

Putting NICE guidelines into practice

Working together to achieve person-centred home care: report of a roundtable discussion in Manchester



Implementing the NICE guideline on [home care: delivering personal care and practical support to older people living in their own homes](#) (NG21)

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Introduction

“If home care isn’t right, what can we do to make a difference?”

Roundtable chair

In 2013 NICE was given responsibilities to produce guidelines and quality standards for social care. This is an opportunity to develop best practice recommendations spanning health, public health and social care. It will encourage a more integrated approach to supporting people and ensuring their needs are met. NICE guidelines make evidence-based recommendations on ‘what works’ in terms of both the effectiveness and cost effectiveness of social care interventions and services.

On 10 December 2015 a roundtable event took place in Manchester. The event was organised by the [NICE Collaborating Centre for Social Care](#) (NCCSC) to discuss how the NICE guideline [Home care: delivering personal care and practical support to older people living in their own homes](#) can help to improve the experiences and outcomes of people who use home care services. This report tells the story of the roundtable and explains what other people can do to help implement the guideline.

- The report provides a template for similar discussions. Throughout the report (and summarised at the end) are hints and tips about how you could organise and run your own event, using the guideline as a framework to help improve practice

How can you use this report?

You can use this report to:

- find out more about NICE and guidelines in social care
- learn about the home care guideline and how it can help to improve person-centred care
- learn from others about how to implement the guideline
- find out where to get more information and support about the guideline

- run your own event, using the guideline to improve local practice (see “Arranging a roundtable event to talk about the guideline: hints and tips” page 17).

About the roundtable

“The guideline is a real opportunity to work together.”

Provider

There were 15 people at the roundtable. After the introduction, participants discussed issues in 2 separate groups and then together in the plenary session.

Katie Tempest, social work consultant, chaired the day. Katie is a former social worker. She also worked as an inspector and was a member of the Standing Commission on Carers for 6 years. Katie has been a full-time carer for 3 years and she said that she and her husband have had “a very positive experience of what home care can constructively contribute to our own wellbeing.”

Katie was a member of the Home Care guideline committee that developed the home care guideline. The committee included home care provider services, practitioners, a local authority and health manager, people using home care and carers. The group made recommendations based on the evidence reviewed and presented to them by the NCCSC.

Also present at the roundtable from the committee were Max Wurr, director of policy and resources at City and County Healthcare Group, and Nicola Venus-Balgobin, project manager at Sense, a national charity supporting people who are deafblind and those with sensory impairments. Max and Nicola acted as scribes for their respective groups.

Each group had a mixture of people who used home care, carers, providers, commissioners and others (for example, representatives of the Care Quality Commission [CQC], NICE and the Social Care Institute for Excellence [SCIE]). Most of the participants came from the north west of England.

About the guideline

NICE social care guidelines aim to improve outcomes for people who use social care support by ensuring that services and interventions are cost effective and value for money. NICE do this by making recommendations about best practice, drawn from the current evidence base.

The guideline covers planning and delivering person-centred care for older people living in their own homes (known as home care or domiciliary care). It aims to promote older people's independence and to ensure safe and consistently high-quality home care services.

The guideline, published in September 2015, made recommendations related to the following themes:

- ensuring care is person-centred
- providing information about care and support options
- planning and reviewing home care and support
- delivering home care
- joint working between health and social care
- ensuring safety and safeguarding people using home care services
- recruiting, training and supporting home care workers.

“[For the guideline] we took the knowledge and experience of people before us, and added our own ideas and enthusiasm.”

Roundtable chair

The guideline and the Care Quality Commission (CQC)

NICE and the Care Quality Commission (CQC) work closely together but have very different remits. The CQC inspects health and care services to make sure that they provide good care that is safe, effective, caring, responsive, and well led, while NICE uses evidence to develop guidelines and quality standards on what good care looks like. The CQC also uses NICE guidelines as evidence in the inspection process and NICE quality standards [inform](#)

[CQC ratings of 'good' and 'outstanding'](#). You may assume that implementing new guidelines will be costly. In fact, placing resources where they will be most effective can provide best value. NICE has prepared a [costing statement](#) to help with this.

Introducing the roundtable

Katie Tempest opened the day by explaining the context for the guideline. She said that the desire was to improve home care and – specifically – to keep the person at the centre of it. The guideline committee wanted to come up with something that was realistic and achievable, but still aspirational. In the committee there were numerous different viewpoints, leading to constructive and creative challenge. All committee members shared a passion for improving home care.

Kim Rutter from the NCCSC then gave an overview of the centre's work and the guideline development process. She also explained that NICE encourages organisations to sign up as [stakeholders](#) so that they can comment on the draft scope and draft guideline.

