

PERFORMANCE AUDIT

Homing in on care

A review of home care services for older people



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The Accounts Commission

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- following up issues of concern identified through the audit, to ensure satisfactory resolutions
- reviewing the management arrangements which audited bodies have in place to achieve value for money
- carrying out national value for money studies to improve economy, efficiency and effectiveness in local government
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The Commission secures the audit of 32 councils and 34 joint boards (including police and fire services). Local authorities spend over £9 billion of public funds a year.

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For the purposes of this project:

- the term 'home care worker' refers to paid staff providing care in a person's home
- 'carer' refers to family, partner or friends, who provide help to someone because they are ill, frail or have a disability. The care provided is unpaid.

The following definitions of the types of home care tasks were used:

- domestic care includes help with housework, shopping, cooking meals, washing clothes, pension collection and paying bills
- personal care includes help with dressing, washing, bathing, toilet needs, getting in or out of bed, assisting with medication and assisting with eating
- social care includes companionship on trips outside the home, for example, to the shops, post office, social events or to visit family or friends.

This report has been prepared by Audit Scotland on behalf of the Accounts Commission for Scotland. Angela Canning managed the study under the general direction of Barbara Hurst, Director of Performance Audit (Health, Community Care, Housing and the Environment). Liz Taylor was seconded to the project team from Aberdeenshire Council. The project team also included Nicki Georghiou, Carol Brown and Angela Cullen from Audit Scotland.

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Introduction

The Government's community care policy is about enabling people to live as normally and as independently as possible. In practice this means that, wherever possible, people should be helped to continue living in their own homes, or in as homely a setting as possible, rather than in institutional care. Recent policy papers from the Scottish Executive require councils, which have lead responsibility for community care, to further develop home care services to provide a viable alternative to institutional care¹.

Home care services are critical to the success of community care. They have developed over the past decade to cover not just the traditional 'home help' domestic tasks, like housework and shopping, but also to include personal care, like help with bathing and dressing.

Twice as many older people receive home care services than residential or nursing home care. Around 20 million hours of home care each year are provided or purchased by Scottish local authorities for over 70,000 people, of whom 85% are aged 65 years and over². By contrast, around 35,000 older people are in residential or nursing homes³.

The demand for community care services in general, and home care services in particular, is likely to increase over the next decade due to a number of factors, including:

- people living longer due to improvements in public health and medical care. The 75+ population is projected to grow by over 10%, from 352,000 to 389,000 people between 2001 and 2011. The number of people aged 85 and over is projected to increase by almost one-fifth over the same period, from 85,000 to 101,000⁴
- a continuing reduction in NHS long stay beds. Between 1990 and 2000 the number of NHS long stay beds reduced by 55%, from around 8,500 to over 3,800⁵
- people's preference to remain in their own home if possible rather than move into residential or nursing home care⁶. Older people also want, and expect, a voice in how their care is delivered.

This will put increased pressure on community care resources, reinforcing the need to achieve Best Value in these services.

¹ 'Modernising community care: an action plan', The Scottish Office, 1998 and 'Report of the Joint Future Group', Scottish Executive, 2000.

² 'Scottish community care statistics 2000', Scottish Executive, 2001.

³ 'Vacancy monitoring in residential care homes and nursing homes, Scotland 2000', Scottish Executive, 2000.

⁴ 'Projected population of Scotland', General Register Office for Scotland, (1998 based).

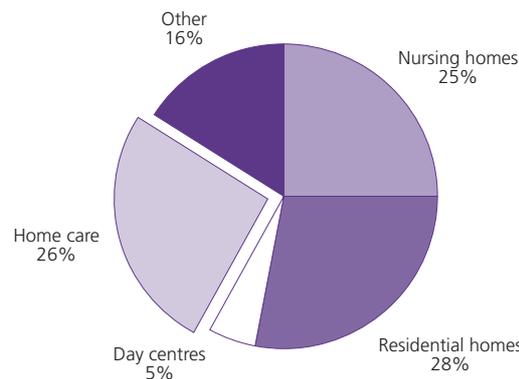
⁵ 'Scottish community care statistics 2000', Scottish Executive, 2001.

⁶ 'Attitudes and aspirations of older people: a review of literature', Boaz A et al, 1999.

In 1999/2000, it is estimated that Scottish councils spent about £143 million on home care services, of which £122 million is estimated to have been spent on services for older people⁷. This represents just over one-quarter of community care expenditure on older people (Exhibit 1). The proportion spent on home care has fallen from 27% in both 1997/98 and 1998/99, to 26% in 1999/2000.

Exhibit 1: Community care net expenditure on older people, 1999/2000

More than half of community care expenditure on older people is spent on nursing and residential home care. About a quarter is spent on home care.



Source: 'Scottish Community Care Statistics 2000', Scottish Executive, 2001 and analysis of LFR3 Return

In Scotland local authorities remain the biggest provider of publicly funded home care services: they solely provide 90% of home care services, with 7% solely provided by the independent sector (either private or voluntary organisations) and the remainder by a combination of local authority and the independent sector⁸. This contrasts with England where the independent sector provides 54% of publicly funded home care services⁹, largely due to different requirements placed on English councils in the 1990s to spend at least 85% of transferred Department of Social Security money in the independent sector. In addition, recent figures suggest that around three thousand older people in Scotland purchase home care services themselves directly from the independent sector¹⁰.

Care at home is also provided for older people by members of their family, friends or neighbours. Around 445,000 people in Scotland support someone over 65 to stay at home, and almost 80,000 support someone over 85¹¹. This unpaid care is an often unrecognised, but vital, contribution to supporting older people in their home.

Scope and objectives of the study

Our study focused on home care services for older people (aged 65 and over) provided by Scottish local authorities. The main objective of the review was to contribute to councils' own Best Value reviews of home care services by providing a framework and methodology for assessing the quality and cost of home care services for older people. The study therefore aimed to:

⁷ Analysis of net expenditure per LFR3 Return (estimate of expenditure on older people based on 85% of clients are aged 65+).

⁸ 'Scottish community care statistics 2000', Scottish Executive, 2001.

⁹ 'Community care statistics 2000: home help/home care services, England', Department of Health, 2000.

¹⁰ 'Fair care for older people. Care Development Group report, September 2001', Scottish Executive, 2001.

¹¹ 'Informal carers supplement to General Household Survey 1995', Office for National Statistics, May 1998 and 'Men and women in Scotland: a statistical profile', Scottish Executive, 2001.

- investigate the range of home care services provided by councils
- survey service users' and carers' views on services provided
- develop quality and cost performance indicators to enable comparison of home care services delivered by different providers
- promote service efficiencies in managing home care services
- disseminate examples of good practice.

