



Commissioner for **Older People**
for Northern Ireland

Domiciliary Care in Northern Ireland

A Report of the Commissioner's Summit

October 2015

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Executive summary

Domiciliary care is extremely important to thousands of older people in Northern Ireland. Over thirteen million hours of domiciliary care¹ were provided in 2014 enabling people to continue to live in their own homes, reducing the pressure on other healthcare services.

The current state of the service is fragile, with service users, workers and providers all experiencing pressure and concern about its long-term sustainability. Investment in domiciliary care has increased year on year but with more older people needing care at home, Health and Social Care Trusts (HSC Trusts) currently only provide care to those who are assessed as having substantial and critical levels of need.

Strong leadership in the Health and Social Care system is needed to make sure this service, vital to so many older people, does not fail. Caring for people in their own homes was described as the lynchpin of Transforming Your Care (TYC)², so it is imperative that adequate support and resources are allocated and protected to plan, design, commission and provide high quality care in the home for older people.

The Commissioner's Summit in September brought together individuals and organisations involved in the design, procurement, delivery and regulation of domiciliary care services and the summit discussed what good quality, well-resourced and sufficiently supported domiciliary care should look like in Northern Ireland. The Commissioner's post Summit report details a list of actions that must be implemented and co-ordinated to ensure that the good practice currently in place is strengthened and supported, and that any poor practice or system failure is avoided.

This report represents the Commissioner's formal statutory advice to the relevant stakeholders involved in the commissioning, regulation and inspection and delivery of domiciliary care that older people rely on to lead independent lives. This advice covers a range of issues that are fundamental to the delivery of high quality domiciliary care including;

- The need for a regional regulatory domiciliary care framework
- Regional commissioning

- Workforce issues
- Review of regulatory standards and inspection methodology

As Northern Ireland's ageing population is set to increase by almost 87% in the next 50 years, the availability of good quality domiciliary care will be of paramount importance. Most older people want to stay in their own homes for as long as possible and domiciliary care is vital to assist older people to lead dignified and independent lives.

Government must plan and resource excellence in a domiciliary care service that meets all of the assessed needs of today's and tomorrow's older people. A well-trained and properly remunerated workforce and care providers that meet the highest standards of care are vital. Only then will older people be confident that their needs for care at home will be met now and in the future.

¹ DHSSPSNI Information Analysis Directorate - Domiciliary Care Services for Adults in Northern Ireland (2014)

² DHSSPS Transforming Your Care - <http://www.transformingyourcare.hscni.net/wp-content/uploads/2012/10/Transforming-Your-Care-Review-of-HSC-in-NI.pdf>

1. What is domiciliary care?

- 1.1. Domiciliary care is defined under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 as:

“An undertaking which consists of or includes arranging the provision of prescribed services in their own homes for persons who by reason of illness, infirmity, disability or family circumstances are unable to provide any such service for themselves without assistance”³.

- 1.2. Domiciliary care (or “home care”) services are currently provided by independent and statutory providers and operate hand-in-hand with supported accommodation services.

- 1.3. The Department for Health, Social Services and Public Safety (DHSSPS) define domiciliary care as the range of services put in place to support an individual in their own home. These services may involve routine household tasks within or outside the home, personal care of the client and other associated domestic services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their home”⁴.

1.4. Key facts about domiciliary care⁵

- Over a quarter of a million hours of domiciliary care were provided by the five Health and Social Care Trusts (HSC Trusts) in Northern Ireland in 2014
- As of 2 September 2015, 301 domiciliary care providers were registered in Northern Ireland with 24 agencies awaiting pending applications (RQIA figures)
- 68% of domiciliary care is provided by the independent and voluntary sector, the remaining 32% is delivered by the statutory sector
- HSC Trusts provided domiciliary care services for over 20,000 older people in 2014.⁶ These figures represent a one percent increase from 2013 and does not take into consideration the number of hours of informal care provided by families, friends or neighbours or those who purchase private domiciliary care – demands which are not currently quantified.

- 1.5. Currently there is no reliable data on the number of domiciliary care workers in Northern Ireland. This causes a degree of uncertainty with regard to understanding fully the size and scale of the workforce.

- 1.6. The DHSSPS state that domiciliary care workers have not been included in the Northern Ireland Health and Social Care Workforce census analysis because the use of variable hours contracts means their recorded ‘whole-time equivalent’ does not provide an accurate reflection of their contribution to the service⁷.

- 1.7. On 1st September 2015, compulsory registration for domiciliary care workers, day care workers and social care workers working in supported living with the Northern Ireland Social Care Council (NISCC) commenced and completion is planned for March 2017.

Who gets domiciliary care?

- 1.8. In 2008, DHSSPS produced a circular⁸ that set out eligibility criteria for how the need for domiciliary care could be accessed on a Northern Ireland wide basis. It sets out how the assessment of need for domiciliary care should be conducted on a person-centered basis. It then details the criteria which must be applied following a care needs assessment.

- 1.9. The eligibility criteria are used to determine the level of support needed by an older person and are based on four assessed levels of need: critical, substantial, moderate and low. The circular states that ‘appropriate domiciliary care services will be provided if the individual risk assessment identifies a critical or substantial risk to independence and help cannot be sourced from elsewhere’⁹.

- 1.10. In practice, due to increasing demands on a finite level of services available, it is now being reported by Health and Social Care professionals that if an older person is assessed as needing moderate or low level care (as defined by DHSSPS), they are unlikely to now be eligible to receive domiciliary care funded by the HSC Trusts.

- 1.11. Across Northern Ireland there are a range of support services run by local groups, community and voluntary sector organisations, faith organisations and volunteers.

³ DHSSPS – Domiciliary Care Agencies Minimum Standards (2011)

⁴ DHSSPS/NISRA - Domiciliary Care Services for Adults in Northern Ireland (2014) - <http://www.dhsspsni.gov.uk/dcs-adults-ni-14.pdf>

⁵ DHSSPS/NISRA - Domiciliary Care Services for Adults in Northern Ireland (2014) - <http://www.dhsspsni.gov.uk/dcs-adults-ni-14.pdf>

⁶ DHSSPS/NISRA - Domiciliary Care Services for Adults in Northern Ireland 2013 and does not take into consideration the number of hours of informal care provided by families, friends or neighbours or those who purchase private domiciliary care – demands which are not currently quantified.

(2014) - <http://www.dhsspsni.gov.uk/dcs-adults-ni-14.pdf>

⁷ DHSSPS – Northern Ireland Health and Social Care Workforce Census (2015)

⁸ DHSSPS – Circular HSS (ECCU) 2/2008: Regional Access Criteria for Domiciliary Care (2008)

⁹ Ibid.

These services include Good Morning telephone services (waking and ensuring that an older person has contact with a person, informing family members if contact cannot be made, reminding older people to take medication etc.), befriending, short trips, lunch clubs and day care services.

