

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Social care guidance scope

1 Guidance title

Home care: delivering personal care and practical support to older people living in their own homes

1.1 *Short title*

Home care

2 Remit and background

The National Institute for Health and Care Excellence (NICE) has been asked by the Department of Health (DH) to develop social care guidance on home care (also known as domiciliary care).

This guidance will provide action-oriented recommendations for good practice, aimed at improving outcomes for users of social care services and their families or carers. The guidance will be based on the best available evidence of effectiveness, including cost effectiveness. It will be relevant to service users, carers, social care providers, social care practitioners and commissioners (including people who purchase their own care).

To ensure no relevant evidence is excluded, the guidance will use the term 'older people' rather than using a specific age threshold. If the evidence indicates principles or recommendations that will benefit groups other than older people, the guidance will highlight this.

This guidance will complement a range of NICE guidance. For further details see section 5.

3 The need for guidance

3.1 Key facts and figures

- 3.1.1 In 2011/12, 517,000 people in England made use of home care support funded by their local authorities. Of these people, 80% were aged 65 or older (Health and Social Care Information Centre [HSCIC] 2013a). Just over half of local authorities' social care expenditure was on people aged 65 and older, equating to a total of £8.92 billion (HSCIC 2013b). Approximately one-fifth of this (£1.9 billion) was spent on home care (HSCIC 2013b).
- 3.1.2 The independent sector provides 89% of home care services (HSCIC 2013a), often working under contract to local authorities. In 2011, 74% of home care agencies provided services for older people, and 64% provided care for older people with dementia (Glendinning 2012). In 2010, there were reported to be 351,470 home care workers in England employed by local authorities, the independent and voluntary sectors. The workforce was predominantly female, part-time and low paid (UKHCA 2013).
- 3.1.3 In 2011/12, the average unit cost of providing home care to older people was estimated to be £177 per week. Direct payments to older people were estimated to cost less, averaging £155 per week (HSCIC 2013b). The average cost for residential and nursing care was £521 per week (HSCIC 2013b).
- 3.1.4 Between 2010/11 and 2011/12, the home care contact hours provided by all sectors decreased by 6% (HSCIC 2013a). Gross expenditure on older peoples' home care and direct payments (which may be used to purchase home care) decreased by 10% (HSCIC 2013b). Despite the rising number of older people in the population, fewer of them receive publicly funded home care. Many more pay themselves, commission their own care or depend on informal unpaid care.

3.2 Current practice

3.2.1 Home care is one of several services that can be offered to people assessed as needing social care support. Other examples include: residential care, respite care, day care and intermediate care. In this scope, home care includes services:

- delivered by large and small providers in the statutory, private and voluntary sectors
- arranged by service users and their carers
- delivered by enterprises that provide volunteer support in the home or that use community or family based approaches, for example, Shared Lives Plus.

3.2.2 The range and type of services classed as home care is wide; this type of support usually encompasses personal care, the activities of daily living and essential domestic tasks. Telecare may also be provided to complement people's home care service. People who qualify for services are likely to need multiple types of care and support. This means that home care practitioners may deliver basic nursing care, such as moving and lifting people with poor mobility and ensuring they take their medication. A survey undertaken by Unison (2012) highlighted that workers may often be unsure which tasks, including those normally associated with basic nursing, they should be undertaking. There are significant advantages to home care and healthcare practitioners working together, but no clear guidance about how best to do this.

3.2.3 Older people can experience inequalities and discrimination in terms how resources are allocated and the range of care and support options available to them (Centre for Policy on Ageing 2009).

3.2.4 The population of older people using home care includes a number of subgroups that deserve particular attention. People who use

home care services may be approaching the end of life, and may experience mobility and communication difficulties. An increasing number of people using home care services have dementia. People who live alone may be highly dependent on the reliability of home care services.

3.2.5 A number of reports on home care have raised issues about the quality, reliability and consistency of these services (Equality and Human Rights Commission 2011; Which? 2012). The reports found that support for older people is sometimes inadequate; that some care tasks, including help to eat and drink have been neglected; and that their privacy, dignity and choice have been disregarded. People using home care services sometimes experience frequent staff changes, with unfamiliar workers who they do not know (and may not trust) coming in to perform intimate tasks. The provision of sufficient, high-quality, person-centred home care to older people has many benefits, including enabling people to remain independent and improving their quality of life. However, the issues identified about the quality, reliability and consistency of home care will affect the extent to which these benefits can be realised.