Kim highlighted the [implementation](#) section of the guideline, the [information for the public](#), and the plans to produce a [guide to implementing the home care guideline \(NG21\): for home care providers and commissioners](#).

Initial thoughts

After the introductions from Katie and Kim, all roundtable participants shared what they wanted out of the day. People wanted to:

- explore how we measure success
- consider how to ensure learning elsewhere
- hear about what others see as the most important issues
- engage in debate about the challenge of improving services
- share ideas about implementing the guideline.

Priorities for implementation

The first discussion focused on:

- What are the 3 most important recommendations in the guideline?
- What can be implemented now?

There were 2 parallel discussions. Both groups thought it would be most useful to focus on the themes rather than individual recommendations. Both groups agreed on the same 3 priority themes.

The groups talked about what may be easiest or most important to implement first. They also talked about what helps, and what might get in the way of, implementing the guideline.

The top three themes

1 Recruiting, training, and supporting home care workers

“Without the people who care, we can’t deliver the other things.”

Provider

The groups saw a good relationship between the person and the home care worker as the foundation of person-centred care. So employing the right people, then providing them with good training and support, is essential.

One group noted that providers should have a more progressive attitude to training. Instead of seeing training solely in terms of a particular worker, providers should be better at sharing knowledge in the profession as a whole, encouraging career progression and being more proactive in providing clear pathways.

Participants talked about the status and recognition of home care compared with other work. Participants generally agreed that society does not value care work. And although many care workers come to the job by choice and find their work enjoyable and rewarding, it is difficult to attract people to care as a career. Low status and low pay are a national issue.

2 Ensuring care is person-centred

“I didn’t like having people with no manners and no communication skills coming into my house.”

Person using home care

“Older people don’t want to ‘access services’. They want a life.”

Carer

The conversations about this theme were different in each group. The first group thought that person-centred care was nothing new; the idea was well-established.

The group members talked about how language could hamper person-centred care. They preferred ‘customer’ or ‘client’ to ‘service user’ because these terms suggest that control is with the person.

The second group also talked about language. Some people thought that the phrase ‘person-centred care’ was in danger of becoming jargon and its real meaning forgotten.

This group argued that people using home care still do not feel empowered. People who used home care and carers in this group shared their experiences. They said that people may not wish to complain for fear of losing a service altogether. It was therefore a real priority for both local authorities and providers to make sure that people using home care know their rights and feel confident to say when something isn’t right. The group felt that when there is a problem in home care, whether because of staff shortage or unreliability, it’s the person who feels that they shoulder the problem, not the service.

“If you went into a restaurant, you don’t care if the chef had a 10-mile trip to get to cook your meal. If the meal’s not good, you’d complain, and maybe you wouldn’t pay.”

Person using home care

3 Joint working between health and social care

“If you manage home care poorly, people end up in hospital”.

Commissioner

There was a lot of discussion across the tables about the importance of, and the best way to achieve, working in partnership.

Both groups talked about how home care delivery is likely to change in the future. Although there has always been a link between health and home care, it was likely to become stronger as more people lived at home with challenging and complex needs. People thought that because of funding cuts, there may be less involvement from social services in the future. It was therefore important that partnership working between health and social care organisations was embedded in local communities and that community capacity was maximised. (For a definition of ‘community capacity’ see the [TLAP Jargon Buster](#)).

Participants agreed that the way services are funded is a major barrier to working together. The perception was that health care was better resourced than social care. However, they noted that disagreements over ‘what was health care’ and ‘what was social care’ and who was responsible for paying made it more difficult for services to achieve the goal of person-centred care. An example of this was the problems that people experience in the transition from hospital care to home care. Participants argued that health care could learn a lot from social care, particularly in valuing the views of the carer.

The second group’s discussion encompassed community capacity and working with public health and prevention agendas. Group members agreed that meals on wheels services did valuable preventive work, although provision has declined over recent years. These services provided contact for people and could identify problems before they reached a crisis point. Participants thought that a couple of hours of contact a week for some people could be as effective as more intensive care for others.

A named care coordinator has the potential to lead a ‘team around the person’; this would support person-centred care because, in general, people prefer to build up quality relationships with fewer people.

The group also thought that respect from other professions, via partnership working, can help raise the status of home care work. In turn this would tackle some of the problems in recruitment, training and support of home care workers.

What can be implemented now?

“Every local authority, and every provider, wants to do the right thing.”

Provider

For providers, the groups generally agreed that value-based recruitment of staff and improving training were the easiest recommendations to implement: it was something entirely within providers’ control.