These types of services increase the capacity of older people to stay connected to their communities and prevent loneliness and isolation. Older people also make a significant contribution to these services as volunteers.

- 1.12. In parts of Northern Ireland, some HSC Trusts do commission services which fall into the low or moderate needs category of the eligibility criteria. Health and Social Care professionals have told the Commissioner's office that this is now less and less prevalent and that limited resources mean that HSC Trusts are not able to provide services unless the older person's needs have been assessed as being at a critical level.
- 1.13. Support services for older people who have been assessed as having non-critical levels of need are paid for in some HSC Trust areas, but in other areas they are not. In addition, the funding of the community and voluntary groups providing some of these support services is inherently unstable and not well sustained. Many groups have received grant funding from government departments and programmes including EU funding, Big Lottery funding and charitable foundation funding. Others groups rely on philanthropic funds or charitable donations and membership subscriptions. There is no cohesive approach at a regional level to the delivery of key support services for those older people who are assessed as needing non-critical levels of domiciliary care, but who would be enabled greatly by social care services.
- 1.14. Receiving good quality domiciliary care in Northern Ireland has been described to the Commissioner as a 'postcode lottery'. Following a number of months of research and engagements, discussions with health professionals, academics and older people, the Commissioner is increasingly concerned. A fundamental lack of cohesion and leadership in the current provision of domiciliary care for older people in Northern Ireland and a lack of transparency and clarity with regards to planning and budgeting for future provision of good quality, person-centred domiciliary care led to the Commissioner examining this issue further.

2. Introduction

- 2.1 The introduction of TYC in 2011 recognised that many older people seek and value independence. The strategy sets out to reduce the proportion of older people needing hospital based and other institutional interventions through an increase in good quality community and home based services.
- 2.2 It was acknowledged in TYC that transferring people from institutionally-controlled hospital settings to home and community settings and enabling people to stay in their homes for as long as possible, requires skills in assessment, the management of risk, and the ability to work with people in a holistic way, addressing their physical, social and emotional needs.¹⁰
- 2.3 Northern Ireland has an ageing population with the number of people aged 65 and over projected to increase by 44% in the next fifteen years (2012-2027)¹¹. This increase, coupled with an extra demand on the Health and Social Care system is likely to further drive up the demand for community based care services, especially domiciliary care provision.
- 2.4 Older people appreciate when they receive good care and support at home. The Commissioner has heard directly from many older people that they value the level and quality of service they receive; however, the Commissioner has also heard from older people about services that are not of a high enough standard or that are inconsistently or poorly delivered. There is real risk to the health and wellbeing of older people when domiciliary care services are poor or inadequate. It is essential that older people can be certain that they will receive dignified, respectful care and support if they become frail, develop dementia or become otherwise vulnerable.
- 2.5 Policy direction from the DHSSPS focuses on assessment of the needs of the individual, provision of services that meet those assessed needs and a customised approach to the social care of older people. The Commissioner throughout her term has been informed about a significant number of instances where the policy is at odds with the reality of the experiences of those giving care and those receiving it.

¹⁰ Agenda NI interview with Colum Conway, CEO of NISCC (Sept 2013) - <http://www.agendani.com/care-standards-pivotal-to-tyc/>

¹¹ NISRA Statistical Report – 2012-Based Population Projections (2012)

2.6 In preparation for the Summit, the Commissioner's office engaged with domiciliary care workers in order to hear from them directly some of the challenges they face on a day to day basis. The Commissioner was informed of instances where the care fell below minimum standards and could potentially cause harm or distress to older people. These examples include, but are not limited to;

- An older person with diabetes being given her evening meal at approximately 3.30pm and not being visited again until a later appointment well into the next morning shift. This woman was close to "falling into a diabetic coma" due to lack of food in the intervening hours and had to be revived by the visiting care worker in the morning.
- Challenges faced by domiciliary care workers included instances of going to an older person's house to find they have no food. This has resulted in care workers buying food and milk themselves in order to provide some nourishment for the older people who would otherwise receive nothing.
- Washing people with their bed linen because there are no clean (or any) towels in the house.
- Workers being asked to only use one protective glove rather than two when providing personal care to a client, to save money.
- Domiciliary care workers not provided with adequate (or in some cases any) training to change catheters, stoma bags, treat ulcers and pressure sores or to deal with people living with dementia and being required/expected to do these tasks on a daily basis.
- An incident of an older person becoming malnourished because no training had been given to the domiciliary care worker on how to manage a PEG feeding system. The domiciliary care worker was so afraid of causing choking that the older person went without food until a more experienced domiciliary care worker was available to provide the necessary care.

2.7 Domiciliary workers who provided the Commissioner with this information did not want to be identified in this report due to their fear that their employers would take action against them. There are currently no published records of these types of incidents but each one is shameful and risks the health and wellbeing of the older person and the care worker involved.

3. The Commissioner's Summit: Domiciliary care for older people – What needs to change?

- 3.1. In an effort to prompt Government, providers and other stakeholders to look at this issue on a holistic approach, the Commissioner convened a Summit to discuss the range of issues that must be addressed in order to ensure improved provision of domiciliary care for today's older people and a robust plan for the delivery of domiciliary care for tomorrow's older people.
- 3.2. As part of the Commissioner's corporate plan 'Hope, Confidence and Certainty', a commitment was made to examine the current minimum standards, inspection and regulation of domiciliary care to determine if any changes were needed to improve the regulation of services for older people. Over the course of the examination it became apparent to the Commissioner that other areas of concern should be evaluated in order for a more complete assessment to take place.
- 3.3. This report records the findings of the domiciliary care Summit convened by the Commissioner for Older People on 2nd September 2015. Other material, research and evidence gathered by the Commissioner are also used in the report to provide context and clarity.
- 3.4. The Commissioner acknowledges that there are a number of other issues and ongoing work that will impact significantly on the future of domiciliary care provision in Northern Ireland, in particular;
 - The Health and Social Care Board's (HSC Board) review of domiciliary care (A Managed Change: Creating a Sustainable Basis for Domiciliary Care in Northern Ireland due in November 2015)
 - Introduction of compulsory registration for all social care workers with NISCC (announced in June 2015 and progressing); and
 - The proposed introduction of a National Living Wage by the Government due to commence in April 2016.

