

Linda Greenlees, Quality & Regulation & Legislation Branch  
Department of Health  
Castle Buildings  
Stormont Estate  
Belfast  
BT4 3SQ

22 December 2016

Dear Ms Greenlees,

**Fees and frequency of inspections**

Thank you for the opportunity to respond to the Department's consultation on the proposed amendments to the Regulation and Improvement Authority Regulations 2005, which I have the pleasure to do on behalf of the United Kingdom Homecare Association (UKHCA).

The enclosed paper responds to the issues that the Department has raised. Please do contact me if you require any additional information.

Yours sincerely,

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Policy Officer  
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## **Response submitted by UKHCA for the Department of Health in Northern Ireland**

### **Q1. Do you agree with the proposal to set fees for those registered establishments and agencies currently charged a Nil fee to amounts in line with existing charges, to ensure a fair and consistent approach? Yes/No**

Although we understand the financial constraints for RQIA inspections, we are disappointed that Option B has not been considered feasible as we would argue strongly that domiciliary care providers, operating under severe financial pressures, should not be taking the burden of any additional costs of regulation.

We argue that, with the vast majority of homecare being commissioned by HSCTs and paid for by the State, the monies collected from independent domiciliary care providers would simply be recirculating Government funds around the social care system.

UKHCA's Homecare Deficit report from October 2016 showed that Northern Ireland's trusts pay the lowest average price to providers per hour of care of all four UK administrations at £12.35 per hour. This is far below the UK average of £14.58 and well short of the minimum price for homecare recommended by UKHCA of £16.70 per hour. Our report can be read at: [https://www.ukhca.co.uk/pdfs/ukhca\\_homecare\\_deficit\\_2016\\_final.pdf](https://www.ukhca.co.uk/pdfs/ukhca_homecare_deficit_2016_final.pdf).

In addition, the introduction of fees will further decrease business viability of an already fragile social care system, causing a range of unintended effects on the care market in Northern Ireland. Indeed, by introducing fees, it may be the final straw for some businesses. This is already happening: increased costs and pressures on providers throughout the UK have led to a number of care providers going out of business, and others to exit the market where delivering services is longer considered to be sustainable.

In this context we therefore dispute the claim in the consultation document that the proposed fees would "not [be] a significant burden" on providers and we are concerned that the Department of Health could reach this conclusion.

While the proposal put forward by the Department seeks equitability in the care sector, it is not equitable to place further financial strain on an already under-pressure sector. The introduction of fees will reduce the likelihood of new entrants into the sector.

Given the precarious financial state of social care, we consider Option B to be preferable. However, out of the options that the Department is willing to consider, we believe that Option D is the least harmful.

**Q2. Do you agree that the proposal to raise fees year on year in line with inflation is reasonable? Yes/No**

Although we do not agree with the introduction of fees for domiciliary care providers, if fees are to be introduced then keeping fees in line with inflation is reasonable. However, we would urge the Department to consider that costs for domiciliary care providers can rise higher than standard inflationary indices, particularly in areas where providers need to compete for workforce, resulting in higher wage costs and therefore fee increases will not be the only rising costs for providers.

**Q3. Do you agree with the distinction made for small establishments? Yes/No**

We agree in principle for provision to be made for smaller providers to pay lower fees. However, this should also apply to domiciliary care providers, and it is not acceptable to remove provision from providers in hard to measure sectors. Homecare providers often begin as small or micro-providers. The imposition of fees is likely to act as a barrier to new entrants to the homecare market.

**Q4. Do you agree with the proposal to remove the distinction made for small nursing agencies?**

**Yes/No**

The distinction should be retained for both nursing agencies and domiciliary care providers.

**Q5. Do you agree with the proposal to change the inspection mode to a risk-based targeted approach?**

**Yes/No**

UKHCA welcomes the move towards risk-based assessments for inspection frequency. We believe that this will help struggling providers to improve standards of care and provide the quality of services that service users have come to expect.

**Q6. Do you agree with the proposed changes to the minimum frequency of inspections?**

**Yes/No**

We support the proposal for more frequent inspections of services which fail to meet the required standard of care. We also welcome the news that the minimum frequency for inspections for domiciliary care services is remaining at a once per year minimum. Our experience of a similar approach previously adopted in England was that, when frequency of inspections was less than once a year, significant concerns were felt by commissioners, and resulted in problems with public confidence in services. Our support is therefore based on the Department's proposal to maintain a minimum of one inspection per year.