



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

REGULATION OF HOMECARE: A Position Paper

December 2021

Safer Better Care

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

About this report

This report sets out the Health Information and Quality Authority's (HIQA's) position on the future regulation of homecare services in Ireland.

It has been published alongside a *Regulation of Homecare: Research Report*, and an abridged version of that report.^(1,2) Those reports outline HIQA's analysis of the current landscape of homecare in Ireland, survey and focus group findings with homecare service providers and advocates, a literature review and review of international research on the regulation of homecare. A summary of the findings is set out below, while further contextual and greater analysis and critique can be found the associated research reports.

Introduction

It is well accepted that the preferred place of care for many people is in their own home. This is emphasised in the international and national literature. Demographic changes in Ireland, and an ageing population, show that society needs to take a different approach to the funding, procurement and delivery of all health and social care services, including homecare services. This is the spirit and cornerstone of the Sláintecare Programme,⁽³⁾ which sets out a 10-year roadmap for the future of health and social care services in Ireland. Every citizen of Ireland, or someone close to them, will need some form of support in their own home during their lifetime. As such, it is no longer viable to apply a directionless lens towards the provision of homecare. Rather, there needs to be a complete overhaul of the homecare sector.

The origins of homecare in Ireland can be traced back to the 'home help' scheme that came from the Health Act of 1970.⁽⁴⁾ Essentially, homecare was and remains a discretionary but demand-led service where need often outstrips supply. As such, the current homecare system is not sustainable and is not meeting the needs of people.

To illustrate the magnitude of this issue, during 2021, the HSE is estimated to provide funding for:

- 23.67 million older persons home support hours delivered to 55,675 people; this is inclusive of an additional 5 million hours funded under the Winter Plan 2020/2021
- an excess of 3 million hours provided for home support and over 1.7 million personal assistant (PA) hours provided to adults who fall under the disability remit
- 533 packages of care for children with complex needs and approximately 18,000 hours per year.

Fundamental to achieving a well-functioning, transparent and equitable homecare system is the need to ensure that all stakeholders — funders, providers, homecare workers, informal carers, employers — work with the person receiving homecare within a defined, national and equally applied framework that is underpinned by legislation. This is a matter of urgency and decisive action needs to be taken to safeguard people receiving services.

Over the last decade, successive governments have tried to bring about change in this sector but failed to implement a legislative footing. However, the most recent Programme for Government (2020)⁽⁵⁾ has committed to introducing a statutory scheme to support people to live in their own homes and this is now progressing at pace.

HIQA firmly believes that there is only one opportunity to get this legislation right and is therefore advocating for an inclusive homecare scheme that protects all people who are receiving care in their own home. HIQA is also strongly advocating for a needs-led, integrated homecare system where age is removed as an access barrier and all people can receive care in their home on a regular or intermittent basis when required throughout their lifetime. HIQA also believes that the development of homecare standards and regulations must incorporate the principles of:⁽⁶⁾

- a human rights-based approach
- safety and wellbeing
- responsiveness, and
- accountability.

These principles work together in order to achieve person-centred care and support. It is from this perspective of a changing homecare landscape in Ireland that HIQA has undertaken research into this area. This research sets out HIQA's position on the regulation and quality improvement processes that underpin homecare.

What the research tells us:

HIQA strongly believes that the regulation of homecare should encompass all formal care delivered in the home and takes into account the pre-assessment, delivery and evaluation of the service. Furthermore, quality homecare must be focused on person-centred care.

1. From speaking to some homecare providers and advocates, HIQA was informed of the following:

- **Positives:** Participants informed HIQA that there are many things that work well in the homecare sector. For example, they reported that there is a strong commitment to meeting the needs of homecare recipients and there is a good level of self-governance and management.
 - **Scope:** There is a fundamental need to delineate and outline the scope and parameters of homecare. Regulation needs to address the intersection of health and social care services and pre-empt the changing landscape of health and social care into the future. For example, there needs to be a clear definition of what is considered homecare.
 - **Risks:** There are many risks that exist in the homecare sector and these are often interconnected and intersectional. For people receiving homecare services, receiving a poor quality or unfulfilled service was cited as the most prominent risk. Lone working was cited as the greatest risk for people delivering homecare services.
 - **Assessment:** A standardised assessment of need is required and should be implemented without delay for people who are entitled to one.
 - **Staffing:** Recruitment and retention of staff is difficult. It was reported that there is a two-tier system where it is perceived that HSE employees have better working terms and conditions. Homecare needs to become a viable career, otherwise this sector will not be able to deliver on its priorities.
 - **Oversight:** The HSE is both the provider of and commissioner of services. Providers perceived the HSE to be a proxy regulator through its agreements with homecare providers. However, the HSE's own homecare provision is not subject to the same level of scrutiny as non-public homecare organisations.
 - **Funding:** The funding of homecare is problematic and inconsistent. A scheme of financial support for people who are entitled to homecare needs to be established as a matter of priority. Additionally, the way in which tenders are awarded needs to be re-evaluated for its efficacy.
 - **Timing:** The timing and geography of homecare are important. That is to say, homecare visits are often rushed due to the pressures on homecare workers to travel between service users' homes. There needs to be a reasonable expectation of what can be delivered by providers.
2. The research identified that structure, process and outcomes are essential components of a well-led, quality homecare service and should underpin the regulation of homecare in Ireland. In this research, structure relates to how homecare is organised and elements that form the homecare system. Process

relates to what is done in the homecare environment, for example the technical and interpersonal aspects, and outcomes relate to what happens for homecare recipients.

- **Structure includes:** Involvement – person-centred and informal carers; safety and risk concerns; leadership; conflict of interest; assessment systems; service provision; environmental conditions; employment and recruitment conditions; organisational systems; delegation and task shifting; education, training and oversight; team work; continuity of care; and competence and development
 - **Process includes:** Preventative care; responsive environments; staff competence; holistic assessment and care planning; roles; partnerships and communication; and collaboration
 - **Outcomes include:** Falls; health promotion; social contact and isolation; continence; outcome focused homecare; consumer directed care; autonomy and control; and nurse-led interventions
3. From HIQA's international review of the regulation of homecare, the following key learning was identified:
- **Approach to regulation:** Many countries use different mechanisms to regulate homecare. These mainly revolve around registration or accreditation processes.
 - **What to regulate:** It is important that homecare tasks are fully defined and operationalised in order to regulate this sector. If this excludes nursing care or other paid tasks undertaken in a person's home, then there needs to be consideration of how people in receipt of these services are protected. In other words, the definition of homecare needs to be inclusive to ensure that it safeguards all those who use the service.
 - **Regulated activities and statement of purpose:** Regulated activities could be set out in legislation. Providers who deliver regulated activities in a person's home would need to be registered and or licensed to do so. The scope of service provision would be set out in the provider's statement of purpose and they would be licenced to provide these services by the regulator. This approach would provide a clear and stepped approach towards the regulation of homecare and delineate services that are providing more complex care. This may provide a mechanism to help 'future proof' the concept of moving more advanced services closer to home.

- **Regulated workforce:** The registration and requirements of homecare workers was addressed in a number of jurisdictions. In Wales, Northern Ireland and New Zealand, the homecare workforce falls under the regulatory framework. Legislation placed an emphasis on the homecare workforce, improving working conditions, wages and providing education and training.
4. From HIQA's experience as a regulator, and considering the evidence relating to homecare, it is important that the regulation of homecare services in Ireland considers the following:
- **Regulatory priorities:** Regulation of homecare needs to deliver on four priorities. It should:
 - be inclusive to all who are in receipt of formal homecare,
 - improve the performance and quality of homecare,
 - provide assurance to people receiving homecare and the public that minimally acceptable standards are achieved,
 - and provide accountability on both performance and value for money.
 - **Regulatory Impact Assessment (RIA):** The Government needs to undertake a detailed RIA to understand the impact and any unintended consequences imposing regulation on this sector may have.
 - **Regulatory approaches:** Approaches that could theoretically be used to regulate homecare are divided into directive and external oversight approaches:
 - **Directive approaches:** these include target setting, performance indicators, regulation setting or standard setting.
 - **External oversight approaches:** these include accreditation, certification, licensure, registration, inspection or review or audit, or enforced self-regulation.
 - **Responsive approach:** Irrespective of the methodology toward the monitoring of homecare providers, a responsive approach philosophy should underpin the process. This means the frequency and intensity of regulatory intervention is based on risk, with persuasion and or capacity building tried before escalation up a pyramid of increasing levels of sanction.

What does this mean?