3.5. The Summit included contributions from older people in receipt of domiciliary care, those involved in the planning, commissioning, delivery and regulation of domiciliary care and the workforce undertaking the care. Contributions focused on four themes that are mirrored in this report. These themes are:

- The need for a regional regulatory domiciliary care framework
- Regional commissioning
- Workforce issues
- Review of regulatory standards and inspection methodology

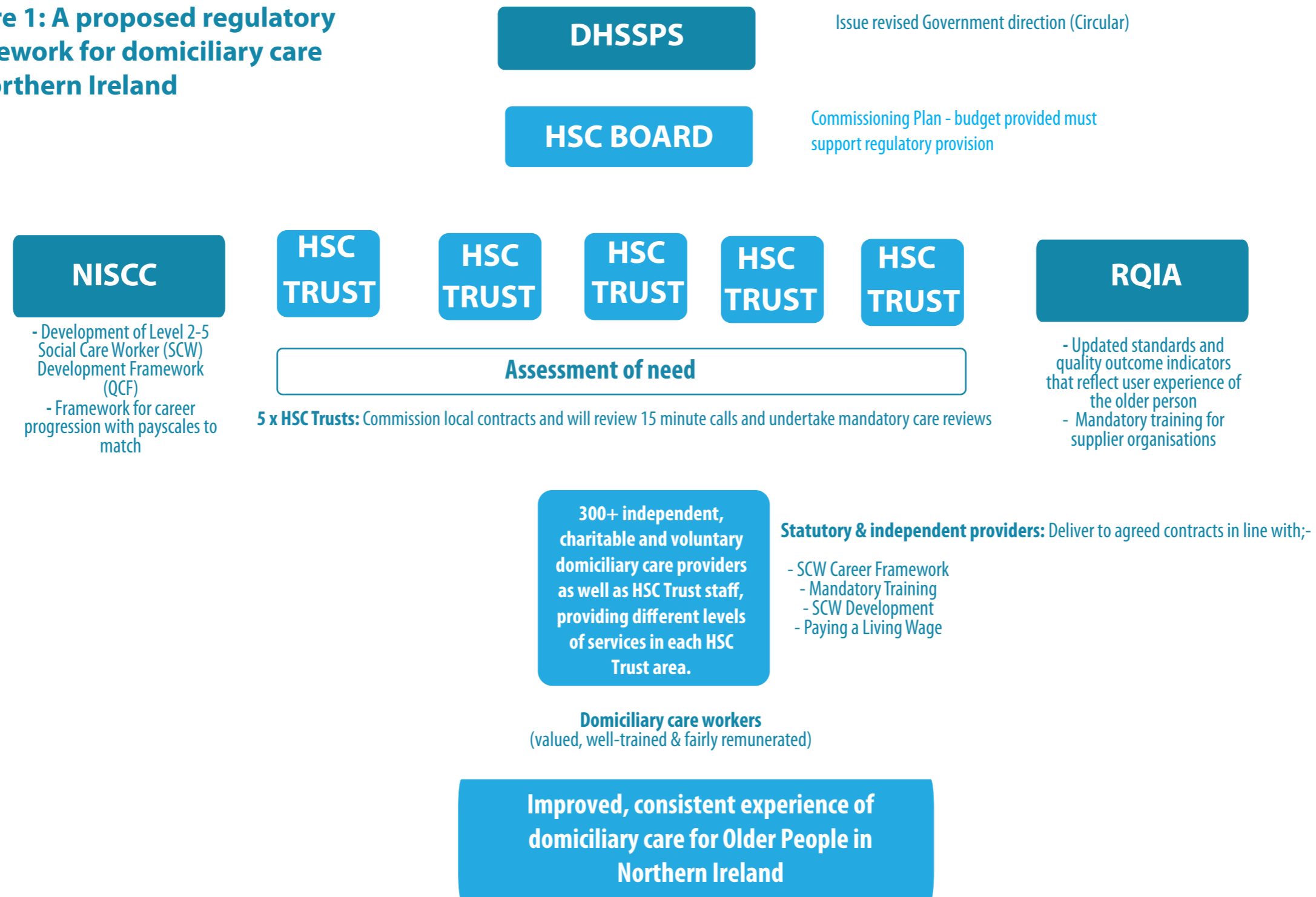
3.6. The following chapters address each of these four themes, providing some contextual material and outlining the contributions made by key stakeholders during the Summit. The Commissioner has provided a range of advice to Government and other organisations informed by the contributions to the Summit.

A full list of the Commissioner's advice is also available at Annex 1.

4. A regulatory framework for domiciliary care

- 4.1. Throughout the course of the Commissioner's Summit, contributors referred to the inconsistent approach to the delivery of domiciliary care across the five HSC Trust areas and called for a standardised approach to how domiciliary care is commissioned, procured and delivered to mitigate the 'postcode lottery' of care experiences across Northern Ireland.
- 4.2. The HSC Board recognised significant variances and anomalies throughout Northern Ireland including differential hourly rates paid for domiciliary care, not just between HSC Trusts, but also within the HSC Trusts.
- 4.3. Several contributors referred to a need for a regional approach to domiciliary care for Northern Ireland that would replace existing guidance and place obligations on the relevant agencies. The speakers also referenced the fact that the regional approach would need to govern two key aspects of the planning, purchasing, management and delivery of domiciliary care including;
- Establishing a regional tariff for domiciliary care in Northern Ireland
 - Determining pay scales, terms and conditions and minimum levels of training for registered social care workers.
- 4.4. Linda Robinson, Chief Executive at Age NI outlined the need for the regional approach to have regulatory standing i.e. represent a regulatory framework which would underpin the provision of all domiciliary care at a regional level and which would take into account the obligations of each of the main agencies involved in the design, delivery and regulation of services. Age NI itself is a supplier of domiciliary care under contract to a number of HSC Trusts and has many years direct experience in the delivery of domiciliary care and the management of a domiciliary care workforce.
- 4.5. Figure 1 seeks to portray how a regulatory framework set (and enforced) at a regional level could streamline the different range of domiciliary care experiences which currently exist. Such a regulatory framework would coordinate elements of legislation, guidance and the use of contracts to deliver domiciliary care services in line with revised standards and improved inspection methodologies.

Figure 1: A proposed regulatory framework for domiciliary care in Northern Ireland



5. Costs of domiciliary care in Northern Ireland

5.1. The Summit heard that the “real” cost of an hour of domiciliary care in Northern Ireland is currently not known. Varying rates are in place across the five HSC Trusts. Approximately 300 different supplier organisations deliver contracts of work for domiciliary care services. Of the approximate 300 providers working in this field there are a diverse range of business models operating including commercial businesses, charities, social enterprises, faith groups and community and voluntary sector organisations.

Figure 2: Current rates for domiciliary care paid by HSC Trusts based on the UKHCA report, March 2015

Northern Ireland has the lowest average hourly rate paid for domiciliary care in the UK (total commissioned price, not care worker salary)	
Wales	£14.28
England	£13.77
Scotland	£13.68
Northern Ireland	£11.35

- 5.2. The Summit revealed that no economic modelling has been carried out to establish the “real” cost of delivering domiciliary care here in Northern Ireland. The HSC Board representative acknowledged that the availability and quality of data in relation to this area of delivery is poor.
- 5.3. A regional tariff incorporating a standardised allowance for travel paid to all domiciliary staff, the costs of equipment, uniforms and the cost of training should be payable by all service providers. Evidence brought to the Commissioner’s office outlines significant differences between what is paid across the statutory and independent sectors and also within the independent sector. This has resulted in two groups of workers providing a similar service but with very different pay and conditions.
- 5.4. Currently, domiciliary care workers employed in the statutory sector are paid 45p per mile for travel expenses. Independent sector workers receive anything between 0-35p per mile. Most domiciliary workers must have a car available to travel between clients and their car must be insured for business use. The direct cost of the insurance is often paid by the worker, not the employer. Travel costs are a significant expense for

domiciliary care providers and as such should be included in the regional tariff to allow sufficient payment to workers to cover costs associated with the needs of the job.

