

Executive summary

Introduction

Recent Government policies have described a vision for older people's services, in a society where far more people will be living well beyond retirement age. They stress the right of older people to be helped to lead full lives, and to continue to play an active role in communities. For those experiencing frailty and ill-health there should be a range of services that offer people support in their own homes, respecting the fact that most people choose to remain there as long as they can manage.

Home care services are likely to be key to the delivery of this vision. There has already been considerable expansion of home care, to the extent that the amount funded by councils has almost doubled over the last decade – to over 3.5 million hours per week. The implication of Government policy is that further expansion will be needed in the medium to long term, as well as changes to the way these services are organised and delivered.

Purpose of this report

This report summarises evidence about the current performance of home care in England, and draws conclusions about the overall state of this sector and its capacity to expand and develop. Although home care services support a range of people of all ages, the report focuses on older people as they are the largest group of people using the service. In doing so, it looks at the roles of different players in the home care market, including the people who use services, local authority commissioners and registered service providers. It draws upon a range of evidence collected by CSCI over the last two years, including evidence from our engagement with older people, our regulatory and inspection work, and our performance assessment of councils.

The report aims to make a contribution to the debate about what kinds of changes are needed, by setting out some of the evidence that will help national and local policy makers and commissioners make decisions about what home care services should be offered to whom, and what form they should take.

Summary

Home care is an essential service, which is enabling thousands of older people to remain safely at home when they may otherwise be unable to cope. Older people who use services, and their carers, usually stress that they would be unable to carry on normally without this support.

This report provides many examples of the relationship between the individual and their care worker being inspirational and rewarding for both sides. Excellent outcomes are being achieved, ranging (at individual level) to an increase in people's health, confidence and quality of life to (at strategic level) thousands of people being helped to live quite independently without recourse to more expensive interventions.

However, there is evidence that the current arrangements for commissioning and providing home care are likely to be unsustainable, for a number of reasons.

Firstly, the tight targeting of statutory support towards those with critical levels of need has resulted in a gradual reduction in the numbers of older people receiving state-funded home care, to the extent that the proportion of older people receiving this kind of support is low by international standards. This pattern of 'intensification' of home care is resulting in missed opportunities to prevent crises and to promote the well-being of older people living in the community. The recent Department of Health White Paper – *Our Health, Our Care, Our Say* – places a new emphasis on early intervention, but there is no sign that councils' expenditure on social care for adults is shifting in this direction. More thought will need to be given to how this aspect of Government policy can be resourced and implemented.

Secondly, the sector itself is a fragile one, that is struggling already to provide services of sufficiently high quality for those who need them now. There are concerns that the sector may find it difficult to rise to the challenge to expand and improve from here. At the heart of the problem is the challenge to recruit, train and develop care workers both to replace the older workers who are leaving the sector, and to meet new demands and ways of working.

Thirdly, the system has to date given councils responsibility for arranging services on behalf of older people – even where people themselves are contributing financially. A gap appears to be developing between what people themselves want and need, and what is on offer from statutory services. During this study, we found that many older people were asking questions about whether the current arrangements offer value for money. It is likely that these questions will continue to be asked. Older people – particularly those paying substantially towards the cost of their own care – are beginning to press for more choice and control.

Many councils and service providers are engaged in positive work to transform home care. The report ends by illustrating some of the innovative work that is taking place at local level. This is usually characterised by a vision on the part of councils and their partners about the contribution home care can make, and a commitment to cultural change.

It is hoped that the examples described here will illustrate the important place of home care in many older people's lives, and show how it could be developed. For this debate to move forward, more robust data and evidence will be needed about the value for money of different service options, their impact on health and other local services, and the outcomes for older people and their carers.

Key findings

◇ *Sources of support for older people:*

Older people tend to receive support from a number of possible sources, including most importantly their family and friends. Informal carers play a critical role; there are an estimated 5 million carers, with one in five providing 50 or more hours of care each week.

◇ *Defining 'home care':*

Home care can take many forms, and often connects with other services in the community (such as supported housing, health and voluntary sector services). Care workers can support people of all ages and backgrounds; they can work alongside family carers, and either assist them or give them a break. This study found that traditional ways of categorising services and tasks mean little to older people themselves. They are often bewildered by the rules concerning what statutory agencies will and will not provide.

◇ *The role of councils:*

At present, around 80% of all registered home care is purchased by councils on behalf of people assessed as needing it – although most councils also charge people according to their financial means. This is a bigger percentage than for residential care and gives councils considerable leverage over home care providers. There is significant variation between council areas, both in terms of the numbers of older people supported at home and in the quality of local registered home care services.