Study methodology

The project team worked with six volunteer councils across Scotland which were undertaking Best Value reviews of their home care service during 2000-2001. The councils represent a mix of both urban and rural localities.

Information about their home care service was obtained in four ways:

- review of documentation produced by councils relating to home care services
- questionnaires were sent to a sample of service users, carers, home care staff and care managers in each council. These were developed following focus groups with service users and carers to elicit their views about home care services (Appendix 2). A profile of the service users who responded to our survey is at Appendix 3
- semi-structured interviews were held with a range of staff involved in commissioning, managing and delivering home care services
- collection of basic data from each council about how their home care services are delivered.

The aim of the data collection exercise was to provide the basis for the development of quality and management performance indicators for home care services. Unfortunately some of our study sites encountered problems fully completing our data requests. This means that our analyses of quality and cost data for some performance indicators is incomplete. The lack of robust management information to support the delivery of home care services is one of the main findings from our review.

A self assessment handbook complementing the findings in this national report will be published early in 2002. This will be of use to all home care providers in planning, delivering and managing their home care services for older people. The handbook will identify measurable quality and cost indicators for home care services, together with details of their calculation (Appendix 4). Audit materials will also be produced at a later date so that councils' external auditors can review the self assessment undertaken by each local authority.

Report structure

The rest of the report is in five chapters looking at:

- achieving the right balance of care, examining whether there has been a shift towards the provision of care at home
- whether a quality home care service is being delivered, including examples of quality measures
- the management of home care service, and how information is used to support the delivery and development of the service
- joint working
- the cost of providing home care services, and councils' charging policies.

Achieving the right balance of care

Our aim is clear. Care delivered at home, not just in homes. A fundamental shift in emphasis within community care. Care based on individuals receiving continuous support that reflects their changing circumstances – but also reflects their rights, their feelings, their homes, and their families.

Deputy Minister for Community Care, October 2000

Background

Against a background of growing need, limited resources, and pressure to change the balance of care for older people from institutional to non-institutional forms of care, the success of community care at a local level relies on councils having a clear idea of:

- the type and volume of services they require now and in the future to meet the needs of their older population. This includes a clear analysis of the level and scope of home-based services that meet the full range of older people's needs.
- how to assess the quality and price of services. Important aspects of such arrangements include the need to adequately understand the needs, expectations and priorities of all stakeholders, and to assess the best ways of meeting these needs within available resources through fundamental service reviews and through effective use of benchmarking both with other councils and with other service providers.
- how current services, irrespective of provider, can be subject to continuous improvement plans which emphasise the need for flexibility.

In many councils this will require a strategic review of the allocation and balance of resources to meet older people's social care needs. This is a major task and will require close working with planning partners, such as health and housing bodies, and other providers in order to achieve flexible services and meet demand for more community based provision. The scale of the task is demonstrated by looking at:

- trends in 'institutional' care
- recent trends in home care
- other policy developments which will place increased demands on home care.

Trends in institutional care

Getting the right balance between institutional and non-institutional care services has clearly been an issue for more than ten years since the publication of the Griffiths Report¹². Exhibit 2 highlights the changes in the balance of care for older people over the past decade. Over the most recent five-year period 1996 to 2000, the number of NHS long stay beds decreased by over a third, from 6,098 to 3,816. The number of residents in residential homes decreased by almost 10% over the same period, from 15,037 to 13,762. There was an increase of 17% in the number of residents in nursing homes, from 15,730 to 18,353. In overall terms, places in the long-stay sector have therefore reduced by almost one thousand. But it is estimated that about one-quarter of people in nursing homes are not dependent on nursing care and could be cared for at home if services were available¹³. The number of older people attending day centres has also fallen, from 14,926 in 1996 to 12,362 in 1998¹⁴.

¹² 'Community care: agenda for action', Griffiths R, 1988.

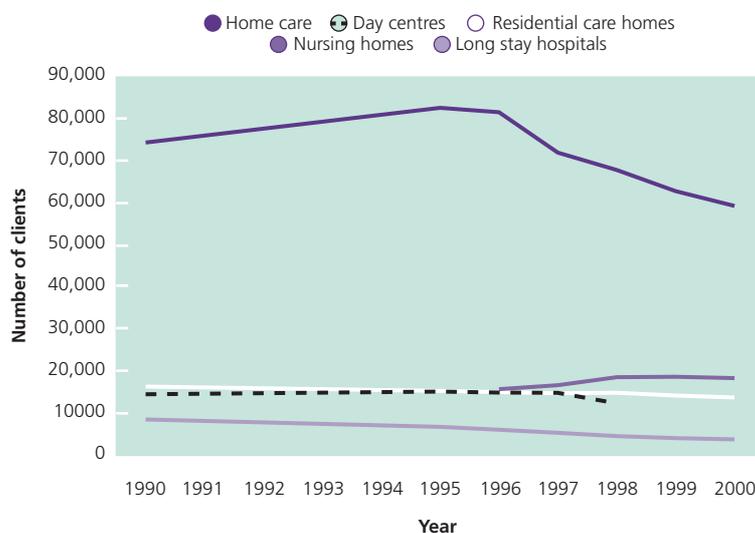
¹³ 'Low dependency residents in private nursing homes in Glasgow', Prentice G et al, Health Bulletin 59(1), January 2001.

¹⁴ 'Community care statistics 2000', Scottish Executive, 2001.

There is an imbalance in the proportion of funds directed to support people in their own homes as compared to residential or nursing home care. Despite the policy of community care, resources remain heavily invested in the institutional sector. Funding systems, both health and local authority, should be compatible with the principle of ensuring that people should be supported in their own home wherever possible.

'Community care: agenda for action', Griffiths R, 1988

Exhibit 2: Balance of care for older people, 1990-2000



Source: 'Scottish community care statistics 2000', Scottish Executive, 2001

Recent trends in home care

With national policy focusing on care at home rather than institutional settings, where appropriate, a fundamental shift in the balance and nature of home care services is expected, including the development of home care services covering the spectrum of need. If this shift had been happening it would most likely be reflected in increases in:

- the amount spent by councils on home care and the proportion that this is of the total community care budget
- the number of home care hours delivered or purchased by councils
- the number of home care clients
- the number of whole time equivalent (WTE) home care staff employed by councils.

However, a review of these issues at a national level reveals a different picture: across Scotland home care hours have decreased; the number of clients have also decreased although this may be affected by local policies on prioritising those with the greatest need; and the number of WTE home care staff has also gone down.