- 5.5. Where independent sector workers are not being paid an adequate travel allowance but having to pay for their own transport themselves e.g. mileage for petrol and car wear-and-tear costs this has a significant, negative impact on the actual rate of pay they receive. This is also true for some independent sector workers who are required to pay for training and uniform. HM Revenue and Customs is actively investigating the ‘home care’ sector at a UK level and providers have been found to be operating in breach of Minimum Wage obligations and been subject to repayment of wages to staff and fines.
- 5.6. Domiciliary care workers’ pay increased when the national minimum wage rate was increased in October 2015 and it will rise again with the further minimum wage increase for workers aged 25 and over in April 2016 and the introduction of the Living Wage (which is currently set at £7.85 per hour outside London). This will have a knock-on effect on the cost per hour to providers delivering the service.
- 5.7. The real cost of delivering high quality domiciliary care must be understood so that proper planning can be undertaken and older people can be certain about the services that they will be entitled to receive.

The Commissioner’s advice:

- **A regulatory framework for domiciliary care in Northern Ireland should be developed which would underpin the provision of all domiciliary care at a regional level.**
- **The regulatory framework should be supported by a regional tariff that is set at a level which takes into account the varying costs incurred whilst delivering the service as a result of geographical differences.**
- **The DHSSPS should commission an expert health economist to determine the accurate cost of delivering domiciliary care now and in the future in Northern Ireland and requires the appropriate Health and Social Care agency to set a consistently applied and fair regional tariff for the effective provision of this service.**

6. Commissioning domiciliary care

- 6.1. The United Nations Principles for Older Persons clearly state that older people should be able to 'live in environments that are safe and adaptable to personal preferences and changing capacities whilst being able to reside at home for as long as possible'. The Principles also uphold the rights of older people to enjoy human rights and fundamental freedoms 'when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives'.¹²
- 6.2. The commissioning of domiciliary care services involves the entire cycle of assessing the needs of people in a HSC Trust area and assuming an increase or decrease in need. In theory this then informs the planning and design of the services to be delivered by a range of providers, the procurement of those services (either by statutory or independent providers) and the monitoring of the standards of the services delivered. The process of commissioning services is intended to ensure that HSC Trusts and the HSC Board work together to plan and deliver services that will meet current and future demands and make effective use of their combined resources.
- 6.3. It has been difficult to fully understand the model used for commissioning domiciliary care services and it appears that there are high levels of inconsistency in the planning and delivery of services across Northern Ireland.
- 6.4. The Northern Ireland Single Assessment Tool (NISAT) is used to assess a person's support needs across a range of services. It is designed to capture information required for holistic, person-centered assessment of the older person. Examples brought to the Commissioner's Summit suggest when assessments of need are carried out it is with predetermined options for care based upon existing availability of hours and service packages that the Trust has within a finite contract for delivery.
- 6.5. At the Summit, a representative from the HSC Board provided some information about the ongoing review of domiciliary care, which is seeking to establish a baseline of current provision which will be used to conduct future planning and procurement of services. It was noted that there is a lack of standardised quantitative data that enables the development of a baseline of current provision across all HSC Trust areas. The Commissioner has heard from older people that they feel there is a 'post-code lottery' of domiciliary care services across Northern Ireland.

¹² UN Principles for Older Persons - <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

- 6.6. The Commissioner for Older People has not been able to find evidence that there is ongoing direct involvement of older people in the design and planning of the services to be provided in their own homes. Individual older people in receipt of domiciliary care have had their individual needs assessed but at a systemic level, a review of domiciliary care provision for older people should be heavily focused on better understanding the needs of the current and future consumers of such services.
- 6.7. At the Summit, the National Institute for Health and Care Excellence (NICE) provided a preview of its new guidelines on good quality 'home care'¹³. This will be useful to individuals, families and carers in setting out what is to be expected when a person is in receipt of domiciliary care. The guidelines also set out good practice for those designing and delivering services. The guidelines cover a range of issues including;
 - Ensuring the care is person-centred
 - Providing information to the recipient and family or carer
 - Planning and reviewing domiciliary care and support
 - Delivering domiciliary care
 - Ensuring safety and safeguarding people using home care services
 - Recruiting, training and supporting home care workers
- 6.8. The review of commissioning of domiciliary care in Northern Ireland must take into account the good practice guidance set out by NICE in the design, commissioning and delivery of care.
- 6.9. The Commissioner for Older People is aware of an increasing concern amongst older people that domiciliary care visits are being reduced from thirty minutes to fifteen minutes in some areas and the Commissioner has heard of some visits being reduced to as little as eight minutes. The NICE guidance on 'home care' addresses this issue and emphasises the need for appointments "that allow time for workers to complete the tasks required without being rushed or compromising the dignity or well-being of the person who uses the services".

¹³ National Institute for Health and Care Excellence – NG21, Homecare: delivering personal care and practical support to older people living in their own homes.

- 6.10. The NICE guidance acknowledges that there are limited circumstances in which shorter visits may be appropriate, but these should not be the norm.
- 6.11. The Summit also heard from the trade union, Unison, about its Ethical Care Charter¹⁵ for the commissioning of domiciliary care. The over-riding objective of the charter is to establish a minimum baseline for the safety, quality and dignity of care. The Charter obliges providers to provide employment conditions that encourage the recruitment and retention of a stable workforce through sustainable pay, conditions and training.
- 6.12. The Charter stipulates that, in general, fifteen minute visits will not be used as they undermine the dignity of the clients, that zero hour contracts will not be used in place of permanent contracts, and that all domiciliary care workers will receive appropriate training to the necessary standard to provide a safe and good quality service.
- 6.13. Unison gave the example of the use of the Ethical Framework by local authorities in Great Britain and some of the outcomes there. The following case study demonstrates the use of the Charter by Lancashire County Council. Lancashire County Council is similar in size and scale to Northern Ireland – some further relevant information includes;
- The population estimate in 2014 for the area is just under 1.5 million.
 - Approximately 14,000 older people (65+) are in receipt of domiciliary care (2013/14 figures).
 - A higher proportion of older people use direct payments to source domiciliary care rather than receive a service provided by the local authority. Further information on direct payments is available in Annex 4.
 - Lancashire County Council area is similar to Northern Ireland in its mix of rural and urban locations.