Only around 7,000 older people were using direct payments to purchase their own care by the end of 2004-05, compared with more than 300,000 receiving state-funded home care. However, the numbers are increasing, and the piloting of individual budgets may result in new ways being found to offer older people more direct 'purchasing power'.

◇ ***The targeting of home care:***

Most councils are targeting their services to those whose needs are defined as 'substantial' or 'critical' and who need more intensive support. The actual number of households supported fell from 528,500 in 1992 to 354,500 in 2005, and the proportion is now low by international standards.

This tight targeting of services in most areas means that some people with significant needs are not receiving home care. (This problem is exacerbated by the fact that people do not always know where to go for help, or find the assessment process off-putting). During this study, CSCI found examples of people 'slipping through the net', and some instances where people's safety and well-being were compromised by inadequate support.

◇ ***The home care market:***

Since the 1990s, councils have steadily increased the proportion of home care purchased from independent sector providers, and the independent sector has grown exponentially. The percentage of home care hours delivered by the independent sector increased from 2% in 1992 to more than 73% in 2005. By March 2006 there were 4,622 registered domiciliary care agencies, 80% of which were in the private or voluntary sectors.

Most of the home care sector has the characteristics of a 'cottage industry' with many small, inexperienced providers delivering (on average) 500 hours/week of care. There was a large amount of movement in the market during 2005-06; for example, CSCI deregistered 416 agencies and processed 905 new registrations. However, there are signs that the sector is beginning to consolidate, as a result of councils' decisions to purchase from fewer providers and the competitive tendering processes they use.

◇ ***The quality of home care services:***

2005-06 was the first full year of statutory inspections for this sector. On average, 74% of inspected domiciliary care agencies complied with each of the national minimum standards in 2005-06. This is broadly comparable with performance for the residential care sector.

The areas most often commended by CSCI inspectors concern particular aspects of personal care, associated with the usually respectful, caring and helpful attitudes of staff. One of the areas of most concern is the handling of medication, where there is a need to improve both procedures and training. Another is the level of supervision, support and training offered to care workers more generally.

◇ ***Older people's experience of home care:***

Surveys of older people usually demonstrate high levels of overall satisfaction with home care. This evidence suggests that most older people are grateful for the service, and value the relationship they have with their care workers.

More detailed interviews and groups discussion tend to elicit more critical feedback. This study found that the appreciation expressed towards individual workers is often tempered by concerns, usually associated with a perception that care workers are 'rushed'. We found widespread problems in relation to the shortness of visits, the timing of visits, and reliability (associated with care workers rushing between visits and turning up late). The experience of many of the older people interviewed during this study was that services were short-staffed.

◇ ***Care management:***

Most councils restrict the help they will offer to a list of prescribed activities. Care managers draw up individual care plans that tightly specify both the tasks to be undertaken and the time to be devoted to these tasks. During this study, people using services, their families and their care workers told us that it could be difficult to carry out the required tasks in the time available. They also expressed frustration with the inflexibility of this system, and said there were often problems in getting plans reviewed as their circumstances changed.

◇ ***The home care workforce:***

At least 163,000 people are employed as care workers. This is broadly equivalent to the numbers of people employed in the hotel industry.

In many parts of the country, there are significant problems recruiting and retaining care workers. These appear to be associated not only with the low pay in this sector, but also with terms and conditions that often do not compare well with other sectors (such as the retail trade).

Where hard-pressed agencies have particular staff shortages, there is evidence that they can 'cut corners' in their selection and recruitment practices. Statutory requirements relating to the selection and recruitment of staff are not sufficiently well adhered to. Thirty nine per cent of inspected agencies are not complying with the national minimum standard in this area, often because they cannot demonstrate to inspectors that they have carried out the necessary checks before the person starts work.

◇ **Strategic commissioning:**

Home care has already made an important contribution to the delivery of a range of government targets. For example, the number of delayed transfers from hospital almost halved between 2002-03 and 2004-05, and the number of people entering residential care reduced by 14% over the same period.

Home care is likely to continue to play a critical role in the delivery of strategies to promote the economic and social well-being of local communities.

◇ **Improving commissioning processes:**

A key finding of this report is that in many areas, home care services are now over-stretched. There is an urgent need to secure existing levels of service for people, in the face of supply shortages and rising demand.

The relative fragility and uncertain quality of some parts of the home care sector is, at least in part, a consequence of some short-sighted and ineffective approaches adopted to strategic planning and commissioning to date. A common problem is that relationships between councils and service providers are dominated by discussions about fees and/or characterised by a mutual lack of trust. This can hamper local dialogue, and results in lost opportunities to work together – at both individual and strategic level – to improve services for people.