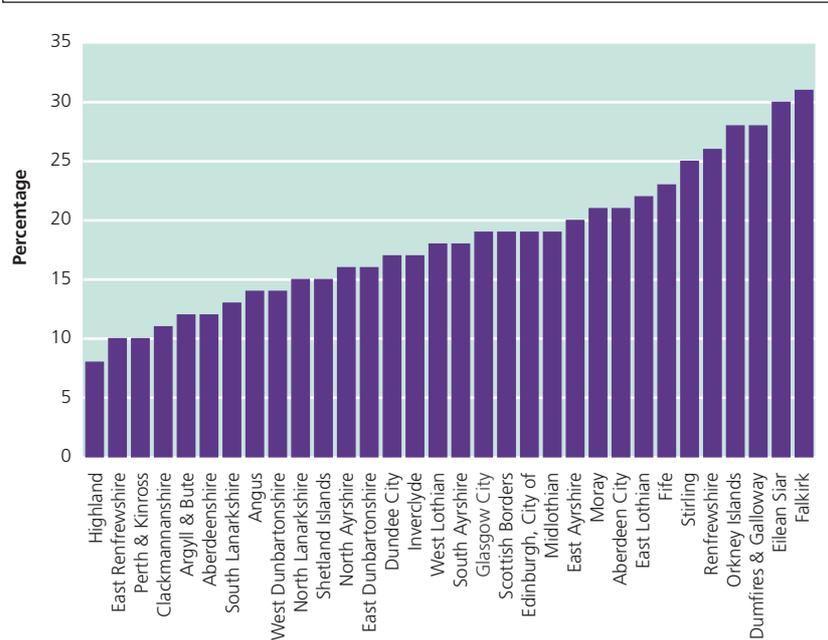
Expenditure

At a national level, expenditure on home care for older people increased by 10% between 1997/98 and 1999/2000, from around £110 million to around £122 million¹⁵. But the change in amounts spent is more marked at a local level with almost one in three councils showing a decrease in expenditure between 1997/98 and 1999/2000. There has been a decrease in expenditure of more than 10% in four councils over this three-year period (Appendix 5).

Some councils appear to have done more than others in developing home care provision. There is significant variation among councils in the proportion of their community care budget spent on home care, ranging from 8% of community care spend to 31% (Exhibit 3).

¹⁵ SEDD Local Government Finance Statistics – LFR3 Return, Scottish Executive (home care on older people estimated at 85% of total expenditure on home care).

Exhibit 3: Proportion of net community care expenditure on home care (all ages), 1999/2000



Source: Expenditure on home care from SEDD Local Government Finance Statistics – LFR3 Return¹⁶ (information supplied by Community Care Statistics); expenditure on community care from 'Changing for the future – social work services for the 21st century', Scottish Executive, 2001

Home care hours, clients and staff

The number of client home care hours provided or purchased by councils for all home care clients fell from over 401,000 hours per week in 1998 to over 375,000 hours in 1999, but this rose to 393,000 hours in 2000 (Exhibit 4).

Exhibit 4: Number of home care clients and hours provided or purchased per week (all ages), 1998-2000

	1998	1999	2000
Number of clients	79,294	74,058	70,229
Number of client hours	401,227	375,229	393,074
Number of hours per client	5.1	5.1	5.6

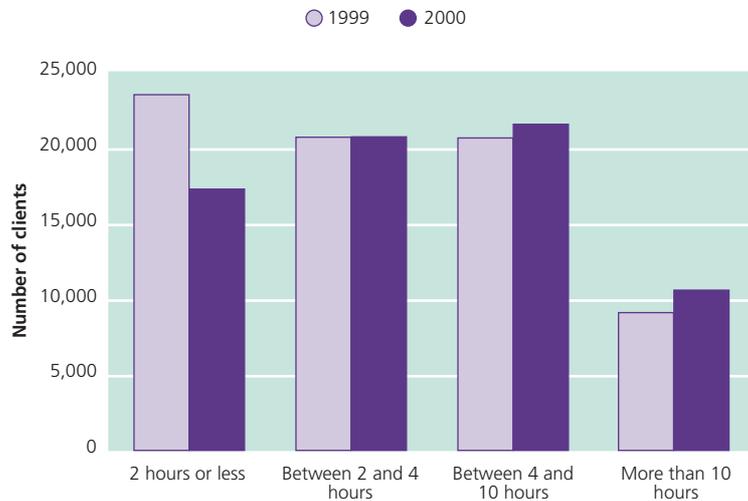
Note: Figures are based on status for one week.

Source: 'Scottish Community Care Statistics 2000', Scottish Executive, 2001

¹⁶ Data returns for Glasgow City Council for 1999/2000 do not provide an accurate figure for this year. This may in part be due to changes in recording practices. To ensure a consistent trend comparison, we used 1998/99 figures for 1999/2000.

The number of older people in Scotland receiving care at home fell by almost 13% between 1998 and 2000, from almost 68,000 to below 60,000¹⁷. The targeting of resources on people with more intensive needs is likely to have contributed to this drop in numbers (Exhibit 5). The number of clients (all ages) receiving two hours or less of home care a week fell from 23,539 (32%) in 1999 to 17,291 (25%) in 2000. Over the same period, there has been a slight rise in those receiving more than 10 hours of home care a week, from 9,117 (12%) in 1999 to 10,604 (15%) in 2000¹⁸. Another reason for the fall in the number of older home care clients may be the development of stricter eligibility criteria for care at home. This suggests intensive home care services have increased at the expense of more preventative domestic help services. It may also be that new investment has been deferred and new money diverted to other areas of local authority budgets¹⁹.

Exhibit 5: Hours of home care received each week, all ages, 1999 and 2000



Source: 'Scottish Community Care Statistics 1999', 2000 and 'Scottish Community Care Statistics 2000', 2001, Scottish Executive

However, even when these factors have been taken into account, the scale of the reduction in the number of whole-time equivalent (WTE) home care workers employed by local authorities in Scotland suggest a real reduction in home care services. The number of local authority employed home care staff (WTE) has decreased by 11% over the most recent five year period from 1996 to 2000, from 11,326 to 10,055²⁰ (Exhibit 6).

