costs while improving quality.

Responsive Regulation

The tender to provide home care packages has good enforcement mechanisms to ensure delivery of a quality service, although it remains to be seen how these will be implemented in practice, and what resources will be devoted to this by the HSE. Otherwise, few of the draft home care standards are being implemented, and those that are are voluntary, so there are no sanctions where these standards are not met. Meanwhile, supports to help home care providers implement quality standards are quite limited. They consist of private and voluntary sector home care operators seeking standards accreditation that receive support from accreditation inspectors; and the HSE providing some supports to its staff to ensure greater consistency in provision of home care packages. In future, with more home care contracted out, it may be necessary for State bodies to provide more supports to home care providers to ensure good quality care is provided at optimal cost.

Involvement of the Service User

The involvement of the service user is stressed in all the standards frameworks drafted to date. However, in practice it seems that reductions in HSE care budgets mean that the older person has less say in how care is provided, with the time available increasingly determining how the care is given. The ability of the older person to choose how to spend funding they may be allocated for home care has also been reduced, as home care grants that could be used by an older person to directly employ a carer of their choice are being phased out. However, in Canada, involving the service user in managing the home care services they receive (without employing a carer directly) has been found to reduce costs, as well as yielding improved outcomes for service users. It may, therefore, be useful to promote greater involvement of the service user in managing the services they receive in Ireland.

³ The Health Information and Quality Authority, an independent inspectorate established under the Health Act 2007.

Monitoring and Learning

The HSE has established a number of internal task groups and best-practice groups, to take on board learning from developing the various standards frameworks. The HSE 2008 draft home care standards have also been progressed by different working groups over time. For example, they have been incorporated into the later HSE tender for companies to provide home care packages on its behalf, and into the draft guidelines for the HSE's home help service. All of the draft home care standards frameworks outlined in this report also require providers to put procedures in place to regularly improve their service, and to assess its quality, in conjunction with the service user. Meanwhile, outside the HSE, less sharing of learning may be taking place, as several private and voluntary providers compete to be successful in the HSE tender to provide home care packages.

If the InterRAI assessment tool⁴ and common minimum data set recently piloted by the HSE is adopted on a national basis, it would have the potential to provide significant data on the cost and outcome of different home care (and other eldercare) services, as well as learning, on the optimum ways to provide these services.

Devolution and Accountability

The awarding of the tender to supply home care packages on behalf of the HSE is very positive, as it ensures accountability for the quality of this aspect of home care. However, standards for home help and home care package services delivered directly by the HSE, or by other organisations to private individuals, are voluntary or non-existent, so accountability for the quality of these home care services is weak. Mandatory implementation of the draft standards covering these areas, and inspection to ascertain if they are met, is needed to ensure more consistently safe and high quality home care.

Addressing Costs While Improving Quality

A review of international research on costs and quality in home care indicates that a number of mechanisms can be used to decrease costs, while maintaining or improving quality. These mechanisms include improving process management; cutting out repetition of needs assessment; providing client input to case management; putting in place IT systems that optimise staff schedules and route planning; and contracting out home care to private and voluntary providers. It would be useful to adopt these mechanisms in Irish home care, although in contracted-out services, support may be needed to put in place IT systems, and to ensure that experienced staff are employed, and that their turnover is low. Meanwhile, it is unclear what the costs would be of implementing the Irish draft

⁴ This assessment tool collects a minimum data set to assess an older person's need for care, whether that be in a hospital, a long-term care setting, or at home.

home care standards to improve quality. Some stakeholders interviewed believe that the cost of bringing in standards for home care would be high, but others argue that a good standards and inspection regime would comprise a very small proportion of the entire budget spent by the State on home care, providing strong motivation for all providers to increase standards of care, and therefore providing a better quality service for the budget currently spent.

Are There Things that Need to Change to Ensure the Provision of a Quality Service in this Area?

Only one aspect of home care services (new home care packages tendered out to private and voluntary organisations by the HSE) has strong requirements to meet certain standards. Other types of home care services are not subject to standards, although draft standards for these services exist. This compromises the ability of the existing standards framework to prevent abuse and serious harm in the area of home care. A legislative underpinning to these standards, and inspection to ensure they are met, would help to improve the quality of all types of home care delivered, rather than a proportion, as is currently the case. This will become increasingly necessary in the future, with more older people likely to be cared for at home, in line with both Government policy and the wishes of older people.

