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Michael McGimpsey MLA
Minister for Health, Social Services and Public Safety
Department of Health, Social Services and Public Safety
Castle Buildings
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BT4 3SQ

10th July 2008

Dear Minister,

Draft Domiciliary Care Minimum Standards

I wrote on 2 May 2008 to express concerns on behalf of our member organisations on the length of time it has taken to publish the Domiciliary Care Agencies Minimum Standards and to press for the publication of the Standards by the Department of Health, Social Services and Public Safety as soon as possible.

I feel obliged to communicate the considerable concern expressed by providers over the latest draft of the Domiciliary Care Minimum Standards dated June 2008 and to request that final amendments are made prior to publication.

Standard 3.1 and 3.2 imposes requirements on the manager of a domiciliary care service to gain complex referral and assessment information for each service user from the commissioning Health and Social Care Trust.

Domiciliary Care Managers have no ability to control what information is sent to them by commissioners, except through negotiation. Providers in Northern Ireland tell us that commissioners do not generally provide such comprehensive information requirements on referral and on occasion minimal verbal referral information is given before a service commences.

The Standards as drafted may lead RQIA to censure an agency because a commissioner has not provided the agency with the comprehensive referral information required in the Standards. It would be extremely unfair to introduce a requirement which makes the regulated service accountable for the actions, or lack of action, of the commissioner.



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Nor is it within the remit of a domiciliary care provider to undertake the holistic assessment of need as listed in the first bullet point of Standard 3.2. This is the role of a registered social worker and not a domiciliary care agency.

Moreover, Standard 3.4 is not achievable as it places a requirement to utilise registered social workers or qualified care managers (which implies qualified social workers) to undertake the assessment and care planning of self-funding service users. A domiciliary care agency does not employ registered social work staff who work for a HSC Trust and would not be able to engage a social worker to undertake this task. A provider will have his or her own suitably experienced staff to undertake assessment and care planning.

The present draft is clearly at odds with the five principles of better regulation in terms of proportionality, accountability, consistency, transparency and focus.

The Standards should clearly interrelate to their accompanying Regulations, and should not make a regulated service accountable for commissioner actions. We are compelled to draw the draft Standards to the attention Better Regulation Executive at the Cabinet Office who have responsibility for ensuring that UK regulatory systems are not unduly burdensome to businesses.

In the meantime we propose the following wording of Standards 3.1 and 3.2 for your consideration.

1. Amend Standard 3.1 as follows:

3.1 *The Registered Manager obtains* a referral form, ~~with an assessment of need providing all necessary information~~ and any accompanying documents, ~~is completed before the service to the service user commences (or, in exceptional circumstances, within 2 days). The referral form and any associated documents are~~ is dated and signed by the agency worker ~~completing them or~~ when they are received from the referring HSC Trust. *In the case of a verbal referral, the Registered Manager documents, dates and signs the details of the service that has been agreed.*

Standard 3.1 should therefore read:

3.1 The Registered Manager obtains a referral form, and any accompanying documents, before the service commences (or, in exceptional circumstances, within 2 days). The referral form is dated and signed by the agency when they are received from the referring HSC Trust. In the case of a verbal referral, the Registered Manager documents, dates and signs the details of the service that has been agreed.

2. Add the words “or undertaken by the agency itself” to Standard 3.2 and delete the first bullet point in its entirety (the point which details the assessment which should be performed by a registered social worker rather than a domiciliary care agency), as follows:

3.2 The registered manager ensures that the person-centred, holistic assessment of need provided to the agency, or undertaken by the agency itself, includes:

- ~~• physical and mental health; emotional well-being; capacity for the activities of daily living and self care; abilities (including attitudes towards any disability) and lifestyle (including how the day is spent); the contribution of informal carers (so long as they are able, willing and supported to carry on the caring role); social network and support; and housing, finance and environmental factors, as appropriate;~~

3. In Standard 3.4, delete the words “qualified and”, and the whole of footnote 1, as follows:

3.4 Where the agency is acting in response to a self-referred service user, who is not referred by a HSC Trust, an assessment and care plan for the service user in line with 3.2 and 3.3 above is completed by an appropriately ~~qualified and~~ experienced person⁴ **[Delete footnote which reads “This should be a registered social worker or care manager.”]** before the service commences (or, in exceptional circumstances, within 2 days). The service user is involved in the assessment and care planning processes along with, where appropriate, his or her carer/representative and, with the service user’s agreement, any relevant professionals and disciplines.

A further concern is that the relationship between the Regulations and Minimum Standards should be made clear for providers and the public by

adding cross references in the Standards to the Regulations to which they relate. A similar system has been adopted in England and Wales and we see no reason why homecare providers in Northern Ireland should be disadvantaged in this way given the principles of better regulation.

We confirm our continued commitment to assist DHSSPS disseminate information to help our member organisations achieve full compliance with the new regulatory regime in Northern Ireland, and to achieve prompt publication of the Standards. I am hopeful that a common-sense approach will be taken to ensure that the final set of Standards is workable.

I look forward to hearing from you.

Yours sincerely,

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cc.

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Dermot Parsons, Team Manager (Acting), Agencies Team, RQIA

Alternative formats: If you would prefer to receive this letter in another accessible format, including e-text, 'clear print', large print or audio cassette, please contact us 020 8288 5294 or donna.obrien@ukhca.co.uk