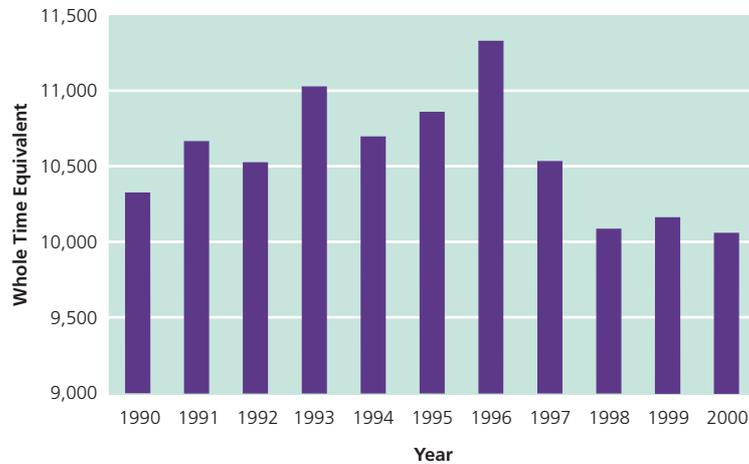
¹⁷ 'Scottish community care statistics 2000', Scottish Executive, 2001.

¹⁸ 'Scottish community care statistics 1999', Scottish Executive, 2000 and 'Scottish community care statistics 2000', Scottish Executive, 2001.

¹⁹ 'Fair care for older people. Care Development Group report, September 2001', Scottish Executive, 2001.

²⁰ Scottish Executive analysis of H1 Return.

Exhibit 6: Number of home care staff employed in councils (WTE), 1990 - 2000



Source: Scottish Executive analysis of H1 returns

Other policy developments that will impact on home care

As well as the broad community care agenda there are other policy developments that require home care services to develop in scope and coverage. These include:

- targeted resources at developing a spectrum of home care services from domestic care through to intensive packages of care which prevent or reduce a hospital stay
- a requirement to develop jointly managed and resourced services for older people with health partners from April 2002
- the extension of direct payments
- the Supporting People policy
- the development of national care standards.

Further investments in community care

In recognition of the difficulty in changing the focus and direction of community care services within current resources the Minister for Health and Community Care announced an investment of nearly £100 million in October 2000²¹. This includes £60 million to local authorities to support better home care, and to fund:

- more intensive home care, to assist an additional 1,000 people to live at home
- rapid response teams in every local authority area, to help people in crisis and prevent admission to hospitals and care homes
- free home care for the first four weeks after discharge from hospital
- a 'home maintenance' programme in every area, with day to day support like shopping and laundry
- more short breaks or respite.

²¹ 'SE2645/2000', Scottish Executive press release

The Scottish Executive is developing a requirement for Local Outcome Agreements with individual councils. The aim of these agreements is to ensure that tangible improvements in home care services through this additional investment are demonstrated at a local level. It is intended that Local Outcome Agreements include:

- the current service or structural baseline for each improvement area identified by the Executive, in terms of existing expenditure and outputs
- the planned outputs or outcomes for each improvement area, with local targets, across a specified funding period
- arrangements to monitor progress of the planned service improvements²².

In 2001 the Scottish Executive announced plans to give older people in Scotland free personal care²³. These included detailed recommendations on implementation, costs, and 'cross border' issues to be considered by the Care Development Group. The Group reported in September 2001 and its conclusions and recommendations include:

- endorsing the Royal Commission on Long Term Care's definition of long term care. The Group defined personal care as including tasks under the general headings of:
 - personal hygiene
 - continence management
 - food and diet
 - problems of immobility
 - counselling and support
 - simple treatments
 - personal assistance
- the ending of all charges for those currently receiving care services at home, where these come within the Group's definition of 'personal care' (from April 2002)
- making substantial progress in improving the standard and availability of services to older people at home. This will require a significant amount of the new financial provision (estimated to be at least £50 million), devoted to securing a step-change in the provision of home care services for older people
- the development of a shared assessment process by April 2000
- ringfencing new money which is being made available for older people's services, and setting existing money spent on older people's services against clear outcome agreements.

²² 'CCD6/2001', Scottish Executive circular.

²³ 'SE0138/2001', Scottish Executive press release.

Developing jointly managed and resourced services

The report of the Joint Future Group made a series of proposals, including recommendations for joint action by local authorities and health services of direct relevance to the assessment for, and delivery of, home care services for older people²⁴. These included:

- single assessments of need using jointly agreed assessment tools
- intensive care management for complex cases
- shared information
- joint resourcing and joint management of services.

Joint working of social work, health and housing could have a significant impact on home care services as new forms of management and service delivery emerge for home care, community nursing and housing support. It is intended that joint resourcing and joint management of services for older people will take effect from April 2002.

Direct payments

Direct payments are aimed at increasing service users' control and choice of the services they receive. The Scottish Executive favours a 'rights based' scheme, in which direct payments are available to all who wish to receive them, on a gross cost basis, and wants to make it a duty for local authorities to offer direct payments as an alternative to arranging services themselves. It is therefore proposing to amend the Community Care (Direct Payments) Act 1996, so that each local authority is required to set up a direct payments scheme for all client groups, and all people who need community care services, by the end of 2002²⁵.

The Executive is further proposing that local authorities should be able to sell their services to people receiving direct payments, in order to support people having greater 'control' and flexibility over the delivery of their services. At present, legislation prevents local authorities 'selling' certain of the services they provide.

Direct payments may have implications for the balance of home care providers in Scotland, with greater competition between local authorities and voluntary and private sector providers within the mixed economy of care.

Supporting People

A new integrated policy and funding framework for support services for people in supported accommodation or in receipt of flexible housing support will be introduced in 2003. This is known as the Supporting People policy. Its aim is to create a coherent policy and funding framework to support vulnerable people in different types of accommodation and tenure in a way that is responsive to their needs. This will involve bringing together a number of funding streams, notably the support element of housing benefit, and transferring these to local authorities, which will be responsible for the administration of the new arrangements.

²⁴ 'Report of the Joint Future Group', Scottish Executive, 2000.

²⁵ 'Better care for all our futures', Scottish Executive, 2001.

Within the new approach, the government has included domestic help, meals and shopping services within its definition of housing support. These are also key elements of the home care service. Implementation of the Supporting People policy will therefore have significant implications for the way home care services are managed and financed in the future. As they complete initial needs assessments and Supporting People strategies, local authorities will need to consider the relationship between home care services and housing support.

National care standards

The 1999 White Paper on the modernising agenda for care services²⁶ included specific proposals for the establishment of:

- the Scottish Commission for the Regulation of Care, to register, inspect and enforce care standards, including standards for care at home²⁷
- the Scottish Social Services Council, to maintain a register of care staff, regulate professional and vocational education, and publish codes of conduct and practice for all staff.

These proposals are now encapsulated in the Regulation of Care Act which became law in July 2001.