¹⁵ Unison – Ethical Care Charter (2012)

Case Study – Using the Unison Ethical Care Charter

In 2013, Lancashire County Council undertook a review of their domiciliary care service in advance of re-tendering for contracts and subsequently endorsed UNISON's Ethical Care Charter¹⁶.

The review found that staff turnover was at 37% and stressed the need to improve the treatment of domiciliary care workers in Lancashire. This involved ensuring full compliance with National Minimum Wage regulations and moving towards payment of the Living Wage, reducing the use of zero hours contracts in favour of regular hours, paying for travel time and ensuring that workers receive better standards of training. In addition to this, domiciliary care providers will operate in geographical zones in order to cut down on the amount of travel time that has to be undertaken by domiciliary care workers.

The Council reduced the number of providers from which it commissions domiciliary care from 129 to approximately 20 providers with a certain guarantee of hours for providers in order to minimise their need to use zero hours contracts. TUPE¹⁷ was applied to ensure any eligible employees had similar or better terms and conditions of employment. The review also stipulated how all providers must be fully compliant with the Human Rights Act in their delivery of services.

Finally the Council also undertook a survey of the people who received domiciliary care services about the changes to the service. 94% said that they agreed with the Council's intention to improve employment conditions for home care workers.

- 6.14 As this process took place in 2014, no formal evaluation has yet been undertaken, however Lancashire County Council is monitoring the process on an on-going basis.
- 6.15 One of the five HSC Trusts in Northern Ireland has recently re-commenced procurement processes and another has consulted on their potential procurement process. These contracts could last for a period of up to five years. It is accepted that changes in the scope and scale required would take time to be planned and delivered. There is now therefore an opportunity to fully develop a robust regional commissioning plan with thorough consultation with HSC Trusts, service users and care workers plus the other relevant stakeholders involved in the design, delivery and regulation.

¹⁶ Lancashire County Council website - <http://council.lancashire.gov.uk/mgDecisionDetails.aspx?Id=20141&Opt=1>

¹⁷ TUPE refers to the Transfer of Undertakings (Protection of Employment) Regulations 1981. The purpose of the regulation is to protect employment rights when employees transfer from one business to another.

The Commissioner's advice:

- **The Health and Social Care Board should develop a regional commissioning model to ensure consistent, effective service delivery, regardless of location across Northern Ireland.**
- **Older people should be actively involved in the design and delivery of domiciliary care services. Quality indicators that include direct experience of service users should be used to assess the effectiveness of service delivery.**
- **NICE Guideline NG21 should be embedded into the standards for the delivery of domiciliary care in Northern Ireland. Calls of less than 30 minutes duration should not be used except in specified and limited circumstances based explicitly on identified needs of the older person.**
- **Providers should reduce the use of zero hour contracts to ensure both continuity of care for older people and that domiciliary care workers are treated fairly and equitably.**

7. Workforce issues

- 7.1 Prior to the Summit, the Commissioner's team engaged with domiciliary care workers from both the statutory and independent sectors to hear directly from them about the experience of working in this sector. Domiciliary care workers are amongst the lowest paid workers in the Health and Social Care sector. The work they do is physically and emotionally demanding and many of those workers who spoke directly to us are committed, diligent and have great compassion for the older people they support and care for.
- 7.2 For older people who need support to live healthy and safe lives domiciliary care workers are of huge value, and are greatly appreciated. If high quality care is to be available at home for older people who need it, work must begin to address workforce issues to pay, support and enable people to provide this care.

Salary

- 7.3 Investment in domiciliary care at levels that do not meet the current demand lead to huge pressures on tariffs paid to providers. Almost the entire domiciliary care workforce is paid at the minimum wage level.
- 7.4 The proposed introduction of increases to the minimum wage and the Government's recent announcements of a national living wage are raising concerns among contracted providers of care. The Commissioner has heard from the United Kingdom Homecare Association (UKHCA) that discussions of the HSC Board suggest that no further increases to the tariff will be possible to meet this increased salary cost. However, the HSC Board have said that they have acknowledged the challenge that the living wage will pose and recognise that the potential increase will need to be costed and addressed to ensure sector stability. In the absence of a serious conversation and plan to address this direct pressure, the obvious consequence of these increased costs will be that services will cost more with the same budget and therefore fewer older people assessed as needing domiciliary care will receive it.

7.5 It is clear that many of these workers are highly committed to their jobs and the role they undertake. However they experience pressure and distress when they are working in circumstances which do not enable them to provide good quality, compassionate care for older people. As previously referenced it is frequently the case that domiciliary care workers are also required to meet the costs associated with their work, including;

- Travel costs
- Uniform
- Training and development
- Compulsory registration

It is essential that career progression is available for domiciliary care workers. At present a worker with fifteen years' experience can be on the same rate of pay as someone who has been in work for two days and conditions vary greatly for those working in the statutory sector compared to the independent sector.

Training and development

7.6 Domiciliary care workers who have contacted the Commissioner's office have highlighted how little training and supervision is actually mandatory before being able to undertake hands-on work with older people who need care in their own homes. The Commissioner has heard from domiciliary care workers who are providing care and support for older people with complex medical needs or living with dementia as part of their everyday routine visits. Many domiciliary care workers have to provide care such as changing catheters and stoma bags or treating ulcers and pressure sores.

7.7 Evidence gathered from domiciliary care workers highlights that frequently, due to staff shortages, care workers are required to provide care to older people with varying levels of complex needs at short notice, without a proper handover and in some cases, without proper training. Despite policies and practices that restrict domiciliary care workers to tasks involving hygiene, feeding and toileting, there is evidence that workers are being required to carry out tasks which are properly delivered by nurses or other health care professionals.

Risks and pressures

7.8 Domiciliary care packages begin with an assessment of the older person's needs (using the NISAT) and the development of a care plan which is then provided by a HSC Trust or contracted by the HSC Trust to an independent provider to deliver. Domiciliary care workers have told the Commissioner that there are instances when an older person's needs are assessed but not in the context of their own home. This means that a full picture is not provided of the support required for an older person to remain in their own home. They also say that re-assessments to ensure that changing needs are being met for those in receipt of domiciliary care do not happen as scheduled.

7.9 Feedback to the Commissioner's office suggests that varying approaches to the use of the NISAT tool exist in practice at a local level. The delivery of good quality domiciliary care relies on an effective and up to date assessment of an individual's needs taking place.

7.10 Failures to accurately assess needs, or to note and adapt to changing needs of older people raise risk levels for both the older person and for the care worker. For the older person, their support needs may not be fully addressed, or important changes in their capacity to carry out tasks for themselves may be missed. For the worker, they may find themselves required to carry out unfamiliar tasks or unable to fully address needs that the older person may have. Good quality care planning and re-assessment will enable older people to live healthily and securely in their own homes for longer, reducing the cost of alternative care, e.g. in hospital settings, for the health service.