3.2.6 Home care is often commissioned using a 'time and task' approach, whereby services are delivered in short time slots and focus on completing personal care tasks. There is evidence from both service users and home care workers that the demands of 'time and task' contracting by local authorities create unhelpful inflexibilities in the service. This approach can, for example, leave little time for home care workers to talk to service users or to help them with additional minor tasks they mention during the visit. One survey reported that 73% of local authority-funded home care visits in England lasted just 30 minutes (UKHCA 2013). Another (UKHCA 2013) noted that 16% of visits lasted only 15 minutes. A Unison report into home care, based on an online snapshot survey in 2012, identified the practice of 'call cramming'. This is when workers are

given an unrealistic number of visits too close together, so impinging on the quality of care and length of time spent with service users. The UKHCA (2013) also reports that the contract prices offered by local authorities often fail to keep pace with inflation, resulting in a focus on price over quality.

3.2.7 Another issue concerns the working relationship between home care and healthcare practitioners. There are significant advantages to them working together, but no clear guidance about how best to do this. Key issues include:

- Who can and should carry out which tasks?
- How can we encourage liaison and joint working between social care workers and healthcare practitioners (such as community nurses and palliative care nurses)?

3.2.8 The role of family and friends who provide unpaid care can also be important. Home care often supplements this type of unpaid care and, if it is adequate, may be enough to enable the carer to carry on working and caring. High quality home care, that continually focuses on helping service users maintain their independence, can result in fewer admissions to hospital or residential care. Continuous review of service users' need for social care support, including additional hours of respite care for unpaid carers, may also be vital in ensuring people can stay in their own home.

3.3 Policy

As well as setting minimum standards, government policy articulates the values that need to underpin home care services. In particular, the importance of: putting people who use services in control of their own care; promoting individual wellbeing, independence and choice; safeguarding the most vulnerable; and recognising the vital role played by family, carers and friends.

Key policy and regulation documents relevant to England include:

- [Draft Care and Support Bill](#). HM Government (2012)

- [Essential standards of quality and safety](#). Care Quality Commission (2010)
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2010](#)
HM Government (2010)
- [Care Quality Commission \(Registration\) Regulations 2009](#). HM
Government (2009)
- [Domiciliary Care Agencies Regulations 2002](#). HM Government (2002)
- [Health and Safety at Work etc. Act 1974](#). HM Government (1974;
applicable to home care workers if the work is not classed exclusively as
'domestic services').

3.4 *Legislation, regulation and guidance*

- 3.4.1 Home care includes personal care, which is a regulated activity. However, the home care workforce is large and diverse, making regulation challenging. Home care agencies (including those providing support attached to housing) must register with the Care Quality Commission (CQC) and are subject to minimum standards, monitoring and inspection.
- 3.4.2 Providers and registered managers are responsible for ensuring compliance with a range of regulations and legislation (see section 3.3). These seek to ensure people who use services are:
- safe from harm
 - involved in, and informed about their care
 - able to live as independently as possible
 - supported by a skilled and experienced workforce.
- 3.4.3 There is no regulation of self-commissioned personal assistants or other home care workers directly employed by people who use services.

4 What the guidance will cover

Social care guidance will be developed according to the processes and methods outlined in [The social care guidance manual](#). This scope defines

exactly what the guidance will (and will not) examine and what the guidance developers will consider. The primary role of NICE social care guidance is to provide recommendations on “what works” in terms of both the effectiveness and cost-effectiveness of social care interventions and services. They may sometimes look at who should carry out the interventions, and where they should be carried out, where there is a clear evidence base. NICE social care guidance does not routinely describe how services are funded or commissioned unless NICE is formally requested to do so in the referral from the Department of Health. The key areas that will be addressed by the guidance are described in the following sections.