In due course, the definition of national care standards, the regulation of services and the registration of care staff will all have a major impact on home care services in Scotland. Councils must now ensure that there are good IT systems in place to capture robust data on the quality of care at home, to enable monitoring against national quality standards, and to maintain a staff database that records individual training and development.

Moving forward

The task of increasing and developing the range of best value services delivered in the home is not simple. It cannot be done in isolation from planning the balance of care across all services for older people – from nursing home provision through to lower level services such as cleaning and shopping. This will require elected members to give a clear lead and involve councils in:

- involving users and carers in planning their own care and evaluating services
- building on current partnerships with health and housing agencies
- working with other providers in developing services
- identifying realistic budgets and technology to manage services in a changing environment effectively
- training and developing staff to meet special needs
- setting objectives against which progress can be measured.

Councils need a clear strategy for older people's services which is delivered in partnership with other local agencies. The Accounts Commission has previously published guidance for councils in developing their commissioning practices and will be undertaking follow up audit work in this area during 2002²⁸.

²⁶ 'Aiming for excellence – modernising social work services in Scotland', Scottish Executive, 1999.

²⁷ 'Draft national care standards. Second tranche. A consultation paper. April 2001', Scottish Executive, 2001.

²⁸ 'Commissioning community care services for older people: applying a best value framework. Self assessment handbook', Accounts Commission, 2000.

At present there is a limited mixed economy in the delivery of home care services in Scotland with most publicly funded home care provided by the council sector. This is, in part, historical arising out of the development of the traditional 'home help' service and the lack of regulation for this service. Some councils use the independent sector for emergency cover only; others have determined a specified percentage of service that should be purchased externally. Neither approach necessarily lends itself to the development of integrated packages of care for users. The increasing priority and range of home care services must lead to closer working between in-house and external providers, and primary health care professionals.

Recommendations

Councils should develop a strategy for care in liaison with their health and housing partners, encompassing the full spectrum of services provided or commissioned for older people in the community.

Delivering a quality home care service

A highly valued service

Service users and their carers value care at home extremely highly. Home care workers also rate the home care service for older people, describing its best features as:

- providing good quality care
- providing social support
- helping older people remain at home²⁹.

Mum has only had a home help for about five months. She is delighted with the help given.

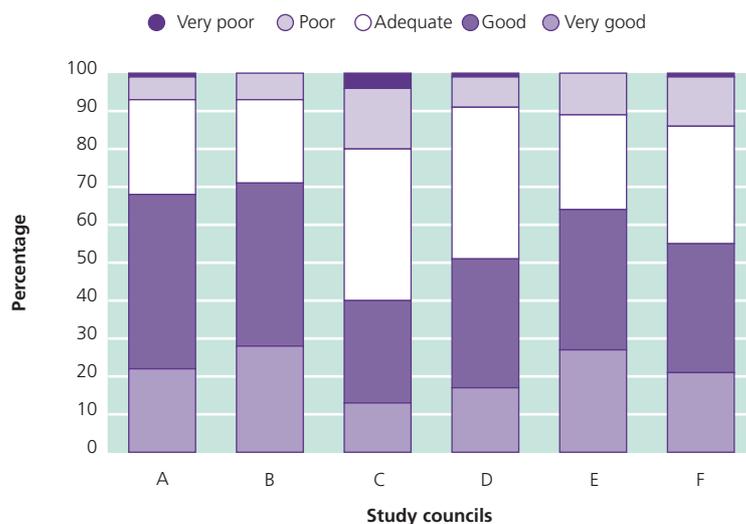
Carer taking part in survey

Positive comments were made about the home care service in our surveys of service users: 77% of service users surveyed rated the service they receive as good all of the time with the rest describing it as good some of the time (n=864)³⁰. But this also means that almost one-quarter of service users do not think they receive a consistently good service. Almost two-thirds of carers surveyed described the service their relative, friend or neighbour receives as good all the time (n=520). So while the positive comments and ratings from service users and carers are generally encouraging, there is still room for improvement.

We also asked home care workers in each of the six study councils to rate the overall success of their council's home care service in meeting the needs of older people: 55% rated it as very good or good (n=593). But home care services in some councils are rated lower than others by their home care workers (Exhibit 7).

Exhibit 7: Home care workers' rating of the overall success of the home care service in meeting the needs of older people

More than half of home care workers across the six study councils describe the home care service as very good or good.



Source: Audit Scotland survey of home care workers (n=593)

²⁹ Audit Scotland survey of home care workers.

³⁰ Surveys were undertaken of service users and carers at five of the six study councils as one had recently carried out its own survey (Appendix 2).

Setting and monitoring quality standards

Best Value places a requirement on councils to continuously improve the quality of services they provide and purchase. Setting measurable standards for quality can help councils establish the quality of the current service and set targets for improvement. Achievement against targets should be monitored on a regular basis to highlight areas where further improvement is necessary. Where targets are met then new targets should be developed, in the spirit of continuous improvement. Benchmarking with other home care providers, whether other councils or independent providers, is also important when reviewing performance.

National care standards are currently being developed for a range of areas for use by the Scottish Commission for the Regulation of Care. In future the Commission will hold providers to account for the way care is delivered inside a person's home. A key aim of our review was to develop a number of measurable performance indicators to assess the quality of home care delivered, from the perspective of service users and carers, and which underpin continuous improvement. The quality indicators developed for this study focus on ways of measuring the management of the service and are complementary to the draft national standards for home care.

Case study

Quality standards for home care in Fife Council

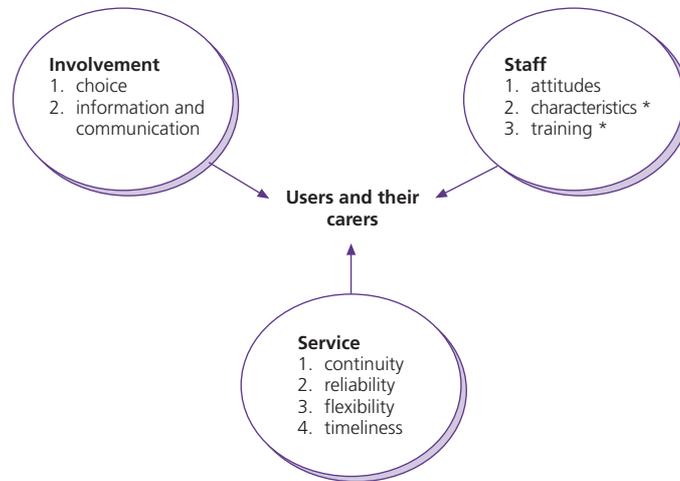
Fife Council has set objectives for each part of its home care service, including assessment and review. Examples of the objectives for the core home care service include the need to:

- include users and carers in the planning and development of services
- provide a high quality service
- provide a well qualified workforce
- vet all staff for suitability in working with vulnerable people
- demonstrate value for money.

Each objective is matched by clear standards; target percentages to be achieved and date for achieving the target; and performance indicators which will enable clear measurement and ability to assess progress.

We grouped quality standards for home care, from the perspective of service users and carers, under three main themes and developed a number of quality and management indicators around these themes (Exhibit 8 and Appendix 4). Details of how these are calculated will be shown in the self-assessment handbook to be published early in 2002.

Exhibit 8: Quality standards for home care



* Discussed in the chapter on managing the service.

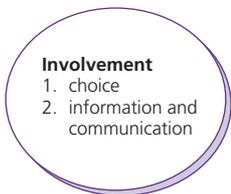
Source: Adapted from 'Listening to users of domiciliary services', UKHCA and Nuffield Institute for Health, 1998

We asked the six study councils to provide data relating to the type of service they provide, the staff providing home care, and the involvement of service users and carers. However, it was clear that most of these councils do not have systems in place to enable the regular capture of basic data about the quality of their home care service.

The rest of this chapter on quality of the home care service looks at the three main themes of involvement of service users and carers, home care staff and the service provided. Where the study councils have provided data then this is included. Some indicators relating to the management of the service, such as continuity of care and timeliness of assessment and service delivery, also serve as proxy indicators of quality. These are discussed in the next section on managing the home care service.

Involvement

Choice



Quality indicators relating to choice

- % of service users who have a choice on the days they have home care
- % of service users who have a choice about the times they have home care
- % of service users who have a say in the tasks that home care helps them with
- % of carers who say the home care service takes account of the help they give their relative, friend or neighbour when needs are assessed
- % of carers who say they are asked by Social Work Services if they need support
- % of service users who last discussed the help they need with the council, within specified periods

There's too much reliance on goodwill.

Carer participating in focus group

Involvement in care planning and review

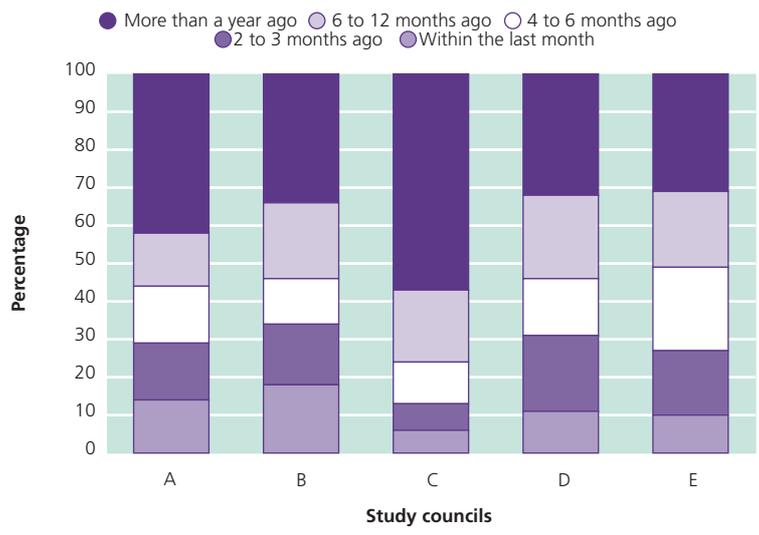
Service users and carers should be fully involved in assessment processes. Inadequate assessment and lack of service user and carer involvement in planning care can result in inappropriate services, misunderstandings and needs going unmet. People's needs also change over time, so review of needs and services is a crucial part of the process.

The views and experience of carers can be invaluable when assessing older people's needs. It is also essential to assess the needs of carers themselves. Family, friends and neighbours make a huge contribution in supporting older people at home, and their views on how home care services can be improved are extremely useful in helping to develop the service further. A profile of the carers who responded to our survey is at Appendix 6.

The findings from our surveys highlighted that involvement of service users and carers in the assessment and review stages needs to be improved:

- 40% of service users surveyed said they had last discussed the help they need with someone from their council more than 12 months ago (n=812). The picture varies from council to council (Exhibit 9)
- 56% of carers (n=510) said they think the home care service takes account of the help that they give to the service user when needs are being assessed, ranging from less than half to almost two-thirds of carers surveyed across the five study councils (Exhibit 10)
- 15% of carers have been asked if they need support (n=510), and less than half of these carers have received a formal Carer's Assessment.

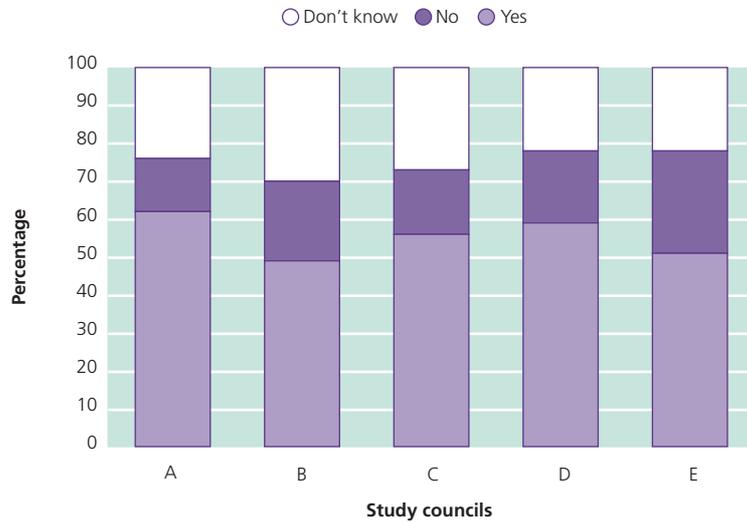
Exhibit 9: When service users last discussed the help they get from home care with their council



Source: Audit Scotland survey of service users (n=812)

Exhibit 10: Carers' views on whether their council takes account of help from carers when service users' needs are being assessed

Just over half of carers across five study councils think the home care service takes account of the help they give to their relative, friend or neighbour.

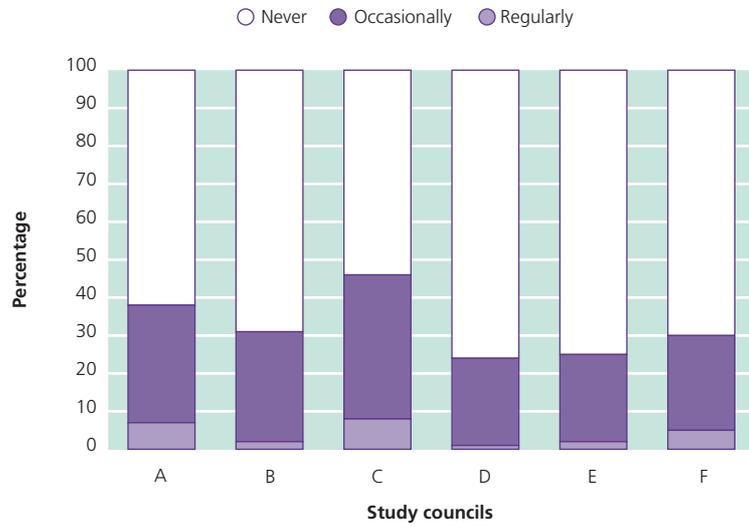


Source: Audit Scotland survey of carers (n=510)

Once services are in place it is important that they are regularly reviewed since older people's need change over time. There is concern though that formal reviews of service users are not taking place as regularly as is desired. Dealing with this issue may have implications for the nature and scale of care management.

During interviews home care supervisors complained of a lack of time to carry out formal reviews due to the burden of their office-based work. This means they rely very much on feedback from home care workers about the service users they help care for. It is reassuring therefore that 87% of home care workers surveyed said they have a role to play in feeding back about changes in the physical or mental health of their clients (n=588). But 69% of home care workers (n=586) say they never attend or contribute to clients' formal reviews despite this being the group of staff who probably know service users best (Exhibit 11).

Exhibit 11: Frequency with which home care workers attend or contribute to formal reviews of service users

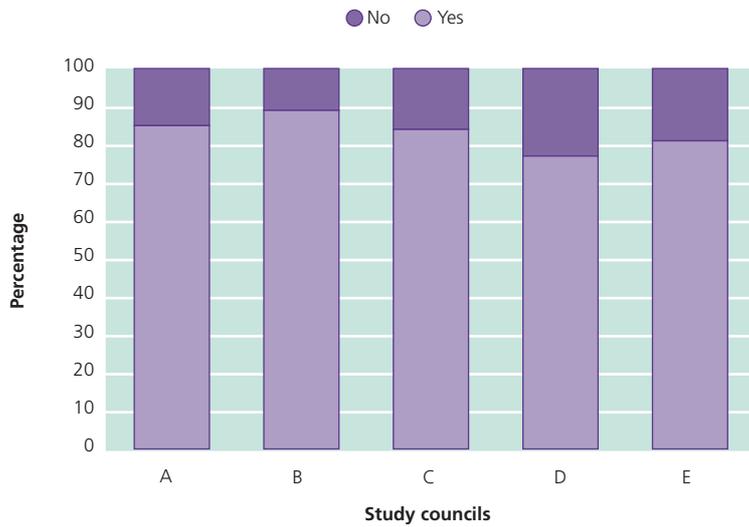


Source: Audit Scotland survey of home care workers (n=586)

Choice in home care tasks

Service users should be involved in decisions about the tasks that they get help with at home. The majority of service users surveyed (n=797) said they did have enough choice (Exhibit 12).

Exhibit 12: Percentage of service users who have a say in the tasks that home care helps them with



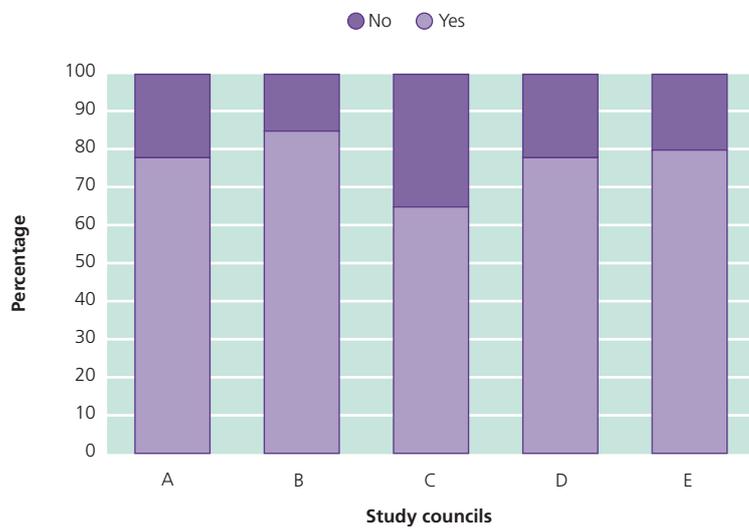
Source: Audit Scotland survey of service users (n=797)

Choice in when home care is delivered

Service users should be involved in deciding the days and times that they get help at home. While the majority of service users surveyed commented that they feel they were given these choices, there is still a significant minority who feel were not:

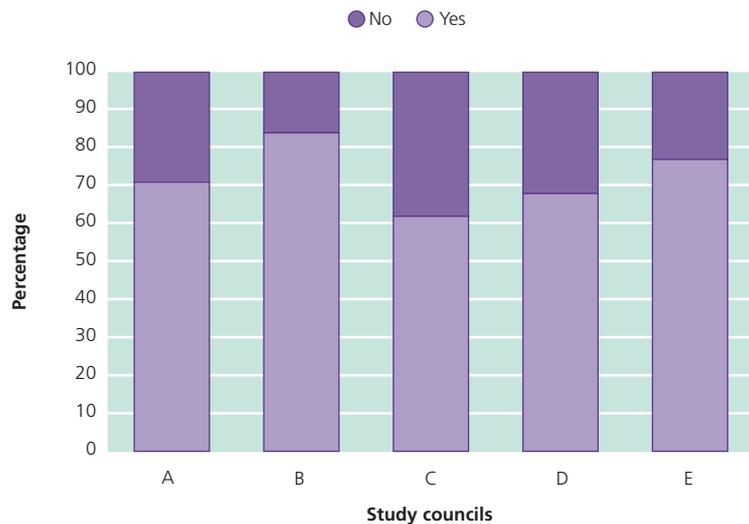
- one quarter said they did not have enough choice with the days on which they receive home care. Some councils are better than others in offering choice about days to service users about the home care service they receive (Exhibit 13)
- almost 30% said they did not have enough choice on the times that they receive home care (Exhibit 14).

Exhibit 13: Service users' views on whether they have a choice about the days they have home care



Source: Audit Scotland survey of service users (n=823)

Exhibit 14: Service users' views on whether they have a choice about the times they have home care



Source: Audit Scotland survey of service users (n=792)

Information and communication

Quality indicators relating to information and communication ...