Compulsory Registration of domiciliary care workers

7.11 The Northern Ireland Social Care Council addressed the Commissioner's Summit and confirmed that the next phase of compulsory registration of social care workers in Northern Ireland includes domiciliary care workers, day care workers and social care workers working in supported living. The roll out of registration for this group of staff, including domiciliary care workers, began on 1st September 2015 and will be completed by March 2017. From this point on all domiciliary care workers will be required to register with NISCC before being able to take up work in the field. They will

also be required to adhere to NISCC Standards of Conduct and Practice for social care workers at all times. This is an important step forward in the development of the domiciliary care workforce, establishing a baseline standard for the values, attitudes and behaviours expected, as well as focusing on the knowledge and skills required for competent practice.

- 7.12 Whilst registration is a necessary first step in the improvement of terms and conditions for the domiciliary care workforce and provides additional assurance for the users of domiciliary care, much more needs to be done to ensure the sustainability of the domiciliary care workforce in Northern Ireland.

The Commissioner's advice:

- **A regional tariff (the value that providers are paid for providing domiciliary care) should be set. This regional tariff should allow for sustainable rates of pay and conditions for domiciliary care workers should be introduced.**
- **It should be ensured that all costs incurred by the domiciliary care worker through work (including mileage costs, training and uniform) are reimbursed or paid for by the employer.**
- **A recognised qualification framework with a clear pathway for career progression for domiciliary care workers should be introduced.**
- **All domiciliary care staff should be trained to the level required to provide safe and effective care.**

8. Review of regulatory standards and inspection methodology

- 8.1 The Regulation, Quality and Improvement Authority (RQIA) acting under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 are the body responsible for ensuring that domiciliary care providers meet the minimum standards for domiciliary care determined by the Department for Health, Social Services and Public Safety.
- 8.2 At the Summit the RQIA representative outlined the current regime of regulation and inspection for domiciliary care providers. They explained that they are authorised to regulate and inspect domiciliary care standards in line with the DHSSPS minimum standards. The Commissioner advises that standards must focus more on the user experience of care rather than inspecting the records held by the organisation providing this service.

Dementia specific standards

- 8.3 As the population of Northern Ireland ages, more older people will be living with dementia. The projected figures for older people living with dementia in Northern Ireland show numbers rising to 23,000 by 2017 and around 60,000 by 2051.¹⁸
- 8.4 There are currently no dementia-specific standards within the domiciliary care minimum standards. If older people are living at home for longer with dementia, appropriate standards, training and resources must be put in place to support the specific requirements of these older people.
- 8.5 The regional dementia strategy outlines Ministerial commitment to enabling people with dementia to remain in their own home environment and maintain their independence for as long as is possible¹⁹. This means that domiciliary care provision will have a key role in supporting the implementation of this strategy. It is imperative that the standards ensure appropriate care and support for older people living with dementia.

¹⁸ DHSSPS - Regional Strategy on Improving Dementia Services in Northern Ireland (2011)

¹⁹ Ibid. (Ministerial Forward)

8.6 Since the development of the current set of minimum standards, published 2008, updated 2011, the Commissioner advises two specific changes to the standards framework. These are;

- Dementia specific standards
- Requirement that the user experience of older people in receipt of domiciliary care is included as an essential part of the inspection of the care provider.

The user experience of domiciliary care

8.7 The current minimum standards for domiciliary care and in particular the current inspection policy and regime focuses most heavily on the inspection of the records held by the domiciliary providers' organisations. Although the standards do reflect the service users perspective (standards 1-7) these focus on ensuring the user is aware of the services to be provided and other elements of practice such as the referral arrangements and management of medicines. The Commissioner advises that there is a need for a duty to be placed on the regulator to seek feedback on the user experience of older people when inspecting the effectiveness of the provider's service. Until recently domiciliary care provision was regulated without any contact with the older person in receipt of services.

8.8 Since 2013 RQIA has built in a small sampling of user feedback of domiciliary care users but this is still insufficient to provide a sound overview of the real experience of domiciliary care in the home, and their enabling legislation places no such requirement on them to do so.

Quality indicators

8.9 The commissioning, regulation and inspection of domiciliary care must be underpinned by outcome indicators that reflect the 'lived experience' of older people. These should measure whether service users' needs are being met and they are being treated with dignity and respect, have a good quality of life and are receiving the adequate levels of care and support.

8.10 Quality indicators must describe the tasks that should take place for a particular type of service user. The use of indicator measurement and monitoring makes it possible to document the quality of care, benchmark and support accountability and regulation.²⁰

8.11 Research²¹ on developing quality indicators specifically for domiciliary care has focused on measuring care provision in six main areas;

- Reliability of time keeping of allocated care slots by care workers. This can be regarding timing of visit from care workers to enable service users to retain control over their daily lives or to maintain their medication regime etc. Pressures exerted by commissioning arrangements can make it very difficult for domiciliary care agencies to deliver a reliable service when there are short time frames allowed for care delivery.
- Flexibility for service users to be able to ask for help with tasks beyond those in their care plan (such as assistance with washing and other domestic tasks) which is important especially to those living alone. Inflexibility of commissioning arrangements can mean that it is difficult to make changes to care plans without the need for a new assessment being carried out.
- Continuity and having a regular care worker or a regular team of care workers is important, especially for older people who are visually impaired or living with dementia. A high level of staff turnover will impact upon this meaning there may be only a small pool of care workers, making it difficult to allocate care workers to service users and build and maintain effective relationships.
- Communication is highlighted as an important aspect to quality and is intrinsically linked to both reliability and continuity. Good communication includes ensuring the service user is made aware of any changes to timings for visits or to staff cover. However, this may also be impacted by high staff turnover levels and under staffing levels.
- Staff attitudes, with the main areas deemed to be appropriate and important included respect and empathy. This is inevitably difficult to ensure when there is a high level of staff turnover and when social care workers do not feel valued.

²⁰ Mainz, J. - Defining and classifying clinical indicators for quality improvement (2003)

²¹ Francis, J. and Netten, A. - Raising the Quality of Home Care: A Study of Service Users' Views (2004)

- Skills and knowledge encompassing both formal training to allow domiciliary care workers to complete their job to an acceptable level as well as having a good existing knowledge of the service user, tying in with the indicator on continuity.²²

The Commissioner's advice:

- **An updated set of standards for the delivery of domiciliary care should be produced setting out excellence in domiciliary care provision. These standards should ensure that older people are adequately protected when their care is provided in their own home.**
- **Updated standards should include dementia specific standards to enable older people living with dementia to remain at home with the right assistance and support for as long as is reasonably possible.**
- **Quality outcome indicators should be developed in addition to the standards. This will measure the extent to which older people are treated with dignity and respect and to reflect the qualitative experience of the user.**
- **A duty to seek feedback on the user experience of older people in receipt of domiciliary care should be placed on the RQIA as an essential part of inspecting the effectiveness of the provider's service.**

²² Francis, J. and Netten, A. – Raising the Quality of Home Care: A Study of Service Users' Views (2004)

Annex 1: The Commissioner's advice

A Domiciliary Care Framework

A regulatory framework for domiciliary care in Northern Ireland should be developed which would underpin the provision of all domiciliary care at a regional level.

