

Response ID ANON-4ZP6-AW7Q-M

Submitted to **Consultation on the New National Health and Social Care Standards**

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About You

What is your name?

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Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

United Kingdom Homecare Association (UKHCA)

Postcode

postcode:

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The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

Did you attend an engagement event/workshop before completing this response?

No

Date:

Name of event:

Questions

1 To what extent do you think the Standards will be relevant and can be applied across all health, care and social work settings?

Neither agree nor disagree

Comments:

While generally supportive of aims of the draft Standards and the desire to see common standards across health and social care providers, UKHCA considers that much more thought should be given to how the standards can be applied to homecare provision, how the standards can be measured against for the purposes of inspection and the role of commissioners in how homecare services are provided.

In addition, the extent to which the standards can be applied across all health, care and social work settings will be dependent on the strength of the relationships between commissioners and providers. This includes how well the commissioners and providers understand what each partner can deliver, and, as important, what they cannot deliver. It is evident from the proposed standards that commissioning practice will have to change and UKHCA would like to be assured that the Scottish Government is addressing commissioning practice as part of introducing the new standards. Overall the timetable for change is challenging and we are concerned that if commissioning practice is not brought into line with the aims of the new standards, homecare providers will be unfairly penalised in the inspection process.

Some standards have more than one component which will make it difficult to measure against, for example 1.12. It could mean that providers are penalised unfairly depending on which element the Care Inspectorate focus on. UKHCA suggests for clarity for providers and inspectors alike that each standard should

only have one component.

UKHCA supports the separation of standards that are specific to organisations that provide premises, and we have not commented on Standard 5. However, our view is that the remaining Standards do not take sufficient account of the particular circumstances that arise when care is provided in someone's own home. Our view is that Standards 1 – 4 contain some Sub - Standards that do not easily read across to homecare. We recommend that the Scottish Government consider a Standard that applies solely to homecare, or make it clear that a particular element within a Standard does not apply to homecare providers, or applies only to commissioners and not to providers. We have given examples in the comments that follow.

UKHCA consider the draft Standards have failed to recognise that how a service is commissioned and paid for is directly relevant to the application of the standards, i.e. whether it is purchased directly by the service-user or patient, or commissioned by a health or local authority or jointly. A commissioned and paid for homecare service is constrained by the assessment and care planning processes in which spending is authorised by the budget holder. The Standards do not reflect that service users, including those with direct payments cannot simply ask the provider for increased care or a new service without referring back to the commissioning body. See Standards 1.36 to 1.39 which refer to activities.

The aim for the health and social care sector, as far as older people needing homecare is concerned, is to ensure more people are cared for in the community for as long as appropriate and possible without compromising the care of those who need lower levels of support. UKHCA would like assurance that the nature of homecare will be evident in the framework which will go on to be developed by the Care Inspectorate and the measures used and evidence collected by homecare inspectors will be qualitatively different from those in a care home or hospital setting.

UKHCA would urge the Scottish Government to make sure homecare providers are involved when the inspection methodologies are updated and to allow sufficient time for the new inspection process to be tested. Our concern is that evaluation of the standards is going to depend very much on subjective data from service users and their carers, and we want to see data being captured so that it can be compared over time and across providers. New models of evaluation may be needed and we would support the use of knowledgeable and trained individuals who can feed the views of service users into the inspection process. This is particularly important since it is much more challenging to observe the care provided in a person's own home.

UKHCA are concerned there is a risk that generic standards will lead to a generic inspection process which in turn will fail to recognise the nature of homecare provision and the role homecare plays in older people's lives. We seek reassurance that inspectors will be experienced and knowledgeable about homecare services and judgements about quality will be supported by the development of empirical measures as well as qualitative evidence from service users.

We would also urge the Scottish Government to recognise that the changing the scope and nature of the performance indicators for providers of homecare services will not be resource neutral or cost free. UKHCA members are concerned that current funding levels and payment structures are already putting homecare providers under considerable financial stress which will only be exacerbated by the additional demands placed on them by the new standards. UKHCA are seeking reassurances that the Scottish Government are also taking into account other legislative changes with the associated costs for providers which are in the pipeline, including the requirement that care providers will have to appoint an Information Governance Officer under the incoming General Data Protection Regulations.