Information provision is also an area for immediate improvement, by both commissioners and providers. Services did not make full use of knowledge about community capacity and did not share it with other services.

Participants thought that relationships between providers and commissioners varied across the country. Creating and sustaining relationships of trust was important and participants agreed that this was an ongoing conversation, supported by robust commissioning procedures and clear expectations.

What helps?

Talking to the person. This cannot be emphasised enough. People in both groups noted that services often make assumptions about the level and type of care a person needs, but getting it wrong leads to wasted time and resources.

Good relationships with carers. When home care services do not deliver the expected service (when workers are late or miss visits, for example)

carers can be badly affected. This can have a negative impact on their relationship with a home care service.

Local knowledge. Providers and local authorities should be smarter about tapping into community capacity. There is a variation in providers' understanding of the third sector. Some work very well with third sector organisations but there is inconsistency.

Streamlining. Some commissioners argued that it was easier to monitor a smaller number of providers and there can be benefits to both sides if providers join together to form consortiums. . When commissioners work with a small number of providers (or consortiums) it is easier to develop and maintain close relationships.

National drivers. Promotion for the guideline was thought to contribute to the national conversation about home care, raising the status of home care as a career. This would hopefully tie in to other hot topics – for instance, awareness of social isolation and loneliness is increasing and home care could be tied in to these discussions. Thinking even more widely, putting respect for older people's voices on the national agenda was important.

Leadership. Strategic intentions are important – and so is how they are communicated. Managers need to ensure that recommendations are communicated in a meaningful way, so that staff feel involved.

What gets in the way?

“The guideline group knew it wouldn't be easy. But what stops those boundaries coming down?”

Roundtable chair

Resources. This was the number one difficulty. A provider noted that it was much easier to provide a high quality service when you could charge privately for it; another provider said that there was a real danger that a 2-tier system of care (local authority and private) now had entrenched differences of quality, with local authority clients receiving more task-oriented care. Participants

thought that the problem was becoming systemic; providers who worked with local authorities were not well resourced, so they were not able to pay higher wages, compromising recruitment of a high-quality and experienced workforce. A lack of guaranteed revenue stream could hamper continuity of care, particularly for smaller providers. It is not just about the **total** resources, but also about how they are split. Time is wasted by discussions about how best to allocate pots of money.

Assumptions. A good example of this was in information provision.

Assuming that ‘everyone is online’ risks other information media not being used. Conversely, it can be assumed older people are not confident with technology – again, not always true.

Change. There was a discussion about how social care provision was regularly being reorganised and restructured. Participants believed that it is hard to maintain continuity of care for people using services when there is no continuity for those who commission them. Constant changes inhibit people taking on board ‘what’s good’.

“We need to recognise that care work is worth more than stacking shelves.”

Person using home care

Making change happen

After sharing feedback from the first discussion, the groups re-formed for a second, shorter discussion. This time, the groups talked about:

- What needs to change?
- How can it change?
- Who needs to take responsibility?

What needs to change?

Home care work needs to be more highly valued by society – both financially and professionally. The recruitment and retention of high quality care staff also needs to improve.

Services need to have a greater knowledge of community resources, such as local volunteer groups, and to work more closely with them.

Local relationships among providers, commissioners and the third sector can vary enormously. Some were very trusting and collaborative; others were marked by conflict.

How can it change?

Thinking consciously about person-centred care can support change. Talking of ‘partners in care’ – rather than using language that implies dependency – will help this. Encouraging feedback and complaints from empowered people and carers should provide positive pressure for better customer service.

We need to have national conversations about home care. There was some publicity when the guideline was published and we can build on this. This should raise the status of home care work and it can also raise the societal value of people who use home care. At the moment, it was felt to almost be a sign of weakness or failure to need care.

However, much work can be done on a local level, too. Word of mouth, blogs (such as [Why the offside rule is important to the 89-year-old I support: my life as a home care worker](#) from SCIE) and positive stories in the local press are important. Achievable examples of good care locally should raise the profile of the work and display its value – and also help good local relations, important for tapping into community knowledge and capacity. The [NICE local practice case study collection](#) has examples of how services have used NICE guidelines to improve practice. You can [submit your own example](#) of implementing the home care guideline.

Providers should be inventive about attracting a workforce, including raising pay and improving training, but also making links with local further education institutions. The [Care Cadets](#) in Liverpool was cited as an example of this. Sharing information and career support with other local providers can be helpful. Job centres and employment agencies need more information about care work so that they can identify suitable candidates.