The regulatory framework should be supported by a regional tariff that is set at a level which takes into account the varying costs incurred whilst delivering the service as a result of geographical differences.

The DHSSPS should commission an expert health economist to determine the accurate cost of delivering domiciliary care in Northern Ireland now and in the future and requires the appropriate Health and Social Care agency to set a consistently applied and fair regional tariff for the effective provision of this service.

Regional Commissioning

The Health and Social Care Board should develop a regional commissioning model to ensure consistent, effective service delivery, regardless of location across Northern Ireland.

Older people should be actively involved in the design and delivery of domiciliary care services. Quality indicators that include the direct experience of service users should be used to address the effectiveness of service delivery.

NICE Guideline NG21 should be embedded into the standards for the delivery of domiciliary care in Northern Ireland. Calls of less than 30 minutes duration should not be used except in specified and limited circumstances based explicitly on identified needs of the older person.

Providers should reduce the use of zero hour contracts to ensure both continuity of care for older people and that domiciliary care workers are treated fairly and equitably.

Annex 1: The Commissioner's advice (continued)

Workforce Issues

A regional tariff (the value that providers are paid for providing domiciliary care) should be set. This regional tariff should allow for sustainable rates of pay and conditions for domiciliary care workers should be introduced.

It should be ensured that all costs incurred by the domiciliary care worker through work (including mileage costs, training and uniform) are reimbursed or paid for by the employer.

A recognised qualification framework with a clear pathway for career progression for domiciliary care workers should be introduced.

All domiciliary care staff should be trained to the level required to provide safe and effective care.

Review of Regulatory Standards and Inspection Methodology

An updated set of standards for the delivery of domiciliary care should be produced setting out excellence in care provision. These standards should ensure that older people are adequately protected when their care is provided in their own home.

Updated standards should include dementia specific standards to enable older people living with dementia to remain at home with the right assistance and support for as long as is reasonably possible.

Quality outcome indicators should be developed in addition to the standards. This will measure the extent to which older people are treated with dignity and respect and will reflect the qualitative experience of the user.

A duty to seek feedback on the user experience of older people in receipt of domiciliary care should be placed on the RQIA as an essential part of inspecting the effectiveness of the provider's service.

Annex 2: Synopsis of presentations from the Commissioner's Summit

Please note that this synopsis is from the viewpoint of the individual presenters.

Robert Hasson – Northern Ireland Pensioners Parliament

In his presentation Robert discussed:

- An example of excellent care received by a relative and how the domiciliary care workers played a vital role in this. The members of the Northern Ireland Pensioners Parliament are concerned about TYC and feel that the emphasis seems to be on saving money rather than saving the health service.
- The Northern Ireland Pensioners Parliament members feel that under TYC residential care homes have been closed yet there has been a reduction in the provision of domiciliary care. Robert also said that there is to be an estimated shortfall of 500 care workers in the next ten years, leaving the question of who will look after our future older people and where is the money coming from.
- How older people value and appreciate their domiciliary care workers and how older people want the opportunity to input into the services affecting them.
- An audit of training provided to domiciliary care workers.

Linda Robinson – Age NI

In her presentation Linda discussed:

- The need to put 'social' back into social care and the value of independence, companionship and human contact.
- Loneliness is a major issue for many older people with 1 in 3 having their television as their only form of company. Therefore time is the most important element of getting care at home; the time to talk.
- The current system is too focussed on critical need and complex health. It is more about the system that the person and it is letting us all down. Call times are being further reduced with many down to eight minutes and care needs are being reduced to pounds and pence.
- The need for a new regulated regional domiciliary care strategy to deliver real care at home for older people and if introduced, a well-designed strategy could provide opportunities for:
 - Prevention strategies
 - Reviewing legislation. The law is a patchwork quilt of benefits and rights – there is a need for a unified statute for social care
 - Introducing better outcomes for older people
 - Improving safeguarding
- The need for a new workforce strategy to value social care workers and provide development opportunities with career progression.

Raphael Wittenberg – London School of Economics (Personal Social Services Research Unit)

In his presentation Raphael discussed:

- Projected future demand and pressures within domiciliary care right across GB. Raphael explained how in order to keep pace with domiciliary care pressures, the number of care workers would need to increase by a third over the next ten years and double over the next twenty years.
- The results from a user satisfaction in Adult Social Care survey in England which showed in 2013/4, 65% of service users reported that they are extremely or very satisfied with the services they receive and 26% quite satisfied. However it was stressed that this type of data can be misleading as someone can state themselves to be "overall satisfied" whilst at the same time having concerns about certain aspects.
- 135 homecare workers were surveyed in Northern Ireland in 2007 and pay was not found to be their main concern, they were more concerned with irregular hours and a lack of management support.
- That there is little evidence on the effectiveness of domiciliary care available, however there is evidence to suggest that domiciliary care can postpone admission to care homes alongside other impacts including a reduction in carer stress and an increase in user function.
- The need for domiciliary care to double over the next two decades to keep pace with demographic pressures alone. Since home care is labour-intensive, its cost varies with local wage rates and is affected by the minimum wage.

In her presentation Lesley discussed:

- The role of NICE is to provide evidence-based guidance to help resolve uncertainty about what best quality care is and what represents value for money. Draft 'homecare' guidance has been produced by NICE with recommendations in relation to care excellence and involved working with a collaborating centre to produce the guidelines in conjunction with the Social Care Institute for Excellence.
- NICE Home care guideline has been developed in the context of a complex and rapidly evolving landscape of guidance and legislation, most notably the Care Act 2014 in Great Britain.
- While the Care Act 2014 and other legislation describe what organisations 'must do', the home care guideline is focused on 'what works' in terms of how to fulfil those duties, and deliver support to older people using home care and their carers.
- NICE aims to be legislation "neutral" so that its guidance can apply across jurisdictions. The issue is that the NICE social care guidelines are not yet endorsed as policy in Northern Ireland.
- Draft guidance, which was published in September 2015, recommended:
 - Ensuring care is person-centred
 - Providing information
 - Planning and reviewing home care and support
 - Delivering home care (with a minimum of 30 minutes per visit)
 - Ensuring safety and safeguarding people using home care service
 - Recruiting, training and supporting home care workers
- The guidelines provide action-oriented recommendations for good practice, aimed at improving outcomes for older people who use social care services and their families or carers.