2 To what extent do these Standards reflect the experience of people experiencing care and support?

Neither agree nor disagree

Comments:

It is difficult to say whether or not the Standards reflect the experience of people currently receiving a homecare service. Data from the Care Inspectorate shows that using the current National Care Standards, the majority of homecare providers in Scotland have been rated either 'excellent' or 'very good'. More organisations received an 'excellent' grade for their 'care and support' than for the other two categories. Only a small number of care at home services have been rated as weak or unsatisfactory.

This suggests that homecare providers are capable of meeting the challenge of the new Standards and UKHCA are confident that they will be able to do so with the proviso that services are commissioned around the assessed needs of people and the costs associated with delivering a quality service are met. We strongly recommend that together with local authority commissioners, the Scottish Government identifies a way to increase productivity within the social care sector by the introduction of differentiated fees for greater levels of care-complexity and the necessary staff expertise. The 'one size fits all' fee rates do not allow for investment in the business of providing enhanced care to meet the aspirations of the revised national standards. UKHCAs strong view is that qualitative improvements in the experience of people using the service are unlikely to be realised unless productivity within the sector is materially enhanced through differentiated skills for differentiated care.

3 To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

3 - Standard 1: I experience high quality care and support that is right for me.:

Neither agree nor disagree

Is there anything that is missing or should be added to this Standard?:

Dignity is an abstract concept that is contextual and nuanced in a way that could prove difficult to establish a measurement that realistically reflects the prevailing care programme: dignity in a dynamic rehabilitation programme is very different to an end-of-life situation. UKHCA suggests that, as a stand-alone measure, 'dignity' without qualification is insufficient to create a true representation of differing situations and could disenfranchise significant elements of an integrated care programme for want of a more focused approach to appraisal.

1.4 More specifically, this Standard refers to intimate personal care being carried out in a dignified way, whereas UKHCA suggests the standard should be written leaving no doubt that all care should be carried out in a dignified way. While personal care such as assisting with toileting is an especially sensitive task, dignity and respect should be afforded at all times by all health and care staff.

What is missing from this standard is a direct reference to privacy which is a component of dignity and respect. Care workers should ensure a person's privacy is respected at all times, regardless of whether the service user is able to express a personal preference on the matter. For example, closing the bathroom door when being washed, ensuring no one enters the room when a person is being bed bathed or is on the commode are actions related specifically to privacy.

1.19 On the face of it, this standard does not apply to homecare providers as they do not supply specialist equipment to service users. However, a standard which calls for care workers to be trained in the use of technology designed to assist with a sensory loss, or moving a service user (such as a hoist or bath lift) would be appropriate. The standard could also refer to the homecare provider being required to inform the commissioner or appropriate healthcare provider if a need for equipment develops such as when a person becomes unable to weight-bear, or not using equipment that is no longer suitable. Or inform the appropriate body when a piece of equipment requires repair, or is no longer suitable for the individual. UKHCA considers that this standard could be more effective if greater reference was made to the role of professions allied to medicine in the formal assessment process.

Any other comments:

1.10 This standard appears to be designed more for residential care settings than homecare as it refers to the size of a group receiving care and as such is beyond the control of a homecare provider. UKHCA consider that standards not relevant to homecare should be identified as such.

1.12 This should be broken into two standards, i.e. 'I am encouraged to take part in every day tasks', and 'I am encouraged to help with the running of the service'.

People receiving homecare should be encouraged to continue doing the things they have always done in their own homes to remain independent. But this is quite different from a care home setting where encouragement to participate in tasks that assist with the running of the care home (such as laying tables in the dining room) is common. Some care homes invite residents to assist with interviewing staff which is easily achievable but would be very difficult indeed for homecare providers.

1.13 This standard requires qualified professionals to assess emotional, psychological and physical needs and is not the responsibility of homecare providers who are commissioned by local authorities to provide assistance with everyday living. UKHCA consider that this standard is not relevant to homecare providers and should be identified as such.

1.14 UKHCA's view is that this standard needs to be specific about the nature of the assessment. For example, does it refer to an initial assessment by a local authority to determine whether or not the criteria for support is met? Or an assessment by providers to see whether the service can meet the needs of an individual? Or an ongoing assessment following changes to circumstances? In addition, full participation in an assessment does not of itself infer the process itself was satisfactory, or the person is content with the services subsequently provided. For example, a person may have participated fully in the process but not be fully aware of the range of and nature of services available or feel they need more hours care than a commissioning body will pay for.

1.15 Assessment of carers is beyond the remit of homecare providers. UKHCA consider that standards not relevant to homecare should be identified as such.

