

Submission to the Department of Health's consultation on homecare services



An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

26 September 2017

Introduction

HIQA welcomes the opportunity to contribute to the consultation on homecare services. Placing homecare services on a statutory footing is a positive step and – as noted in the *Sláintecare* report – an important component in the delivery of an integrated health and social care system for Ireland. More importantly, it meets the needs and preferences of all those people who prefer, where possible, to be cared for in their own homes as opposed to residential facilities. We also welcome the focus on the regulation of homecare services and hope that our input in this regard will prove useful. This submission is not formatted in line with the Department's online questionnaire but seeks to offer HIQA's perspective on the organisation, management, delivery and quality assurance of such a homecare system. This is founded on the experience gleaned from being the State's regulator of health and social care services for the past 10 years, in addition to research we have carried out independently.

It is the view of HIQA that the relevant stakeholders (people using services, carers, care providers, advocacy groups) with experience of homecare are best placed to offer views on the current state of homecare services. What can be said from the regulator's perspective is that the people our inspectors meet in nursing homes, hospitals and disability services frequently express the view that their preference, where possible, is to be cared for in their own homes. The consultation paper rightly points out that the availability of homecare is inconsistent across the country and that there is a sizeable waiting list for the service. Making homecare available on a statutory basis would provide a viable alternative for many people who do not wish to enter residential care.

Integrated Care

The development and enhancement of integrated care is a necessary development in Ireland's health and social care services. The lack of availability of adequate homecare services is often cited as a reason for delayed discharges from acute hospital beds. Our own research has also shown that the alternatives to long-term residential care are underdeveloped in Ireland. Fostering greater integration between primary, community and acute care would improve the options available to people and relieve pressures and bottlenecks throughout the system.

What this means for the individual who needs care is that they will experience a continuum of care that is seamless. HIQA notes the work being done by the HSE's Integrated Care Programme for Older Persons in this regard. This type of programme offers a framework by

which homecare can form a key part of a suite of services for older people, allowing them to remain in their homes and communities to the greatest extent possible. It should be borne in mind that not all recipients of homecare are older people. Homecare has the potential to be a viable solution for a range of people in need of care and support. In this context, the development of integrated care programmes for people with disabilities (intellectual, physical and sensory), mental health issues and substance abuse/addiction problems is also encouraged.

Assessment of need

As acknowledged in the consultation paper, access to homecare services is inconsistent across the country and often dependant on the availability of funding. Placing homecare services on a statutory footing would give people an entitlement to the service should people meet certain criteria. The question arises: how should we assess need and eligibility? A transparent and standardised assessment process is essential if any homecare scheme is to be considered fair and targeted at those with the greatest need.

HIOA advocates the development or adaptation of the current single assessment tool (SAT) for considering an applicant's eligibility for homecare services. It is our understanding that the HSE is currently trialling such a SAT for the purposes of assessing older people for long-term residential care and homecare packages. It is important that all potential recipients of homecare can be assessed using the same criteria. These assessments should place the care recipient at the centre of the process and should also incorporate the views of their family/representatives as well as their community and primary caregivers. The assessments should also look at an applicant's needs in terms of rehabilitation and reablement. Such a focus would have a dual benefit of providing support to the person in their own home whilst also improving their capacity to care for themselves thereby reducing their dependence on support.

These assessments should be subject to regular, annual or more frequent review, ensuring that family members, carers and relevant health and social care staff are included in that review.

In addressing the consultation question on people making a financial contribution to homecare provision, HIOA believes that this is a policy decision based on the ongoing availability of government funding. In this instance, if required, it would be important that an assessment of financial means forms part of the single assessment exercise ensuring that there is transparency in respect of the threshold at which Government feels individual contributions to personal and/or nursing care should commence.

Informal care

The consultation paper on homecare services rightly acknowledges the contribution of family and friends in the provision of informal care to people who need support. The close relationships between those providing informal care and the person receiving care means that these carers are often best-placed to advise on a person's needs and preferences. As such, every effort should be made to include their views in the assessment process. In addition, if it is proposed that a person receive both formal and informal care, there should

also be an assessment of the informal carer. This assessment should, in the first instance, ensure that this person is capable of providing the level of care proposed. It should also seek to identify any additional resources or supports that may assist this carer in carrying out their role. The assessment should also seek to examine and inform intervention where the carers' responsibility is deemed to be having a negative health impact on the carer. Such care assessments are a legal requirement in the United Kingdom and HIQA is of the view that a similar model should be considered in Ireland.

