

Home care for older people

NICE quality standard

Draft for consultation

January 2016

Introduction

This quality standard covers home care given to older people in their own homes to meet their assessed social care needs. An age threshold is not specified for older people. Although almost 80% of people using home care are over 65, the quality standard may also be relevant to some people under 65 with complex needs. The quality standard will not cover home care for younger adults or children using home care services. For more information see the [home care topic overview](#).

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as professional registration for home care workers and funding for social care, are therefore not covered by this quality standard.

Why this quality standard is needed

Home care is one of several services that can be offered to people assessed as needing social care support. The range and type of services classed as home care vary but may include support with personal care, activities of daily living and essential household tasks. This support can help people to stay independent and to take part in social and other activities. Home care is primarily funded by local authorities or the person themselves, but may also be funded by healthcare commissioners. Home care services are provided by independent home care agencies, local authorities and personal assistants.

In 2013/14 around 372,000 people over 65 used home care funded at least in part by local authorities ([Community care statistics: social services activity, England 2013–14, final release](#) Health and Social Care Information Centre). Despite the rising

number of older people in the population, the number receiving public funding for care is decreasing.

An Oxford Brookes University's report on [People who pay for care](#) estimated there were 270,000 people funding their own home care (including help with housework or shopping) in 2010. The number of people funding their own care is expected to grow although the extent of growth will depend on many factors including public policy and personal wealth.

A number of recent reports have identified concerns about the quality, reliability and consistency of home care services. A themed inspection of home care by the Care Quality Commission ([Not just a number: review of home care services](#)) found that 26% of inspected services did not meet all the standards and highlighted specific key areas for improvement including: respecting and involving people; care and welfare; safeguarding; support for staff; and provider's assessment and monitoring of the quality of service. This quality standard is therefore focused on improving the planning and delivery of person-centred home care to promote independence and to support people to do the things that are important to them.

The quality standard is expected to contribute to improvements in the following outcomes:

- social-care related quality of life
- health-related quality of life
- admissions to residential or nursing care
- involvement of people using services and their carers in decision making
- satisfaction of people using services and their carers with home care
- satisfaction of people using services and their carers with integrated care
- safety incidents
- retention of home care staff.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality –safety, experiences of

people using the services and effectiveness of care services – for a particular area of health or social care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- [Adult Social Care Outcomes Framework 2015–16](#)
- [NHS Outcomes Framework 2015–16](#)
- [Public Health Outcomes Framework 2013–16](#).

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 [The Adult Social Care Outcomes Framework 2015–16](#)

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	<p>Overarching measure</p> <p>1A Social care-related quality of life**</p> <p>Outcome measures</p> <p>People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs</p> <p>1B Proportion of people who use services who have control over their daily life</p> <p>Carers can balance their caring roles and maintain their desired quality of life</p> <p>1D Carer-reported quality of life**</p> <p>People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation</p> <p>1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like</p>
2 Delaying and reducing the need for care and support	<p>Overarching measure</p> <p>2A Permanent admissions to residential and nursing care homes, per 100,000 population</p> <p>Outcome measures</p> <p>Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs</p> <p>When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence</p> <p>2C Delayed transfers of care from hospital, and those which</p>

	<p>are attributable to adult social care</p> <p><i>Placeholder 2F Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life**</i></p>
3 Ensuring that people have a positive experience of care and support	<p><i>Overarching measure</i></p> <p>People who use social care and their carers are satisfied with their experience of care and support services</p> <p>3A Overall satisfaction of people who use services with their care and support</p> <p>3B Overall satisfaction of carers with social services</p> <p><i>Placeholder 3E The effectiveness of integrated care</i></p> <p><i>Outcome measures</i></p> <p>Carers feel that they are respected as equal partners throughout the care process</p> <p>3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for</p> <p>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help</p> <p>3D The proportion of people who use services and carers who find it easy to find information about support</p> <p>People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual</p> <p>This information can be taken from the Adult Social Care Survey and used for analysis at the local level.</p>
4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	<p><i>Overarching measure</i></p> <p>4A The proportion of people who use services who feel safe**</p> <p><i>Outcome measures</i></p> <p>Everyone enjoys physical safety and feels secure</p> <p>People are free from physical and emotional abuse, harassment, neglect and self-harm</p> <p>People are protected as far as possible from avoidable harm, disease and injuries</p> <p>People are supported to plan ahead and have the freedom to manage risks the way that they wish</p> <p>4B The proportion of people who use services who say that those services have made them feel safe and secure</p>
<p>Alignment with NHS Outcomes Framework and/or Public Health Outcomes Framework</p> <p>** Indicator is complementary</p> <p>Indicators in italics in development</p>	

Table 2 [NHS Outcomes Framework 2015–16](#)

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	<p><i>Overarching indicator</i></p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p><i>Improvement areas</i></p> <p>Ensuring people feel supported to manage their condition</p> <p>2.1 Proportion of people feeling supported to manage their condition</p> <p>Reducing time spent in hospital by people with long-term conditions</p> <p>2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions</p> <p>Enhancing quality of life for carers</p> <p>2.4 Health-related quality of life for carers**</p> <p>Enhancing quality of life for people with dementia</p> <p>2.6 ii <i>A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life***</i></p> <p>Improving quality of life for people with multiple long-term conditions</p> <p>2.7 <i>Health-related quality of life for people with three or more long-term conditions**</i></p>
3 Helping people to recover from episodes of ill health or following injury	<p><i>Overarching indicators</i></p> <p>3a Emergency admissions for acute conditions that should not usually require hospital admission</p> <p>3b Emergency readmissions within 30 days of discharge from hospital*</p>
4 Ensuring that people have a positive experience of care	<p>Improving the experience of care for people at the end of their lives</p> <p>4.6 Bereaved carers' views on the quality of care in the last 3 months of life</p> <p>Improving people's experience of integrated care</p> <p>4.9 <i>People's experience of integrated care**</i></p>
<p>Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework</p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p> <p>Indicators in italics in development</p>	

Table 3 [Public health outcomes framework for England, 2013–16](#)

Domain	Objectives and indicators
1 Improving the wider determinants of health	<p>Objective Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p>Indicators 1.18 Social isolation*</p>
2 Health improvement	<p>Objective People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Indicators 2.23 Self-reported well-being 2.24 Injuries due to falls in people aged 65 and over</p>
4 Healthcare public health and preventing premature mortality	<p>Objective Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>Indicators 4.11 Emergency readmissions within 30 days of discharge from hospital* 4.13 Health-related quality of life for older people 4.14 Hip fractures in people aged 65 and over 4.15 Excess winter deaths</p>
<p>Alignment with Adult Social Care Outcomes Framework and/or NHS Outcomes Framework * Indicator is shared</p>	

Safety and people's experiences of care

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services that include home care for older people.

Coordinated services

Services should be commissioned from and coordinated across all relevant agencies encompassing all of the person's needs and their whole care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to older people who use home care.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality service for older people who use home care are listed in [Related NICE quality standards](#).

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing and caring for older people using home care should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Social care practitioners should be aware of the Skills for Care [Code of conduct and national minimum training standards for healthcare support workers and adult social care workers](#) and [Care certificate](#). Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting older people who use home care. If appropriate, social care practitioners should ensure that family members and carers are involved in the decision-making process about all aspects of their care.

List of quality statements

[Statement 1](#). Older people starting to use home care, and their carers, are involved in developing a home care plan that is focussed on their personal priorities and outcomes.

[Statement 2](#). Older people using home care, and their carers, are involved in a review of their home care plan within 6 weeks of starting to use the service and then at least annually.

[Statement 3](#). Older people using home care receive care from a consistent team of home care workers who are familiar with their needs.

[Statement 4](#). Older people using home care only have visits of less than 30 minutes when short visits for specific tasks or checks have been agreed as part of their home care package.

[Statement 5](#). Older people using home care, and their carers, agree a plan for how their home care provider will respond to missed or late visits.

[Statement 6](#). Older people using home care have a care diary in their home to which everyone providing care and support to them at home contributes.

[Statement 7](#). Home care workers supporting older people have a supervision meeting at least every 3 months.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the [NICE local practice collection](#). Examples of using NICE quality standards can also be submitted.

Questions about the individual quality statements

Question 4 For draft quality statement 3: Over what period of time would it be meaningful to monitor the consistency of the home care team for older people using home care? Please explain your answer.

Question 5 For draft quality statement 4: What impact would there be on home care services and older people if this statement were implemented? Please explain your answer.

Quality statement 1: Person-centred planning

Quality statement

Older people starting to use home care, and their carers, are involved in developing a home care plan that is focussed on their personal priorities and outcomes.

Rationale

Involving older people, and their carers (if appropriate), in planning home care will ensure the service is person-centred and focused on their individual needs, priorities and aspirations. This will help older people to maintain their independence for as long as possible. Discussing individual needs can help to identify those arising from physical problems, mental health conditions or sensory loss.

Quality measures

Structure

Evidence of local arrangements to ensure that older people starting to use home care, and their carers, are involved in developing a home care plan that is focussed on their personal priorities and outcomes.

Data source: Local data collection. Person-centred planning is included within the Care Quality Commission's [regulations for service providers and managers](#).

Process

a) Proportion of older people starting to use home care who have a record of a discussion about their personal priorities and outcomes for their home care plan.

Numerator – the number in the denominator who have a record of a discussion about their personal priorities and outcomes for their home care plan.

Denominator – the number of older people starting to use home care.

Data source: Local data collection.

b) Proportion of older people starting to use home care who have personal priorities and outcomes included in their home care plan.

Numerator – the number in the denominator who have personal priorities and outcomes included in their home care plan.

Denominator – the number of older people starting to use home care.

Data source: Local data collection.

Outcome

a) Service user and carer involvement in decision-making.

Data source: Local data collection. The Health and Social Care Information Centre's [Personal Social Services Survey of Adult Carers](#) includes a question about whether carers feel involved or consulted in discussions about the support or services provided to the person they care for.

b) Health and social care related quality of life.

Data source: Local data collection. NHS England's [GP patient survey](#) includes questions on health-related quality of life. The Health and Social Care Information Centre's [Personal social services adult social care survey](#) includes questions on social care-related quality of life.

What the quality statement means for service providers, social care practitioners and commissioners

Service providers (such as independent home care agencies, voluntary sector organisations, and local authorities) ensure that older people starting to use home care, and their carers, are involved in developing a home care plan that is focussed on their personal priorities and outcomes. Service providers should ensure that any individual needs arising from physical problems, mental health conditions or sensory loss are identified and responded to in the home care plan.

Social care practitioners (such as home care managers, support workers, and social workers) involve older people who are starting to use home care, and their carers, in developing a home care plan that is focussed on their personal priorities and outcomes. This will include identifying and agreeing how any needs arising from physical problems, mental health conditions or sensory loss, will be met.

Commissioners (for example local authorities and clinical commissioning groups) commission services that ensure older people starting to use home care, and their carers, are involved in developing a home care plan that is focussed on their personal priorities and outcomes and meets any needs arising from physical problems, mental health conditions or sensory loss.

What the quality statement means for people using home care services and carers

Older people starting to use home care services and their carers should be involved in planning their care. This is so that the care they get reflects what is important to them, what they feel they can do, and what they want to be able to do. It should also take into account their specific health problems or disabilities.

Source guidance

- [Home care](#) (2015) NICE guideline NG21, recommendations 1.1.1, 1.1.2, 1.3.8, 1.3.13.

Definitions of terms used in this quality statement

Personal priorities and outcomes

A discussion about personal priorities and outcomes should address the full range of support needed to help the person to live how they choose, including practical support as well as personal care needs. The discussion should consider any specific needs arising from physical problems, mental health conditions or sensory loss and identify how any needs will be met. [Adapted from [Home care](#) (NICE guideline NG21) recommendations 1.3.8 and 1.3.13 and expert opinion]

Home care plan

This is a written plan put together after the local authority assessment of overall need. It sets out the home care support that providers and the person have agreed will be put in place. It includes details of both personal care and practical support. [[Home care](#) (NICE guideline NG21)]

Equality and diversity considerations

People with communication difficulties or sensory loss should be offered appropriate support to enable them to identify their personal priorities and outcomes for home care.

Staff who are developing the home care plan should be sensitive and accommodating to the diverse needs of people with different sexual orientation and cultural and religious backgrounds.

People with limited independence as a result of a physical disability or mental health problem may need additional support, such as an advocate, to identify their personal priorities and outcomes for home care.

Quality statement 2: Reviewing the home care plan

Quality statement

Older people using home care, and their carers, are involved in a review of their home care plan within 6 weeks of starting to use the service and then at least annually.

Rationale

Involving older people and their carers in reviews of the home care plan will support the assessment of whether the service is achieving the outcomes identified and help identify any improvements that are needed. An early review within the first 6 weeks will ensure any initial problems are addressed quickly. Regular reviews should then follow in response to any changes in circumstances and at least annually to check that the service is still meeting the person's needs.

Quality measures

Structure

a) Evidence of local arrangements to ensure that older people using home care and their carers are involved in a review of the home care plan within 6 weeks of starting to use the service.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that older people using home care and their carers are involved in a review of the home care plan at least annually.

Data source: Local data collection.

Process

a) Proportion of older people using home care who had a review of the home care plan within 6 weeks of starting to use the service.

Numerator – the number in the denominator who had a review of the home care plan within 6 weeks of the service starting.

Denominator – the number of older people starting to use home care.

Data source: Local data collection.

b) Proportion of older people using home care who had a review of the home care plan within a year of their previous review.

Numerator – the number in the denominator who had a review of the home care plan within a year of their previous review.

Denominator – the number of older people using home care.

Data source: Local data collection.

Outcome

Service user and carer involvement in decision making.

Data source: Local data collection. The Health and Social Care Information Centre's [Personal social services survey of adult carers](#) includes a question about whether carers feel involved or consulted in discussions about the support or services provided to the person they care for.

What the quality statement means for service providers, social care practitioners and commissioners

Service providers (such as independent home care agencies, voluntary sector organisations, and local authorities) ensure that processes are in place for older people using home care and their carers to be involved in reviews of the home care plan within 6 weeks of starting to use the service and then at least annually. The frequency of reviews will depend on individual circumstances and should be agreed with older people and their carers. Providers should ensure that older people and their carers know who to contact if they want to request a review.

Social care practitioners (such as home care managers, support workers, social workers) involve older people and their carers in reviews of the home care plan within 6 weeks of starting to use the service and then at least annually. Social care practitioners should agree the frequency of reviews with older people and their carers.

Commissioners (for example local authorities and clinical commissioning groups) commission services that ensure that older people using home care and their carers are involved in reviews of the home care plan within 6 weeks of starting to use the service and then at least annually.

What the quality statement means for people using home care services and carers

Older people who use home care services and their carers have a discussion with a member of their care team about whether they are happy with their care and if it is helping them in the way that they want. This should happen within 6 weeks of starting to use the service and then at least once a year. They should agree with their home care provider how often they need a review and should know who to contact in case they want to arrange a review at a different time.

Source guidance

- [Home care](#) (2015) NICE guideline NG21, recommendation 1.3.25

Definitions of terms used in this quality statement

Home care plan

This is a written plan put together after the local authority assessment of overall need. It sets out the home care support that providers and the person have agreed will be put in place. It includes details of both personal care and practical support.

[[Home care](#) (NICE guideline NG21)]

Equality and diversity considerations

People with communication difficulties or sensory loss should be offered appropriate support to enable them to participate in reviews of their home care plan.

Reviews of the home care plan should be sensitive and accommodating to the diverse needs of people with different sexual orientation and cultural and religious backgrounds.

People with limited independence as a result of a physical disability or mental health problem may need additional support to identify whether their care is meeting their expectations and aspirations.

People with deteriorating conditions and those who are likely to be approaching the end of life may need reviewing more often.

Quality statement 3: Continuity of care

Quality statement

Older people using home care receive care from a consistent team of home care workers who are familiar with their needs.

Rationale

Continuity of home care workers will help to promote the delivery of person-centred care. When the person knows their home care workers it can build their confidence in the service and help them to feel safe. When home care workers get to know the person using care they have a better understanding of their needs and preferences. They can deliver care in the way the person wants and can respond to any risks or concerns that may arise.

Quality measures

Structure

Evidence of local arrangements to ensure that older people using home care receive care from a consistent team of home care workers who are familiar with their needs.

Data source: Local data collection.

Process

a) Total number of home care workers providing care to an older person using home care.

Data source: Local data collection.

b) The number of home care visits per home care worker per older person using home care.

Data source: Local data collection.

Outcome

a) Service user and carer perception of the suitability of the size of their home care team.

Data source: Local data collection.

b) Service user perception of safety.

Data source: Local data collection. The Health and Social Care Information Centre's [Personal Social Services Adult Social Care Survey](#) includes a question on how safe service users feel.

What the quality statement means for service providers, social care practitioners and commissioners

Service providers (such as independent home care agencies, voluntary sector organisations, and local authorities) ensure that older people using home care receive care from a consistent team of home care workers who are familiar with their needs. Any new home care workers should be introduced to the older person by someone they know before they visit them on their own.

Social care practitioners (such as home care workers and personal assistants) ensure that they are introduced to the person using care before visiting them alone and get to know them to ensure care is delivered in the way the person wants.

Commissioners (for example local authorities and clinical commissioning groups) commission services that ensure that older people using home care receive care from a consistent team of home care workers who are familiar with their needs.

What the quality statement means for people using home care services and carers

Older people who use home care services have the same home care workers who are familiar with their needs. Any new care workers are introduced to the older person before visiting on their own.

Source guidance

- [Home care](#) (2015) NICE guideline NG21, recommendations 1.1.4 and 1.4.7

Equality and diversity considerations

It is a priority to keep the number of home care workers to a minimum for some people using home care such as those with dementia, learning disabilities or sensory loss. This is because they can find it very confusing and unsettling to receive care from people that they do not know.

Question for consultation

Over what period of time would it be meaningful to monitor the consistency of the home care team for older people using home care? Please explain your answer.

Quality statement 4: Length of home care visits

Quality statement

Older people using home care only have visits of less than 30 minutes when short visits for specific tasks or checks have been agreed as part of their home care package.

Rationale

Home care visits should be long enough to ensure that the person's identified outcomes can be achieved in a way that does not compromise their dignity and wellbeing. There is a risk that visits of less than 30 minutes will be rushed and not meet the person's needs, and could compromise safety and dignity. Shorter visits should only be included as part of a home care package if the older person and their carers agree they are acceptable for specific tasks or checks.

Quality measures

Structure

Evidence of local arrangements to ensure that older people using home care only have visits of less than 30 minutes when short visits for specific tasks or checks have been agreed as part of their home care package.

Data source: Local data collection.

Process

Proportion of home care visits to older people of less than 30 minutes with a prior agreement that a shorter visit is acceptable.

Numerator – the number in the denominator with a prior agreement that a shorter visit of less than 30 minutes is acceptable.

Denominator – the number of home care visits to older people that are less than 30 minutes.

Data source: Local data collection.

Outcome

a) Service user and carer satisfaction with the length of home care visits.

Data source: Local data collection.

b) Service user perception of the way they are helped or treated.

Data source: Local data collection. The Health and Social Care Information Centre's [Personal social services adult social care survey](#) includes a question on how the way they are helped or treated makes people who use services feel about themselves.

What the quality statement means for service providers, social care practitioners and commissioners

Service providers (such as independent home care agencies, voluntary sector organisations, and local authorities) ensure that older people using home care only have visits of less than 30 minutes when short visits for specific tasks or checks have been agreed as part of their home care package.

Social care practitioners (such as home care workers and personal assistants) provide home care visits of at least 30 minutes unless the older person and their carers have agreed that shorter visits are acceptable for specific tasks or checks.

Commissioners (for example local authorities and clinical commissioning groups) commission services that ensure that older people using home care only have visits of less than 30 minutes when short visits for specific tasks or checks have been agreed as part of the home care package.

What the quality statement means for people using home care services and carers

Older people only have home care visits of less than 30 minutes if they have agreed in advance that some specific shorter visits are acceptable.

Source guidance

- [Home care](#) (2015) NICE guideline NG21, recommendation 1.4.2 and 1.4.4

Equality and diversity considerations

People with disabilities including cognitive impairments, communication difficulties or sensory loss may need home care workers to spend more time with them to ensure effective communication and give them the support they need. This could include needing more time to help them eat and drink. Individual needs should be carefully considered before it is agreed that home care visits of less than 30 minutes are acceptable.

Question for consultation

What impact would there be on home care services and older people if this statement were implemented? Please explain your answer.

Quality statement 5: Planning for missed or late visits

Quality statement

Older people using home care, and their carers, agree a plan for how their home care provider will respond to missed or late visits.

Rationale

Missed or late home care visits can have serious implications for an older person's health and wellbeing and providers should make it a priority to avoid them. Falls, dehydration and health deterioration due to missed medication are all potential consequences of missed or late visits. However, given that missed or late visits cannot always be avoided, it is important that a clear plan for how the home care provider will deal with them is agreed with the older person and their carers.

Quality measures

Structure

Evidence of local arrangements to ensure that older people using home care and their carers agree a plan for how their home care provider will respond to missed or late visits.

Data source: Local data collection.

Process

a) Proportion of older people using home care who have an agreed plan for how their home care provider will respond to missed or late visits.

Numerator – the number in the denominator who have an agreed plan for how their home care provider will respond to missed or late visits.

Denominator – the number of older people using home care.

Data source: Local data collection.

b) Proportion of missed home care visits to older people where an agreed plan for how the home care provider will respond is implemented.

Numerator – the number in the denominator where an agreed plan for how the home care provider will respond is implemented.

Denominator – the number of missed home care visits to older people.

Data source: Local data collection.

Outcome

a) Safety incidents among older people using home care.

Data source: Local data collection. The Health and Social Care Information Centre's [Safeguarding adults annual report 2014–15](#) includes data on referrals made as a result of neglect and omission and the source of risk including social care support.

b) Service user perception of safety.

Data source: Local data collection. The Health and Social Care Information Centre's [Personal social services adult social care survey](#) includes a question on how safe service users feel.

What the quality statement means for service providers, social care practitioners and commissioners

Service providers (such as independent home care agencies, voluntary sector organisations and local authorities) ensure that they agree plans for how they will respond to missed or late visits with older people using home care and their carers and put these plans into action when needed.

Social care practitioners (such as home care workers and personal assistants) ensure that they are aware of the agreed plans for responding to missed or late visits for the people they provide home care to and put the plan into action if a visit is late or missed.

Commissioners (for example local authorities and clinical commissioning groups) commission home care services that agree a plan with older people and their carers for how they will respond to missed or late visits.

What the quality statement means for people using home care services and carers

Older people who use home care services and their carers agree a plan for what their home care provider will do if a visit is late or missed to ensure they stay safe.

Source guidance

- [Home care](#) (2015) NICE guideline NG21, recommendation 1.4.11, 1.4.12 and 1.4.13

Definitions of terms used in this quality statement

Plan for responding to missed or late visits

A plan for dealing with missed or late visits should include:

- how and when a missed or late visit will be communicated to the older person or their carers
- emergency contact details
- arrangements for a family member, carer or neighbour to visit instead
- an assessment of risk and action needed if a visit is late or missed.

[Adapted from [Home care](#) (NICE guideline NG21) Recommendations 1.4.12 and 1.4.15]

Equality and diversity considerations

Home care providers should recognise that older people living alone or those who lack capacity may be particularly vulnerable if visits are late or missed and should therefore make it a high priority for contingency plans to be actioned as soon as possible.

Quality statement 6: Care diary

Quality statement

Older people using home care have a care diary in their home to which everyone providing care and support to them at home contributes.

Rationale

A single care diary can encourage integrated care and communication. It will ensure that an accurate and transparent record of care is accessible to all care and support providers as well as the person using home care and their family and carers. This should help to avoid any potential confusion or duplication and will help improve coordination for multidisciplinary teams providing care at home.

Quality measures

Structure

Evidence of local arrangements to ensure that older people using home care have a care diary in their home to which everyone providing care and support to them at home contributes.

Data source: Local data collection.

Process

Proportion of older people using home care who have a care diary in their home to which everyone providing care and support to them at home contributes.

Numerator – the number in the denominator who have a care diary in their home to which everyone providing care and support to them at home contributes.

Denominator – the number of older people using home care.

Data source: Local data collection.

Outcome

Service user and carer satisfaction with integrated care.

Data source: Local data collection.

What the quality statement means for service providers, social care practitioners and commissioners

Service providers (such as independent home care agencies, voluntary sector organisations, local authorities, general practices and community healthcare providers) ensure that older people using home care have a care diary in their home that is kept up to date by everyone who provides care and support at home.

Health and social care practitioners (such as home care workers, personal assistants, support workers, GPs, community nurses and physiotherapists) read and complete the care diary in the person's home on each visit to an older person using home care, including recording any incidents or changes and information that others providing care and support should be aware of.

Commissioners (for example local authorities and clinical commissioning groups) commission services that ensure older people using home care have a care diary in their home that is kept up to date by everyone who provides care and support at home.

What the quality statement means for people using home care services and carers

Older people who use home care services should be given a 'care diary' to keep in their home that home care workers and others who help them update whenever they visit. This will help people who provide help to older people in their home to work together better, including their family members and carers.

Source guidance

- [Home care](#) (2015) NICE guideline NG21, recommendations 1.3.22, 1.3.23 and 1.3.24

Definitions of terms used in this quality statement

Care diary

A detailed day-to-day log of all the care and support provided, which also highlights the person's needs, preferences and experiences. It should be detailed enough to

keep older people, their carers and practitioners informed about what has been provided and should include a record of any incidents or changes. [[Home care](#) (NICE guideline NG21) Recommendations 1.3.22 and 1.3.23]

Equality and diversity considerations

It will be important to make any necessary adaptations to communication in order to ensure that people with communication difficulties or sensory loss, including family members and carers, are able to access the information in the care diary if they wish.

Quality statement 7: Supervision of home care workers

Quality statement

Home care workers supporting older people have a supervision meeting at least every 3 months.

Rationale

Regular supervision is important for home care workers who typically work on their own with older people in the community. Providing regular supervision will ensure home care workers feel supported and will enable any development needs to be identified and addressed. This will reduce staff turnover and improve the continuity and quality of care delivered.

Quality measures

Structure

Evidence of local arrangements to ensure that home care workers supporting older people have a supervision meeting at least every 3 months.

Data source: Local data collection.

Process

Proportion of home care workers supporting older people who had a supervision meeting within the past 3 months.

Numerator – the number in the denominator who had a supervision meeting within the past 3 months.

Denominator – the number of home care workers supporting older people.