The voices of frontline workers need to be heard far more in and outside their own organisations and regions. They should be included in events discussing home care. This will help professional identity and peer support networks. Managers in home care providers should be willing to release home care staff for professional development events– not just standard training courses.

If frontline workers develop a stronger voice, more people will hopefully be attracted to care work.

Who needs to take responsibility?

“The things you can do something about are the priority.”

Provider

Participants thought that everyone represented at the roundtable event should take some responsibility. They agreed that the tasks related to the workforce could not simply be devolved to providers.

National bodies – SCIE, Skills for Care, Think Local Act Personal – should put out engaging stories around home care. Their national influence could help a lot.

Providers could immediately start to think about adopting a value-based recruitment process, if they weren't doing this already.

Commissioners could offer support to move away from 'time and task' and embed expectations in contracts. Clarity over responsibility helps a lot.

The media needs to take a more responsible attitude to home care. At the moment, most of the time when home care is in the news it is for negative reasons. All of us should help with this: everyone with an interest in home care can try to publicise positive stories about it.

The regulator needs to take some overall responsibility, ensuring that the guideline is explicitly used in inspections, “to encourage all of us”.

Embedding the guideline

“Regulators are looking at how services use the best available evidence. And providers and commissioners are looking for the best guidance. Why wouldn’t you use them?”

Provider

Implementation will take some time – discussion and awareness of the guideline is only the first step. But once conversations have begun, partners in care can begin to work meaningfully towards these recommendations. There needs to be a better understanding that using evidence to underpin practice can bring about cost effectiveness and savings – because it is about only putting resources into what works.

Priorities will differ. The provision and commissioning of home care varies so widely across the country that everyone will have different areas that they wish to target first. Communicating these priorities locally, making improvement a shared responsibility, will help.

Using and sharing local and national case studies will help. NICE would be [interested to hear about any case studies](#) about using the guideline.

Key questions to support implementations of the guideline

As well as the questions asked at the roundtable, consider these:

For people who use home care services, carers, families and advocates

- What do I expect of my home care?
- What does person-centred care mean to me?
- How can I share stories about my home care experience?

For home care providers

- Do we use value-based recruitment methods?
- How do we support our staff to see caring as a career?
- Is our local information comprehensive – and how do we use it?

For commissioners

- Does our commissioning process explicitly support person-centred care?
- Can we include conditions (related to recruitment, training, time of visit, or any other of the recommendations) in our contracts with providers?
- What is our relationship with health colleagues?

For frontline workers

- What does person-centred care mean to me?
- What support do I need from my employer to improve my job satisfaction?
- How can I share stories about my experience as a home care worker?

For inspectors

- How are you using the guideline to identify good and outstanding care?

For all

- What will you do to translate the guideline into better, more person-centred care?

“Individuals can make a difference, but no one can do it by themselves.”

Roundtable chair

Arranging a roundtable event to talk about the guideline: hints and tips

One of the purposes of this report is to provide a model for local round table events. The following hints and tips will help to ensure the success of your event.

- Hold your roundtable about the guideline at a location and time when people who work on the frontline and people who use home care services are most able to attend.
- Invite the people who need to be involved to make the guideline work – and those who are enthusiastic about its possibilities.
- Open your roundtable with a discussion on the value of evidence-based guidelines such as this. What other evidence do you use?
- Consider how the guideline can help identify good and outstanding care. Where do you need to improve practice?
- Ensure that everyone has an opportunity to contribute. Be aware that some people may be intimidated about sharing their opinions in a group, particularly when managers are present, and take special care to make them feel comfortable.
- Capture all the ideas generated on a flipchart.
- If you split into more than 1 group, make sure you feed back key points to everyone.
- If you decide to ask the same questions as this roundtable, compare your answers as a group with those found in this report. What may lie behind any differences?
- Share the discussions more widely than among those who directly participated in the roundtable. Consider taking the questions to other team meetings.
- Consider asking people for a concrete action, however small, that they will commit to in order to help embed the guideline.
- Share these actions and follow up after an agreed period of time to see if they have done them.

Further information

About NICE: www.nice.org.uk

About the NICE Collaborating Centre for Social Care: www.scie.org.uk/nccsc

The full NICE guideline: www.nice.org.uk/guidance/ng21

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About this report

This report is designed to help improve sector understanding of NICE's role in social care and to encourage collaborative working to improve the lives of people using home care. It accompanies and complements the NICE guideline on home care.

Issue date: 2016

This tool is not a NICE guideline.

Promoting equality

Implementation of the guideline is the responsibility of local commissioners and providers. Commissioners and providers are reminded that it is their responsibility to implement the guideline, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in the guideline should be interpreted in a way that would be inconsistent with complying with those duties.

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