1.16 This Standard has several components and needs breaking down to reflect whether it refers to an ongoing service or the arrangement of a service following initial contact or following a reassessment. E.g. helping to choose a suitable alternative service is the role of a commissioner whereas the explanation for the late arrival of a care worker at a person's home is the responsibility of the homecare provider. Homecare services can explain the limits of the service they have been commissioned to provide, i.e. two half-hour slots, but the commissioner must explain why an expressed preference by the service user for two one hour slots will not be paid for.

1.17 Is applicable to commissioners rather than providers. UKHCA consider that standards not relevant to homecare should be identified as such.

1.18 Overlaps with 1.11

1.20 UKHCA agrees a service user should be involved with developing and reviewing their personal care plan. However, we ask whether there can be a measurable difference between 'participating' and 'fully participating' and if so, what those measures would be.

1.21, 1.22 These Standards appears to be directed at health bodies and social care commissioners and the locus for homecare providers is not made clear. If the Standards are intended to apply to homecare, they need to recognise that some situations require an emergency response, or there are legal responsibilities e.g. for manual handling and infection control. While homecare workers can notify a family member or health or social worker about a developing or worsening health problem of a service user, it is for others to act on the notification and that should be clear in the Standards.

1.23 This Standard is far too general and does not take account of situations where wishes of individuals living at home cannot be met because, for example, those wishes might put the service user or a care worker at risk. In an ideal world, personal care plans will always be up to date, but in reality, there is often a lag between a new need arising, the reassessment being carried out by the commissioner and the translation of that reassessment into a revised personal care plan. The risk for homecare providers is that they might be penalised for not respecting the wishes noted in the care plan even in situations that are beyond their control or for which they have not been commissioned to perform.

1.24, 1.25, 1.26 These Standards are more relevant to commissioners than to homecare providers and should be identified as such.

1.27 Overlaps with 1.22

1.28 While UKHCA understands the aim of this Standard, there must equally be an expectation that lifestyle choices are respected by care workers delivering care in a persons own home - even where that choice appear to be unwise or unhealthy. A Standard for supporting a healthy lifestyle choice must not turn into a

penalty for homecare providers if for example the service user exercises that choice in a way that ignores prevailing healthcare advice. (See Standard 2.16).

1.30 – 1.35 These Standards are more appropriate for care home settings than homecare providers and should be identified as such.

1.36 – 1.39 UKHCA support these Standards and homecare providers would want to meet them but can only do so where they have been commissioned either by the individual or by the commissioning authority and a budget for the activities is clearly identifiable.

1.40 – 1.44 UKHCA support these Standards and note that responsibility for protection is shared by all those involved with the care of the service user.

4 To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

4 - Standard 2: I am at the heart of decisions about my care and support.:

Neither agree nor disagree

Is there anything that is missing or should be added to this Standard?:

2.4, 2.5 These Standards could add something to the effect that care workers ought to be trained to use any equipment designed to overcome sensory loss. Hearing aids are a good example as they are crucial for service users but often difficult and fiddly to insert in a person's ear without appropriate training.

Any other comments:

2.1 – 2.3 While these Standards are applicable to homecare, particularly 2.1, much depends on how services are commissioned and whether processes that address lack of capacity of the service user are adhered to in a timely way. Homecare providers may be able to sign post service users to advocacy services.

2.6, - 2.9 These Standards appears to be aimed at commissioners and should be identified as such.

2.10 – 2.11 While UKHCA are very supportive of the aims of these Standards, the difficulty for homecare providers is twofold. First, they are dependent on the thoroughness and professional competence of the commissioner's assessment process, and second, testing of successful delivery for people without capacity will be completely subjective. Compliance methodology must recognise these factors so that homecare providers are not unfairly penalised.

2.12 Should this Standard say, 'I am enabled to...' rather than, 'I am able.....'?

5 To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

5 - Standard 3: I am confident in the people who support and care for me.:

Neither agree nor disagree

Is there anything that is missing or should be added to this Standard?:

3.2 This Standard could be more specific and refer not only to respect for the individual who is receiving care at home, but also to the care worker being respectful of the person's own home, their possessions and the way they want to receive visitors. For example, to respect a person's wishes that visitors remove shoes, place objects in a certain way or return belongings to a particular place, or not to enter certain rooms in the person's house and so on. The Standard should also refer to making sure that protocols for keeping person's home secure are followed.

Any other comments:

3.3 This standard appears not to be relevant to homecare and should be identified as such.

3.6, 3.7 These standard appears not to be relevant to homecare and should be identified as such.