In his presentation Kevin discussed:

- £206,000,000 is currently spent per annum on 25,000 clients receiving approximately 250,000 hours of care per week. Kevin said that domiciliary care is an amazing service but under researched, under quantified and under examined, with too many anecdotes, sound bites and vignettes which can be unhelpful.
- The need for robust quantitative research that will allow for the development of a baseline position.
- An update on the status of the ongoing regional review of domiciliary care, entitled "A Managed Change: Creating a Sustainable Basis for Domiciliary Care in Northern Ireland". The Terms of Reference for the review include the need to:
 - Research information available regarding activity and finances
 - Look at the market
 - Seek opinion
 - Look at service interfaces
 - Conduct an audit of the Health and Social Care Trusts
 - Look at options for the way forward
- The need for the ongoing review to be a managed change using a regional approach with a strategic use of funding across the system.

In his presentation Glenn discussed:

- The DHSSPS Domiciliary Care Minimum Standards are from 2011 and consideration must be given as to whether it is time to review them. The challenge for the Regulator is to be fair, rational and proportionate. At present an additional challenge was using limited resources to best effect.
- At present there are 301 domiciliary care agencies in Northern Ireland plus 24 agencies with applications pending. In addition, 179 agencies provide services in supported accommodation. There has been steady growth in the sector.
- When the RQIA is required to take enforcement action they will do so as long as it is proportionate. When it is necessary they will not shy away from taking action and 11 agencies were subject to enforcement because of breaches last year.
- RQIA's vision is to ensure that care is safe, effective and compassionate. Glenn explained that compassion means treating people with dignity, respect, involving them in decisions about their care.
- Challenges within domiciliary care include staff attitudes, time spent on visits and the consistency of staffing. If the RQIA notice trends this will lead to action through inspection.
- Areas to focus on from the Regulator:
 - Need to be flexible – limited number of inspectors, 301 agencies, 360 inspections
 - Need to be able to respond – would like to increase the capacity to talk to service users
 - Regional tariff
 - Seeking to really drive improvement in the sector

In his presentation Colum discussed:

- NISCC was established in 2001 with the aim to raise standards within the social care workforce.
- There have been a number of workforce developments recently including looking at conduct, education and practice, lead role of development of workforce, continuous quality improvement.
- Presently there are 23,000 registered social care workers and as of 1st September 2015, compulsory registration for the domiciliary care, day care and supported living workforce has begun.
- It will take approximately 18 months to complete this work and will bring the entire social care workforce to 36,000 workers in total. Northern Ireland is the first part of the UK to introduce compulsory registration.
- The NISCC mantra is to control harm whilst constructing good and it aims to protect those who use care services. The regulated activity involves assessment of risk.
- However NISCC does not aim to be disciplinary. Care Workers are expected to take personal responsibility for their conduct and must update their knowledge through regular training. The working environment can be demanding and NISCC understands that the majority of workers strive to work hard. In reality, problems only relate to 1% of the register.
- At present the profile of workers in the sector is unknown as there is no overall picture. Registration provides a great opportunity to reach around the employees and workers in the sector and gives the opportunity to develop recruitment planning as well as providing workforce stability.
- NISCC is updating and renewing the code of conduct for social care workers to ensure consistency with the new draft regulations and in doing so are trying to enhance a positive culture of care.

Jonathan Swallow - Unison

In his presentation Jonathan discussed:

- Unison's Ethical Charter is the fundamental document on domiciliary care and indicates that there needs to be adequate response to both client and family.
- As set out in the Ethical Charter, there must be time to talk to older people and therefore the fifteen minute call model has to go. There also needs to be an effective process for concerns and whistleblowing.
- Unison's call for a living wage of £7.85 per hour and the issue of domiciliary care workers not being paid for travel time and being expected to cover travel costs themselves need to be addressed.
- The lack of career development available to domiciliary care workers. Auxiliary nurses can use training to get on to degree courses yet domiciliary care workers seem to be prevented from developing and moving up?
- The need to remove zero hour contracts and exclusivity clauses. The current Employment Law Review (NI) and the pending Employment Bill needs to include clause on Zero Hour Contracts.
- Unison's strong opposition to charging for domiciliary care.
- The issue of non-compliance with minimum wage; there are ongoing HMRC cases active regarding providers paying below the minimum wage.

Pauline Shepherd – Independent Health and Care Providers (IHCP)

In her presentation Pauline discussed:

- The IHCP aims to support providers in the independent care sector. 250,000 contact hours are provided per week with 24,000 clients. Currently 68% of domiciliary care is provided by independent providers. 60% acute beds occupied by over 65s.
- One third of children born in 2013 will live to 100 therefore the need to ensure a sustainable service is important.
- There has been no increase in tariff over last four years until small increase in last few weeks.
- Staff turnover is at 40%
- Problems with withdrawals, for example, independent providers have withdrawn from the Western Health and Social Care Trust area as they argue it isn't profitable.
- The UK Homecare Association report from March 2015 highlighted how Northern Ireland has the lowest average hourly rate at £11.35 per hour, when UKHCA states £15.74 is the amount required to ensure a sustainable service is provided.
- The market is struggling and Pauline stated that if low prices are paid this should concern the Board, HSC Trusts and the Regulator. Pauline raised the point that the Northern Ireland average hourly rate paid for domiciliary care of £11.35 includes wages, travel time, mileage and additional overheads. Pauline argued that this tariff is simply not sustainable.
- A requirement for full engagement with all sectors, the need for fair and flexible contracts and for rules to be proportionate.

Chris Matthews – Department for Health, Social Services and Public Safety (DHSSPS)

In his presentation Chris discussed:

- Domiciliary care is a complicated issue. Currently there is an ongoing review of Adult Social Care and this will include a review of domiciliary care, looking at how we pay for it, the financial reality at present, what we want to achieve, how fits in with supported living and its purpose.
- Transforming Your Care's ethos that people are better off being cared for in own home and participating in their community, and Chris confirmed that the Department also wish for people to live as long as possible in their own community.
- The issue of if people are prepared to pay? This is the beginning of the conversation and one that must be looked at when seeking to address issue of an ageing population.

Annex 3: Contributors to the Commissioner's Summit

- Older people in receipt of domiciliary care
- Department of Health, Social Services and Public Safety (DHSSPS)
- Health and Social Care Board (HSCB)
- Representatives from the Health and Social Care Trusts (HSC Trusts)
- Regulation and Quality Improvement Authority (RQIA)
- Northern Ireland Social Care Council (NISCC)
- Royal College of Nursing (RCN)
- Independent Health and Care Providers (IHCP)
- Local and international academics
- Independent Providers
- United Kingdom Homecare Association (UKHCA)
- Trade Unions
- Domiciliary care workers (statutory and independent sector)
- Voluntary sector organisations

**Commissioner for Older
People for Northern Ireland**
Equality House
7-9 Shaftesbury Square
Belfast BT2 7DP

T: 028 90 890 892
E: info@copni.org
www.copni.org

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