◇ **The importance of innovation:**

Some councils and their partners are already exploring creative and innovative ways of developing home care, including approaches that focus on enablement, or that give older people more ‘purchasing power’ or more control over their services. A number of examples are included at the end of this report, all of which can demonstrate improvements in user satisfaction or in the quality or efficiency of home care services. A characteristic of all these developments is that they have required considerable cultural change across all the agencies involved.

Conclusions

There is ongoing debate about the future priorities for social care, and how these should be resourced. An important conclusion of this report is that the debate should not just focus on how we will fund more of the same services for the same groups of people. Radical changes are needed to the way services are commissioned and delivered.

The evidence in this report broadly supports the conclusion reached by the Wanless review team¹ – that social care services for older people have become too narrowly

targeted, and should be extended to a wider group of older people in the community. This would also be in keeping with the renewed emphasis in the Department of Health's White Paper – *Our Health, Our Care, Our Say* – on the importance of preventing problems and promoting well-being.

To achieve this, councils and their partners will need to find new ways of harnessing the different kinds of support available to people within communities. A definition of 'home care' that limits state-funded support to a prescribed list of tasks, delivered by a certain type of agency, does not make practical sense to older people and their families. A more flexible and holistic response is needed, that is more closely attuned to what people actually want and need. The provision of extra help for informal carers is likely to be a high priority.

Most importantly, future models for planning and delivering services must ensure that older people can choose what kind of help they receive, when they receive it, and who provides it. This implies a profound cultural shift – towards thinking of the individual as the 'customer' rather than leaving the purchasing power with councils. In many cases it will also involve the actual transfer of budgets to older people so they can purchase their own support.

Further work is now needed to consider new ways of commissioning and providing home care in the medium term, and to evaluate the models that are currently being piloted. Pending this, this report also contains some more immediate lessons for councils, service providers and CSCI as the regulator. These are set out below.

Lessons for councils and their partners

- Home care can be developed in a number of different ways, in tandem with the development of local health and housing strategies, and also taking new technologies into account. Councils and their partners (including service providers) should therefore establish a vision and clear objectives for their home care services.
- Some councils need to work to create the conditions in which more constructive dialogue can take place with independent sector providers, and their expertise can be used to the full.
- It is also critically important to involve older people in strategic planning and in all aspects of the commissioning, monitoring and evaluation processes. In this context, better ways need to be found to elicit the views of older people, including those who find it hard to engage in formal processes.
- Care plans that tightly specify the tasks to be undertaken by care workers, and the time they will take, are hard to reconcile with an emphasis on giving people choice and control. Commissioners' thinking needs to shift away from a focus on inputs towards the outcomes that older people themselves are looking for.

- Services that offer reablement – an approach that aims to restore people’s capacity to do things for themselves rather than doing things for them – have been successful in several parts of the country. They offer a model that other councils might wish to learn from.
- In the short-term, urgent steps are needed in many places to address supply shortfalls. Councils should use the evidence available (including the market information provided by CSCI) to check their comparative performance both in terms of the numbers of older people they are supporting, and the quality of their local domiciliary care services. CSCI intends to challenge councils whose performance appears poor in either respect.
- Social care workforce strategies should be developed across agencies, and seen as a vital part of local economic development strategies. Commissioners should be prepared to specify standards relating to the home care workforce – including levels of wages, expenses and other conditions of service.

Lessons for domiciliary care agencies

- In the early stages of the regulation of this sector, CSCI has concentrated on ensuring that domiciliary care agencies meet registration standards and comply with statutory regulations. On the whole, there has so far been good compliance with the requirements made by inspectors.
- In the next phase of regulation, domiciliary care agencies will be asked to produce self-assessments which demonstrate that they are monitoring their own current performance and have credible plans to achieve improvement.
- In this context, many agencies will need to develop their own quality assurance arrangements, including the methods they use to ascertain user satisfaction.
- The specific areas for improvement vary from one agency to the next. However, there are some issues that are of concern across large parts of the sector. In particular, CSCI expects to see an overall improvement in relation to:
 - processes for recruiting and selecting care workers, and the supervision and support offered to them;
 - procedures and training in relation to the handling of medication.

Lessons for the regulator

CSCI is currently consulting on the next phase of its proposals to modernise regulation and arrangements for assessing the performance of councils. The Department of Health also plans a review of the national minimum standards for domiciliary care. Feedback obtained during this study, as set out in Chapter 7 of this report, will be taken into account in the new arrangements. These will include:

- the introduction of 'quality ratings' to all registered services including domiciliary care agencies.
- developing work to ensure that councils are held to account for their role in commissioning good quality domiciliary care services.

In both these aspects of its work, CSCI is putting an increasing emphasis on the experience of the people who use services and on the outcomes being achieved for them.