Regulating Homecare Services

There are currently no quality standards in relation to the provision of homecare. It is HIQA's view that both regulations *and* standards should be developed and that this would be a positive step in improving the quality and safety of homecare services. HIQA currently monitors compliance with regulations and standards in designated centres for people with disabilities and in nursing homes. The regulations for these centres set out the fundamental requirements of a service and are enforceable through a range of measures. The standards, while not enforceable, describe best practice in a range of service areas and are intended as a guide for providers who wish to improve the quality of their services.

HIQA is firmly of the view that any standards and regulations for homecare services should be applied to all types of providers equally. The primary reason for this is that service users should expect the same quality of service regardless of who is providing that service. In our role as regulator we are familiar with some cases where standards are not applied equally to providers of similar services. For example, this is presently the case in relation to private hospitals where HIQA has no role in monitoring compliance with national standards. As a principle, all service providers should be subject to the same quality standards. Failure to do so confers an unfair advantage on the exempted providers and creates a quality differential which is not in the service users' interests.

Recipients of homecare should not be expected to open their homes to inspection. As such, any regulations and quality standards should focus on the operations of the service provider. This would potentially cover themes such as governance, accountability, policies, management of complaints, workforce management, safeguarding, notifications. The legal framework for homecare needs a clear and comprehensive definition of what is meant by homecare. The consultation paper clearly states that homecare services means home help, homecare packages and intensive homecare packages. This excludes other kinds of care which happen in the home. For example, personal assistants for people with disabilities or intensive private nursing care. The Department might consider a broader scope which would encompass all forms of care provided to people in their homes.

In addition to a definition of homecare there should also be a clear definition of what constitutes a service provider. There are a number of large private care providers currently operating in the market in Ireland. Clearly, these service providers should come under the remit of homecare regulation. However, there are other models of service provision emerging which may not fall within a definition that would capture the large operators. For example, should self-employed carers be subject to regulation? Furthermore, should organisations or agencies that provide a database of available carers without directly

employing them be considered service providers? HIQA is aware of one such organisation that is currently operating in the market and consideration should be given as to whether a definition would, or should, cover these operators for the protection of service users.

In terms of the skills and qualifications of carers, there should be a mandatory minimum qualification level which all carers must attain. There are a range of courses that may be appropriate in this context. For example, it is our expectation that healthcare assistants working in nursing homes attain a QQI Level 5 qualification. A similar qualification should be required in a homecare setting.

The consultation on homecare and discussion of how it is regulated also raises questions about the regulation of existing services. For example, HIQA currently registers and regulates community residential services for people with disabilities. Many of these are houses where four or five people share accommodation with the support of nursing and/or social care staff. However, for all intents and purposes, these are people's homes. As such, should they be subject to regulation as a homecare service or as a residential service? HIQA recently carried out research which explored the different models of health and social care in Ireland and how these models of care are regulated in other jurisdictions. It is HIQA's view, as outlined in the research papers¹, that the model of regulation should change to reflect the different types of services being provided. In the proposed new model, a service provider would register once to provide a specific type of service. There would be no requirement to re-register and each type of service would have a distinct set of regulations and standards. HIQA is available to discuss this research should the Department wish to explore it further in terms of how it may contribute to the development of the regulation of homecare.

Conclusion

The introduction of a regulated statutory homecare scheme will greatly improve the options available to people who are in need of care and support. This submission seeks to convey HIQA's view on how a regulatory framework might look and, more importantly, the importance of placing the service user at the centre of the service. Other legislative measures – such as the Assisted Decision-Making (Capacity) Act 2015 – will further enhance the rights and entitlements of people who need care and may be vulnerable. HIQA looks forward to further engagement with all stakeholders with a view to establishing a modern homecare system which meets the country's needs.

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Executive summary: <https://www.hiqa.ie/sites/default/files/2017-05/exec-summary-exploring-the-regulation-of-health-and-social-care.pdf>

Older people's services: <https://www.hiqa.ie/sites/default/files/2017-05/exploring-the-regulation-of-health-and-social-care-services-op.pdf>

Disability services: <https://www.hiqa.ie/sites/default/files/2017-05/exploring-the-regulation-of-health-and-social-care-services-disability.pdf>