3.12 Appears to overlap with Standards 1.36 to 1.39

3.13 This Standard does not appear relevant or appropriate to homecare. Adults with capacity living in their own homes have complete autonomy over their own lives and environment.

3.14 – 3.20 While these Standards have some relevance to homecare provision, they appear to be aimed at and are more appropriate for care home or hospital settings and should be identified as such.

3.21 Duplicates the Standards at 1.41

3.22 This Standard is completely outside the locus of homecare providers and should be identified as such.

3.23, 3.24 UKHCA would be interested to learn how the Scottish Government envisage these standards applying to older people receiving homecare and how successful delivery could be measured by the Care Inspectorate. They appear to be designed for specific client groups rather than the whole range of people who receive care and, if that is the intention, should be identified as such.

6 To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

6 - Standard 4: I am confident in the organisation providing my care and support.:

Neither agree nor disagree

Is there anything that is missing or should be added to this Standard?:

Any other comments:

4.4 This Standard has two elements that ought to be separated. Homecare providers can easily keep clients informed of the aims of their organisation, but it is much more difficult for them to involve service users in decisions about how the service works and develops because of the intermittent nature of care in someone's own home: their relationship is not with the institution providing care, per se, but rather with individual carers during brief domiciliary episodes. The second part of this Standard appears to be more appropriate for care home and hospital settings and should be identified as such.

4.5, 4.7, 4.10 These Standards appears to be more appropriate for care home and hospital settings and should be identified as such.

4.8 This Standard is beyond the remit of homecare providers unless commissioned to do.

4.11 This Standard has two elements that ought to be separated. A homecare provider would be expected to give an appropriate notice of withdrawal of a service. But it may not be able to assist with finding an alternative provider, depending on the how the service was commissioned. In many instances the contract awards process would preclude involvement in selecting alternatives. In either case the Scottish government should establish clear criteria for when a providers assists with providing an alternative. The second part of this Standard appears to be more appropriate for commissioners and should be identified as such.

4.12 This Standard appears to be more appropriate for care home or hospital settings and should be identified as such.

4.13 and 4.14 These Standards appear to be so similar that one can be removed.

4.18 This Standard should be deleted. Service users will be able to comment on what individual care workers do and how the organisation responds to them as an individual. However, such comments cannot be taken as a proxy for judging how well the leadership of the organisation is performing and UKHCA consider this Standard to be ill thought through and unlikely to furnish the intended results.

7 To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

7 - Standard 5: And if the organisation also provides the premises I use.:

Is there anything that is missing or should be added to this Standard?:

Any other comments:

8 To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

8 - Standard 6: And where my liberty is restricted by law.:

Neither agree nor disagree

Is there anything that is missing or should be added to this Standard?:

Any other comments:

6.1 – 6.6 While these Standards are much less relevant to homecare providers than to care homes or hospitals, there will be a small number of people receiving homecare whose liberty is restricted by law. Usually, the healthcare element would be provided by professionals and the homecare provider involved with activities of daily living. However, the Standards do not differentiate between the elements that are expected of the professionals and the homecare worker and if it is intended that the Standards only apply to residential settings, they should be identified as such.

9 To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

9 - Standard 7: And if I am a child or young person needing social work care and support.:

Is there anything that is missing or should be added to this Standard?:

Any other comments:

10 To what extent do you agree these new Standards will help support improvement in care services?

Neither agree nor disagree

Comments:

11 Is there anything else that you think needs to be included in the Standards?

Not Answered

If yes, please provide details:

12 Is there anything you think we need to be aware of in the implementation of the Standards that is not already covered?

Comments:

13 What should the new Standards be called?

National Health and Social Care Standards

If you answered other, please provide details:

14 Any other comments, suggestions?

Any other comments, suggestions?:

15 We recognise that people may have more than one experience of / involvement with health and care services. For example; you may work in a hospital or care home and also be a registered carer for a friend or relative receiving care services. For the purposes of this consultation please indicate the main capacity in which you are responding.

As a representative of an organisation / service provider

Adult social care

If you answered other, please provide details:

16 Once finalised these new Standards will be made available in various formats. It would be helpful to know which format(s) may be required. Please indicate from the list below which formats you are most likely to use.

Other languages (please indicate which)::

17 Please indicate how you are most likely to access these Standards:

Both

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Neither satisfied nor dissatisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Neither satisfied nor dissatisfied

Please enter comments here.: