NICE National Institute for Health and Care Excellence

NICE quality standard

Home care for older people

Quality standard
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Contents

This standard is based on NG21.

This standard should be read in conjunction with QS117, QS89, QS24, QS13, QS126, QS132, QS136, QS137, QS171, QS173, QS182, QS184 and QS187.

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 services are over 65, the quality standard may also be relevant to some people under 65 with complex needs. The quality standard does not cover intermediate care, short-term reablement, 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 registration 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 can 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 (NHS Digital. Community care statistics: social services activity, England 2013 to 2014). Despite the rising number of older people in the population, the number receiving public funding for care is decreasing.

An Oxford Brookes University 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 2012 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 national standards of quality and safety. It 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.

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 in decision making
- satisfaction of people using home care services
- satisfaction 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 to 2016
- NHS Outcomes Framework 2016 to 2017
- Public health outcomes framework 2016 to 2019.

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 services 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 informal, unpaid carers (such as family members, friends and neighbours) 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. We use the term 'carers' to mean informal and unpaid carers rather than paid care workers in this quality standard.

List of quality statements

Statement 1 Older people using home care services have a home care plan that identifies how their personal priorities and outcomes will be met.

Statement 2 Older people using home care services have a home care plan that identifies how their home care provider will respond to missed or late visits.

Statement 3 Older people using home care services receive care from a consistent team of home care workers who are familiar with their needs.

Statement 4 Older people using home care services have visits of at least 30 minutes except when short visits for specific tasks or checks have been agreed as part of a wider package of support.

Statement 5 Older people using home care services have a review of the outcomes of their home care plan within 6 weeks of starting to use the service and then at least annually.

Statement 6 Home care providers have practice-based supervision discussions with home care workers at least every 3 months.

Quality statement 1: Person-centred planning

Quality statement

Older people using home care services have a home care plan that identifies how their personal priorities and outcomes will be met.

Rationale

Discussing individual priorities and needs with older people can help to identify what is important to them, what they feel they can do, what they want to be able to do and what will make them feel safe. It should include identifying priorities arising from physical problems, mental health conditions or sensory loss. Including personal priorities and outcomes in the home care plan will enable home care workers to deliver effective and responsive care including identifying when additional support from another practitioner may be needed. This will help older people to maintain their independence for as long as possible.

Quality measures

Structure

Evidence of local processes to ensure that home care plans for older people identify how their personal priorities and outcomes will be met.

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 using home care services whose home care plan includes their personal priorities and outcomes.

Numerator – the number in the denominator whose home care plan includes their personal priorities and outcomes.

Denominator – the number of older people using home care services.

Data source: Local data collection.

b) Proportion of older people using home care services whose home care plan identifies how their personal priorities and outcomes will be met.

Numerator – the number in the denominator whose home care plan identifies how their personal priorities and outcomes will be met.

Denominator – the number of older people using home care services.

Data source: Local data collection.

Outcome

a) Older people's involvement in decision-making.

Data source: Local data collection.

b) Health-related quality of life for older people using home care services.

Data source: Local data collection.

c) Social care-related quality of life for older people using home care services.

Data source: Local data collection. NHS Digital's Personal social services adult social care survey includes questions on social care-related quality of life.

What the quality statement means for different audiences

Service providers (such as independent home care agencies, voluntary sector organisations and local authorities) ensure that older people using home care services

have a home care plan that identifies how their personal priorities and outcomes will be met. This should include ensuring 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) develop a home care plan that identifies how personal priorities and outcomes will be met for older people using home care services. 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 that older people using home care services have a home care plan that identifies how their personal priorities and outcomes will be met, including any needs arising from physical problems, mental health conditions or sensory loss.

Older people using home care services have a care plan that reflects what support they need, 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: delivering personal care and practical support to older people living in their own homes. NICE guideline NG21 (2015), recommendations 1.1.1, 1.1.2, 1.3.8, and 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. This could include, for example, support to help a person manage their own financial and personal affairs, do their own shopping and cooking, or socialise. The discussion should include considering any specific needs arising from physical problems, mental health conditions or sensory loss and identify how any needs will be met. The focus should be on empowering the person as much as possible, by recognising what they can and want to do.

[Adapted from NICE's guideline on home care, 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.

[NICE's guideline on home care]

Equality and diversity considerations

Many older people using home care services may have sensory loss or communication difficulties and it will be important to ensure that information is provided in a format that suits their needs and preferences. In particular, practitioners should identify, record and meet the information and communication needs of people who have hearing loss, sight loss or learning disabilities, as set out in NHS England's Accessible Information Standard.

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

Quality statement 2: Plan for missed or late visits

Quality statement

Older people using home care services have a home care plan that identifies how their home care provider will respond to missed or late visits.

Rationale

Missed 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. Late home care visits can also be a problem if it means the person's needs cannot be met. An older person may not be able to alert others when a missed or late visit occurs. It is therefore important to ensure a back-up plan is in place so that the older person stays safe and they and their carers are kept informed if a visit is going to be missed or delayed.

Quality measures

Structure

Evidence of local processes to ensure that older people using home care services have a home care plan that identifies 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 services who have a home care plan that identifies how their home care provider will respond to missed or late visits.

Numerator – the number in the denominator who have a home care plan that identifies

how their home care provider will respond to missed or late visits.

Denominator – the number of older people using home care services.

Data source: Local data collection.

b) Proportion of planned home care visits for older people that are missed.

Numerator – the number in the denominator that are missed.

Denominator – the number of planned home care visits for older people.

Outcome

a) Older people's satisfaction with the reliability of their home care service.

Data source: Local data collection.

b) Safety incidents among older people related to missed or late home care visits.

Data source: Local data collection. NHS Digital's Safeguarding adults annual report 2014 to 2015 includes data on referrals made as a result of neglect and omission, and the source of risk including social care support.

What the quality statement means for different audiences

Service providers (such as independent home care agencies, voluntary sector organisations and local authorities) ensure that older people using home care services have a back-up plan to be actioned if a missed or late visit cannot be avoided, that includes how they will communicate with the older person and their carers (if appropriate). Providers should ensure that they monitor missed or late visits and report this to the commissioner.

Social care practitioners (such as home care workers and personal assistants) ensure that they are aware of the back-up plan 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 ensure that older people have a back-up plan to be actioned if a missed or late visit cannot be avoided. Commissioners should ensure that providers monitor missed or late visits and discuss how they responded at contract monitoring meetings.

Older people who use home care services have a plan for what their home care provider will do if a visit is late or missed to ensure that they stay safe. The plan will include details of who will come if a home care worker misses a visit (for example a family member, carer or neighbour).

Source guidance

Home care: delivering personal care and practical support to older people living in their own homes. NICE guideline NG21 (2015), recommendations 1.4.10, 1.4.11, 1.4.12, and 1.4.14

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.

[NICE's guideline on home care]

Plan for missed or late visits

A plan for responding to 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 what should happen if a visit is late or missed.

[Adapted from NICE's guideline on home care, 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 have cognitive impairment may be particularly vulnerable if visits are late or missed. Providers should therefore make it a high priority for back-up plans to be actioned as soon as possible for these specific groups.

Quality statement 3: Consistent team of home care workers

Quality statement

Older people using home care services 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 communicate well with the person they are caring for, deliver care in the way the person wants and respond to any risks or concerns that may arise.

Quality measures

Structure

Evidence of local processes to ensure that older people using home care services 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 services.

Data source: Local data collection.

b) The average number of home care visits each older person receives per home care worker.

Data source: Local data collection.

Outcome

Older people's satisfaction with the consistency of their home care team.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as independent home care agencies, voluntary sector organisations, and local authorities) ensure that older people using home care services receive care from a consistent team of home care workers who are familiar with their needs. Providers should always inform older people in advance if new staff will be visiting.

Social care practitioners (such as home care workers and personal assistants) ensure that they get to know the people they provide care to and deliver care in the way they want.

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

Older people who use home care services have the same home care workers who are familiar with their needs. Older people and their family members or carers are notified in advance if new staff will be visiting.

Source guidance

Home care: delivering personal care and practical support to older people living in their own homes. NICE guideline NG21 (2015), recommendations 1.1.4 and 1.4.7

Quality statement 4: Length of home care visits

Quality statement

Older people using home care services have visits of at least 30 minutes except when short visits for specific tasks or checks have been agreed as part of a wider package of support.

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. The need to include short visits in a person's care package should therefore be carefully considered and agreed in advance with the older person.

Quality measures

Structure

Evidence of local processes to ensure that older people using home care services have visits of at least 30 minutes except when short visits for specific tasks or checks have been agreed as part of a wider package of support.

Data source: Local data collection.

Process

a) Proportion of home care visits to older people lasting 30 minutes or longer.

Numerator – the number in the denominator lasting 30 minutes or longer.

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

Data source: Local data collection.

b) 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) Older people's satisfaction with the length of home care visits.

Data source: Local data collection.

b) Older people's perception of the way they are helped or treated.

Data source: Local data collection. NHS Digital'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 different audiences

Service providers (such as independent home care agencies, voluntary sector organisations, and local authorities) ensure that older people using home care services have visits of at least 30 minutes except when short visits for specific tasks or checks have been agreed as part of a wider package of support.

Social care practitioners (such as home care workers and personal assistants) provide home care visits of at least 30 minutes unless the older person has agreed in advance that

some shorter visits for specific tasks or checks can meet their needs.

Commissioners (for example local authorities and clinical commissioning groups) commission services that ensure that older people using home care services have visits of at least 30 minutes except when short visits for specific tasks or checks have been agreed as part of a wider package of support. Commissioners should require exception reporting for any visits that are less than 30 minutes and have not been agreed previously.

Older people who use home care services have home care visits of at least 30 minutes unless they, and their family members or carers, have agreed in advance that some shorter visits for specific tasks or checks can meet their needs.

Source guidance

Home care: delivering personal care and practical support to older people living in their own homes. NICE guideline NG21 (2015), recommendations 1.4.2 and 1.4.4

Definitions of terms used in this quality statement

Short visits for specific tasks or checks

Home care visits shorter than half an hour should only be made if:

- the home care worker is known to the person, and
- the visit is part of a wider package of support, and
- it allows enough time to complete specific, time limited tasks or to check if someone is safe and well.

[NICE's guideline on home care, recommendation 1.4.2]

Equality and diversity considerations

People with cognitive impairments, communication difficulties or sensory loss may need home care workers to spend more time with them to ensure effective communication and to ensure the person can be fully included in their care. 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 suitable for people in these groups.

Quality statement 5: Reviewing the outcomes of the home care plan

Quality statement

Older people using home care services have a review of the outcomes of their home care plan within 6 weeks of starting to use the service and then at least annually.

Rationale

Assessing whether the home care service is achieving the outcomes described in the home care plan will help identify any changes or improvements that are needed. An early review of outcomes with the older person within the first 6 weeks will ensure any initial problems are identified and addressed quickly. Regular reviews should be carried out in response to any changes in circumstances such as a hospital admission or deterioration in physical health, and at least annually, to check that the home care service is still meeting the person's needs.

Quality measures

Structure

a) Evidence of local processes to ensure that older people using home care services have a review of the outcomes of their home care plan within 6 weeks of starting to use the service.

Data source: Local data collection.

b) Evidence of local processes to ensure that older people using home care services have a review of the outcomes of their home care plan at least annually.

Data source: Local data collection.

Process

a) Proportion of older people using home care services who have a review of the outcomes of their home care plan within 6 weeks of the service starting.

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

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

Data source: Local data collection.

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

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

Denominator – the number of older people using home care services for more than a year.

Data source: Local data collection.

Outcome

a) Older people's satisfaction with the home care service.

Data source: Local data collection.

b) Health-related quality of life.

Data source: Local data collection.

c) Social care-related quality of life.

Data source: Local data collection. NHS Digital's Personal social services adult social care survey includes questions on social care-related quality of life.

What the quality statement means for different audiences

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 services to have a review of the outcomes of their 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 responsive to any changes in those circumstances. The frequency should be agreed with the older person but they should know who to contact if they want to request a review at a different time.

Social care practitioners (such as home care managers, support workers, and social workers) review the outcomes of the home care plan within 6 weeks of the older person starting to use the service and then at least annually. Social care practitioners should agree the frequency of reviews with the older person but arrange an earlier review if the person's circumstances change.

Commissioners (for example local authorities and clinical commissioning groups) commission services that ensure that older people using home care services have a review of the outcomes of their home care plan within 6 weeks of starting to use the service and then at least annually. Commissioners should ensure there is an agreed approach to identifying the frequency of reviews based on individual circumstances and that there is capacity to undertake more frequent reviews if needed.

Older people who use home care services 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. Older people can involve a family member or carer in the review of their care if they wish. The home care provider should agree how often a review is needed but the older person and their family member or carer should know who to contact in case they want to arrange a review at a different time.

Source guidance

Home care: delivering personal care and practical support to older people living in their own homes. NICE guideline NG21 (2015), recommendations 1.3.13 and 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.

[NICE's guideline on home care]

Equality and diversity considerations

People with communication difficulties or sensory loss should be offered appropriate support to enable them to participate in a review of their home care plan. Any information provided should be in a format that suits their needs and preferences. In particular, practitioners should identify, record and meet the information and communication needs of people who have hearing loss, sight loss or learning disabilities, as set out in NHS England's Accessible Information Standard.

People with limited independence as a result of a physical disability, mental health problem or cognitive impairment may need additional support, such as an advocate, 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 6: Supervision of home care workers

Quality statement

Home care providers have practice-based supervision discussions with home care workers 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, based on observation of practice, 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 processes to ensure that home care providers have practice-based supervision discussions with home care workers at least every 3 months.

Data source: Local data collection.

Process

Proportion of home care workers supporting older people who had a practice-based supervision discussion within the past 3 months.

Numerator – the number in the denominator who had a practice-based supervision discussion within the past 3 months.

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

Data source: Local data collection.

Outcome

a) Older people's satisfaction with the home care service.

Data source: Local data collection.

b) Staff retention among home care workers.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as independent home care agencies, voluntary sector organisations, and local authorities) ensure they have practice-based supervision discussions with home care workers at least every 3 months and identify any development needs to be addressed.

Social care practitioners (such as home care managers and home care workers) prepare for and take part in practice-based supervision discussions 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 practice-based supervision discussion at least every 3 months and that any development needs are addressed.

Older people who use home care services can be confident that they arereceiving care from home care workers who are well supported and have regular discussions with their manager. The care workers work with their manager on improving their skills and approach if they need to so that the service they provide meets the needs of older people.

Source guidance

Home care: delivering personal care and practical support to older people living in their own homes. NICE guideline NG21 (2015), recommendations 1.7.11 and 1.7.12

Definitions of terms used in this quality statement

Practice-based supervision discussion

Home care workers should have an individual supervision discussion at least every 3 months to help them deal with their day to day work and continuously improve their practice and the quality of the support they offer to older people. The discussion should be based on observed practice and identify individual strengths and development needs. A written record of the discussion should be given to the worker.

[NICE's guideline on home care, recommendations 1.7.11 and 1.7.12 and expert opinion]

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. 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 how to use quality standards 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. This tool is updated monthly to include new quality standards.

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 for this quality standard are available.

Good communication between health and social care practitioners and older people using home care services 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. In particular, practitioners must identify, record and meet the information and communication needs of people who have hearing loss, sight loss or learning disabilities, as set out in NHS England's Accessible Information Standard. Older people using home care services 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 source

The NICE guidance below was used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

Home care: delivering personal care and practical support to older people living in their own homes. NICE guideline NG21 (2015)

Policy context

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

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

Definitions and data sources for the quality measures

- Home care: delivering personal care and practical support to older people living in their own homes. NICE guideline NG21 (2015)

- NHS Digital. Personal social services adult social care survey (2015)
- NHS Digital. Safeguarding adults annual report 2014 to 2015 (2015)
- Care Quality Commission. Regulations for service providers and managers (2014)

Related NICE quality standards

Published

- Learning disability: care and support of people growing older. NICE quality standard 187 (2019)
- Dementia. NICE quality standard 184 (2019)
- People's experience using adult social care services. NICE quality standard 182 (2019)
- Intermediate care including reablement. NICE quality standard 173 (2018)
- Medicines management for people receiving social care in the community. NICE quality standard 171 (2018)
- Transition between inpatient mental health settings and community or care home settings. NICE quality standard 159 (2017)
- Mental wellbeing and independence for older people. NICE quality standard 137 (2016)
- Transition between inpatient hospital settings and community or care home settings for adults with social care needs. NICE quality standard 136 (2016)
- Social care for older people with multiple long-term conditions. NICE quality standard 132 (2016)
- Preventing excess winter deaths and illness associated with cold homes. NICE quality standard 117 (2016)
- Pressure ulcers. NICE quality standard 89 (2015)
- Falls in older people. NICE quality standard 86 (2015)
- Dementia: independence and wellbeing. NICE quality standard 30 (2013)
- Nutrition support in adults. NICE quality standard 24 (2012)
- End of life care for adults. NICE quality standard 13 (2011)

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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Mr Darryl Thompson
Registered Nurse (Mental Health), South West Yorkshire Partnership NHS Foundation Trust

Mrs Julia Thompson
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The following specialist members joined the committee to develop this quality standard:

Ms Daphne Branchflower
Lay member

Dr Sandra Duggan
Lay member

Ms Corinne Moocarme
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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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standard advisory committees for details of standing committee 3 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

This quality standard has been included in the NICE Pathway on home care for older people, which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning

or providing care that may be relevant only to England.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of General Practitioners (RCGP)
- Royal College of Occupational Therapists (RCOT)
- United Kingdom Homecare Association (UKHCA)