4.1 *Who is the focus?*

4.1.1 Groups that will be covered

Older people living at home and in receipt of home care. This includes those who organise or fund their own care. People in a range of circumstances need home care, but this guidance will focus on home care provided to older people. The aim is to ensure it is specific enough to provide recommendations that benefit the majority user group.

In addition to those with protected characteristics under the Equality Act 2010, other subgroups that may be of specific interest include those:

- aged 85 and older
- who lack capacity or have communication difficulties
- living on their own
- approaching the end of their life.

4.1.2 Groups that will not be covered in this guidance

- Younger adults in receipt of home care.
- Children and young people in receipt of home care.

4.2 Setting(s)

4.2.1 Settings that will be covered

- Service users' homes, including:
 - sheltered housing accommodation
 - extra care housing
 - Shared Lives Scheme (formerly Adult Placement Scheme) living arrangements.

4.2.2 Settings that will not be covered

- Residential care homes.
- Nursing homes.
- Inpatient or residential care provided in NHS settings.

4.3 Activities

4.3.1 Key areas that will be covered

Planning and delivering person-centred care

- Care and support planning (at the point where it has been agreed that home care should form part of the support plan).
- Developing relationships and shared decision making with people using services, their family, friends and unpaid carers. Providing support and access to information about home care services to people using services, their families and carers to help them plan their own care.
- Activities and interventions that could be provided as part of a home care service. This includes support to enable people to manage their own care to the best of their ability, as well as all aspects of personal care, for example, help:
 - with bathing
 - with eating and drinking
 - with dressing
 - with going to and from the toilet

- with skin care.
- Other forms of practical support that could be provided as part of a home care service. For example, help with:
 - domestic tasks
 - money management
 - basic nursing care (such as help with medication, help with mobility, and with getting to and from the toilet).

This also includes:

- telecare which supports home care
- preventive care (such as support to carry out routine tasks)
- support to socialise and participate in the community
- safeguarding
- home care provided by volunteers under a formal arrangement.
- Liaison and joint working between home care and healthcare practitioners, specifically, who delivers which interventions, when and how.
- Liaison and joint working between practitioners and providers where home care is being delivered as part of a complex package of care.
- Education and training of home care workers, including on the use of equipment.
- Support and supervision of home care workers

4.3.2 Areas that will not be covered

- Health and clinical services provided by healthcare practitioners.
- Occupational therapy assessments and interventions.
- Assessment for, and provision of, home adaptations and equipment (this forms part of a package of care and is complementary to home care as a service, but does not fall within the focus of this guidance).
- Meals on wheels.
- Support for unpaid family and friends who provide care, other than that offered by home care services.

- Person-centred care of older people with long-term conditions within community and residential care settings (this is the topic of a separate piece of social care guidance being developed).
- The work of housing officers (because they only deal with material issues such as repairs).
- Short-term care to regain independence, such as 6-week short term interventions (reablement - this may be referred as a separate topic for social care guidance).
- Commissioning models (although the guidance is likely to direct readers to relevant evidence and examples).

4.4 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

- service user and carer satisfaction
- quality and continuity of care
- choice, control and dignity for service users
- ability to maximise and maintain independent living at home
- ability to carry out activities of daily living
- social involvement, isolation and loneliness
- service user quality of life outcomes (both health and social care-related)
- service users', and their families and carers', experience of home care
- health-related outcomes
- safety and adverse events
- economic outcomes (including resource use and impact on other services).

4.5 Economic aspects

The guidance developers will take into account cost effectiveness when making recommendations involving a choice between alternative interventions or services. A review of the economic evidence will be undertaken in line with the methods outlined in [The social care guidance manual](#).

Potential measures of outcomes may include those derived from the Adult Social Care Outcomes Tool (ASCOT). Outcomes may be expressed in natural units of measurement, in utility measures (where these can be calculated) or in monetary terms (again, where possible). Depending on the economic review question and the nature of the evidence, the economic analysis will consider outcomes for service users (for example, quality of life) or service outcomes (for example, impact on resource use and other services).

The economic analysis will focus on the public sector perspective (in particular, costs to the health and social care sectors). However, a societal perspective may also be examined to test the sensitivity of the results to the inclusion of other relevant user and carer-related costs.

Key areas of interest are likely to include:

- whether interventions complement, or could be substituted for, other social support and healthcare services
- impact on residential care or nursing home admissions
- impact on health and associated healthcare costs
- impact on mortality
- the economic impact of unpaid care.

The economic analysis will take account of the multi-stakeholder perspective, including all relevant commissioners, decision-makers, funders and providers.

4.6 *Status of this document*

4.6.1 Scope

This is the final scope, incorporating comments from a 4-week consultation.

4.6.2 Timing

Guidance development will formally start in November 2013 and the final guidance is scheduled to be published in July 2015.

5 Related NICE guidance

5.1 *Published guidance*

- [Stroke rehabilitation](#). NICE clinical guideline 162 (2013).
- [Falls](#). NICE clinical guideline 161 (2013).
- [Chronic heart failure](#). NICE clinical guideline 108 (2010).
- [Chronic obstructive pulmonary disease](#). NICE clinical guideline 101 (2010).
- [Depression with a chronic physical health problem](#). NICE clinical guideline 91 (2009).
- [Depression in adults](#). NICE clinical guideline 90 (2009).
- [Rheumatoid arthritis](#). NICE clinical guideline 79 (2009).
- [Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care](#). NICE public health guidance 16 (2008).
- [Osteoarthritis](#). NICE clinical guideline 59 (2008).
- [Chronic fatigue syndrome/myalgic encephalomyelitis](#). NICE clinical guideline 53 (2007).
- [Dementia](#). NICE clinical guideline 42 (2006).
- [Parkinson's disease](#). NICE clinical guideline 35 (2006).
- [Nutrition support in adults](#). NICE clinical guideline 32 (2006).
- [Type 1 diabetes](#). NICE clinical guideline 15 (2004).
- [Multiple sclerosis](#). NICE clinical guideline 8 (2003).

5.2 *Guidance under development*

NICE is currently developing the following related guidance (details available from the NICE website):

- [Osteoarthritis](#). NICE clinical guideline. Publication expected February 2014.
- [Multiple sclerosis](#). NICE clinical guideline. Publication expected October 2014.
- [Older people with long-term conditions](#). NICE social care guidance. Publication expected September 2015.

- [Transition between health and social care](#). NICE social care guidance. Publication expected November 2015.
- [Multi morbidities: system integration to meet population needs](#). NICE public health guidance. Publication date to be confirmed.

The titles and schedules for the following topics are still to be confirmed:

- Assessment, prioritisation and management of care for people with commonly occurring multi morbidities. NICE clinical guideline. Publication date to be confirmed.
- Service design of care for people with commonly occurring multi morbidities. NICE clinical guideline. Publication date to be confirmed.

5.3 Related NICE Pathways

- [Stroke rehabilitation](#).
- [Falls in older people](#).
- [Diabetes](#).
- [Dementia](#).
- [Chronic heart failure](#).
- [COPD](#).
- [Depression](#).

6 Further information

Information on the guidance development process is provided in [The social care guidance manual](#), available from the NICE website. Information on the progress of the guidance will also be available on the [NICE website](#).

7 References

Centre for Policy on Ageing (2009) [Ageism and age discrimination in social care in the United Kingdom: a review from the literature](#). London: Centre for Policy on Ageing

Equality and Human Rights Commission (2011) [Close to home: An inquiry into older people and human rights in home care](#). Manchester: Equality and Human Rights Commission

Glendinning C. (2012) Home Care in England: Markets in the context of under-funding. *Health and Social care in the Community* 20: 292–9

Health and Social Care Information Centre (HSCIC) (2013a) *Community Care Statistics, Social Services Activity 2011–12* (published February 2013)

Health and Social Care Information Centre (HSCIC) (2013b) [Personal social services: expenditure and unit costs England 2011–12 – final release](#). Health and Social Care Information Centre

United Kingdom Homecare Association (2013) [An overview of the UK domiciliary care sector](#). Sutton: UKHCA summary paper

UNISON (2012) [Time to care: A UNISON report into Homecare](#)

Which (2012) *From Breakfast to Evening*. Which October 2012, p58–61