The challenges in homecare now will become more complex and acute. Based on the research that HIQA has undertaken and its broad experience as a regulator, there are three options available. These are:

1. **Option 1:** The first option is a 'business as usual' scenario. Here, the current landscape continues where there is uneven distribution of services across Ireland and people remain underserved, in need and potentially at risk of deterioration. However, given the commitment in Sláintecare to implement a statutory scheme for homecare this option is unlikely.
2. **Option 2:** The second choice is a 'directionless or 'bandage' scenario where homecare continues on the same trajectory. This is where the HSE continues to develop and expand services in line with the needs of the population. In this scenario, the types and processes of homecare become more convoluted and complex and some groups of people in receipt of homecare are afforded a level of protection offered by regulation, but not all. Many people remain underserved with national variation and the development of more complex processes will not be sustainable in the short to medium term. There will be increased risks to many people using homecare as a result.
3. **Option 3:** The third option is the preferred choice. This is where there is a root and branch review of homecare — this will involve concerned stakeholders and engagement of all stakeholders at national, community healthcare organisation (CHO), service delivery and recipient level. A homecare framework will be developed that makes homecare available to everyone in need. Age is removed as a barrier to access, and homecare services are available throughout life in an integrated and needs-led fashion. Homecare includes services that support enablement and independence and provide services that maintain continuity. There is a clear funding framework to support this transition. Regulation in this scenario is one cog in the wheel of broader reform that seeks to drive quality in this sector.

HIQA's position

HIQA believes that Option 3 — where a full review of homecare is undertaken and regulation is introduced as one of a number of measures to reform the sector — is the only option to ensure that the needs of people who require homecare services are met, and anything less is unacceptable. While HIQA accepts that Option 3 will not be an easy option, it is the right option with long-term benefits. It is also in line with the the Sláintecare implementation strategy⁽⁷⁾ view that the Irish health service is 'facing extraordinary challenges' which require 'an extraordinary response'. Sláintecare has acknowledged that difficult decisions will need to be made while undertaking the progressive transformation of health and social care services in Ireland. It is from this perspective that HIQA reaffirms and underlines the need to progress this as a matter of urgency.

The implementation of a statutory scheme for homecare was due to be delivered during 2021. While COVID-19 has impeded this programme of work, this cannot absolve the fact that this is long overdue, critically important and needs to be progressed forthwith. The cost of not initiating this 'extraordinary response' is incalculable and disconnected from the 'right care, right place, right time' philosophy of Sláintecare, which has cross-political support.

HIQA strongly advocates for a complete review and, where necessary, an overhaul of the homecare sector. This will be driven by the inclusion of all key stakeholders, at all levels across the sector through national engagement. By following the principles outlined in Option 3, homecare will be integrated, needs led and responsive to the needs of people who require this service.

Furthermore, HIQA is of the view that along with the 'root and branch' review of homecare which it is advocating for, the other key areas for considerations that were identified in the research reports are given due attention and kept at the forefront of decisions that influence the homecare sector. These are:

- **Key area 1:** A 'root and branch' review of homecare from the bottom up
- **Key area 2:** Identify the scope and parameters of homecare
- **Key area 3:** There is a need for homecare to be integrated and needs led
- **Key area 4:** Quality is central to homecare
- **Key area 5:** A national standardised assessment instrument is required
- **Key area 6:** Investment in homecare workers is required
- **Key area 7:** Funding for accessing homecare should be a statutory right
- **Key area 8:** A universal methodology for commissioning disability homecare services should be developed
- **Key area 9:** Homecare must be inclusive, continual and consistent
- **Key area 10:** There needs to be a focus on information sharing using integrated ICT systems
- **Key area 11:** Regulation should only be viewed as one component of broader reform and should not be burdensome
- **Key area 12:** There is a need to focus on maintaining a standard across the homecare sector before driving quality improvement

- **Key area 13:** There is a need to undertake an assessment of the effectiveness and cost-effectiveness of health technologies in homecare in the Irish context

Conclusion

In this paper, HIQA has set out its position on homecare based on the research it has undertaken. HIQA firmly believes that homecare should be person-centred, focused on quality, integrated, needs led, and inclusive of complex care where age or disability status is not a barrier or gatekeeper to access homecare services. Furthermore, the fundamental principles of a human rights-based approach — in addition to safety and wellbeing, responsiveness and accountability — should underpin the legislation, standards and regulation of this sector. This is a unique opportunity to incorporate a consistent and meaningful framework throughout the homecare sector. This framework must be agile and responsive for the regulator to be effective, and HIQA is prepared to regulate this sector while continuing to advocate for the people who require these services.

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