Data source: Local data collection.

Outcome

Staff retention among home care workers.

Data source: Local data collection.

What the quality statement means for service providers, social care practitioners and commissioners

Service providers (such as independent home care agencies, voluntary sector organisations, and local authorities) ensure that processes are in place for home care workers supporting older people to have a supervision meeting at least every 3 months and for any development needs to be addressed.

Social care practitioners (such as home care managers and home care workers) prepare for and attend individual supervision meetings at least every 3 months and agree how any development needs will be addressed.

Commissioners (for example local authorities and clinical commissioning groups) commission services that ensure home care workers have a supervision meeting at least every 3 months and ensure any development needs are addressed.

What the quality statement means for people using home care services and carers

Older people who use home care services receive care from home care workers who are well supported and meet with their manager regularly. The care workers work with their manager on improving their skills and approach if they need to.

Source guidance

- [Home care](#) (2015) NICE guideline NG21, recommendations 1.7.11, and 1.7.12.

Definitions of terms used in this quality statement

Supervision of home care workers

Home care workers should have an individual supervision meeting at least every 3 months. This should include an observation of practice and identifying individual strengths and development needs. [[Home care](#) (NICE guideline NG21) Recommendations 1.7.11 and 1.7.12 and expert opinion]

Status of this quality standard

This is the draft quality standard released for consultation from 26 January to 22 February 2016. It is not NICE's final quality standard on home care for older people. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 22 February 2016. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from June 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [Development sources](#).

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health and social care practitioners and older people using home care is essential. Care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Older people using home should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard 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 this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards [Process guide](#).

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Home care](#) (2015) NICE guideline NG21

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2014) [Care Act 2014](#)
- Department of Health (2014) [Care and support statutory guidance](#)
- Department of Health (2014) [Fairer charging policies for home care and other non-residential social services: guidance for councils with social services responsibilities](#)
- Local Government Information Unit (2014) [Key to care: report of the Burstow Commission on the future of the home care workforce](#)
- Department of Health (2011) [Working for personalised care: a framework for supporting personal assistants working in adult social care](#)

Definitions and data sources for the quality measures

- [Home care](#) (2015) NICE guideline NG21
- Health and Social Care Information Centre (2015) [Personal social services adult social care survey 2014–2015](#)
- Health and Social Care Information Centre (2015) [Personal social services survey of adult carers 2014–2015](#)
- Health and Social Care Information Centre (2015) [Safeguarding adults annual report 2014–2015](#)
- NHS England (2015) [GP patient survey](#)
- Care Quality Commission (2014) [Regulations for service providers and managers](#)

Related NICE quality standards

Published

- [Pressure ulcers](#) (2015) NICE quality standard 89.
- [Supporting people to live well with dementia](#) (2013) NICE quality standard 30.
- [Nutrition support in adults](#) (2012) NICE quality standard 24.
- [End of life care for adults](#) (2011) NICE quality standard 13.
- [Dementia](#) (2010) NICE quality standard 1.

In development

- [Preventing excess winter deaths and morbidity](#) Publication expected March 2016.
- [Social care of older people with multiple long term conditions](#). Publication expected September 2016.
- [Transition between inpatient hospital settings and community or care home settings](#). Publication expected September 2016.
- Older people: promoting mental wellbeing and independence through primary, secondary and tertiary prevention Publication expected December 2016.
- Falls: prevention Publication expected January 2017.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Care and support of older people with learning disabilities.
- Falls: regaining independence for older people who experience a fall.
- Medicines management: managing the use of medicines in community settings for people using social care.
- Pain management (young people and adults).
- Regaining independence (reablement): short term interventions to help people to regain independence.
- Service user and carer experience of social care.
- Supporting decision making in people who lack mental capacity.

- Transition between inpatient mental health settings and community and care home settings.
- Vulnerable populations: strategies for tackling inequalities.

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this committee is as follows:

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathway on [home care for older people](#).

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