- % of service users who say they have good information about home care services
- % of service users who know how to make a complaint about the home care service

I know my home help from years and years ago so I can't say anything.

Service user taking part in focus group

Written information

It is vital that service users get the information they need about services provided by the council to support them at home. This includes written information about the range of services provided by the home care service as well as information about how they will be charged for services, where applicable. From the home care service, they should also receive written documentation that includes information on the name of their allocated home care worker and what tasks they will get help with at home (Exhibit 15). Two out of three service users surveyed say they have good enough information from their council about the home care service it provides (n=835). However, there was variation across five study councils (ranging from 59% to 73%), so this is an area for improvement.

Exhibit 15: Written information for service users and carers

I want to complain but wouldn't in a month of Sundays.

Service user taking part in focus group

Written information should include the following:

- aims and objectives of the service
- details of the service provider, including contact details of the manager
- details of service availability, and who can use the service
- assessment and review arrangements
- the name(s) of their allocated home care worker(s)
- what tasks they will get help with
- the times when the service will be delivered
- contact names and telephone numbers for when things go wrong, for example, if their home care worker does not arrive when expected
- cover arrangements for public holidays and sickness absence of allocated home care workers
- basis of charges, and the amount they will be charged
- the types of tasks that home care workers can and cannot help with
- what support is available for carers and how they can access it
- how to comment or complain about the service
- information on the quality monitoring arrangements for the service.

Source: Adapted from 'Draft national care standards. Second tranche. A consultation paper. April 2001', Scottish Executive, 2001

Lack of information can be a barrier to people in need applying for home care services. Good information about the services provided should increase access and also help service users and carers understand the range of home care services available. Written information in languages other than English, in different formats, in large print and on tape could also help overcome barriers to access. Members of the focus groups suggested that GPs and other primary care staff could play more of a role in providing information since older people are likely to be in contact with the health service. Training home care workers and educating health service staff in the home care services that are available and how to access them will help achieve this.

Information should be available about the tasks that home care workers are permitted and not permitted to do. There is evidence that home care workers do carry out tasks that they are not permitted to do by their council for health and safety reasons. This may contribute to the positive comments made by service users about their home care workers. But it may also point to a flexible home care service being provided through means unintended by councils.

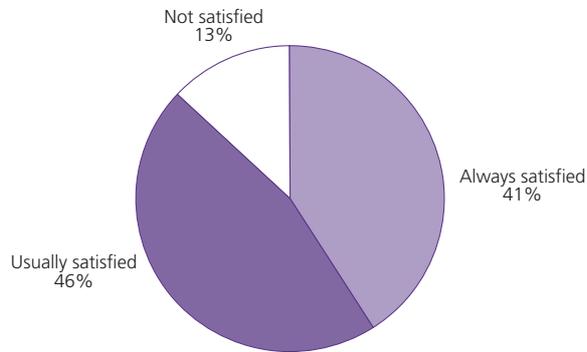
The types of help that service users say they want help with include cleaning windows, extra and heavy housework and hanging curtains. In collaboration with their local partners, councils should identify gaps in services provided and address how they can be met. Having clear written guidance for service users and home care workers will help to clarify what tasks they can and cannot do.

Communication

One of the main concerns from service users and carers is the lack of information provided by the home care department when the usual home care worker is not available, for example, due to annual or sick leave. Just over 40% of service users who responded to our survey said they are always satisfied with the service they receive when their usual home care worker is not available. More than one in ten said they are not satisfied (Exhibit 16). This should be easily addressed by contacting the service user to explain the changes, and informing the relief home care worker of the tasks to be undertaken. But service users, carers and home care workers said this communication is not always provided. Communication problems also arise on public holidays when councils may withdraw the provision of domestic services but without explaining this to service users.

A service user taking part in a focus group told us about an occasion when his usual home care worker was on holiday and no relief carer arrived at the usual time. He telephoned the care manager who confirmed that no relief was being provided. The gentleman did not receive any help until his usual home care worker returned from holiday.

Exhibit 16: Service users' satisfaction with the home care service when their usual home care worker is not available



Source: Audit Scotland survey of service users (n=846)

I have not seen the need to offer any advice on the efficient and caring service I have been provided with.

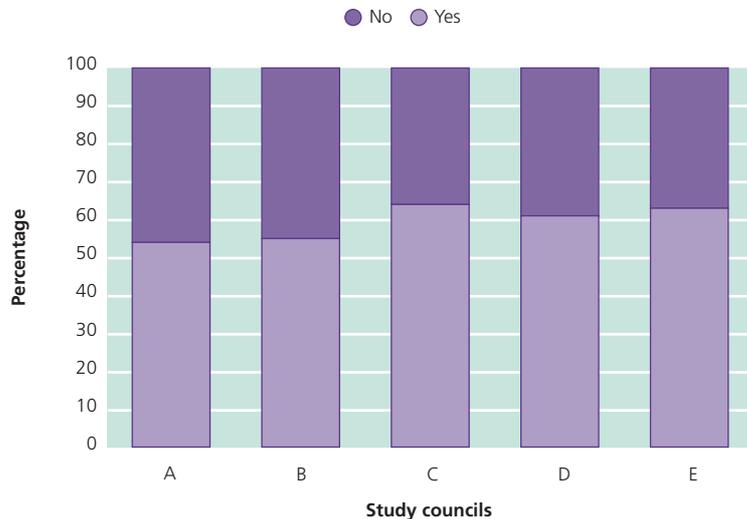
Service user taking part in survey

Complaints and comments

Service users and carers should feel confident that they can raise concerns about the home care service they receive without recrimination or fear of generating ill-feeling with their home care worker if they complain, and be sure that action will be taken. Only 60% of service users surveyed said they know how to go about making a complaint about the home care service, ranging from 54% to 64% across five study councils (Exhibit 17).

Exhibit 17: Service users who know how to complain about the home care service

Two-fifths of service users across five study councils do not know how to complain about their home care service.



Source: Audit Scotland survey of service users (n=853)

Best Value involves ensuring a customer focus in the delivery of services. From our survey of service users, 68% said that older people should have more say in how the home care service is run (n=722). Councils need to re-examine how they involve older people and carers in service reviews and service developments. Methods undertaken by some councils include holding focus groups, tapping into existing service user and carer network groups, holding conferences and workshops for service users and carers, and postal questionnaires.



Staff characteristics

Attitudes of home care staff

Quality indicators relating to the attitudes of home care staff ...

- % of service users who say their home care worker treats them with respect
- % of service users who say their home care worker treats them with courtesy
- % of service users who say their home care worker observes confidentiality.

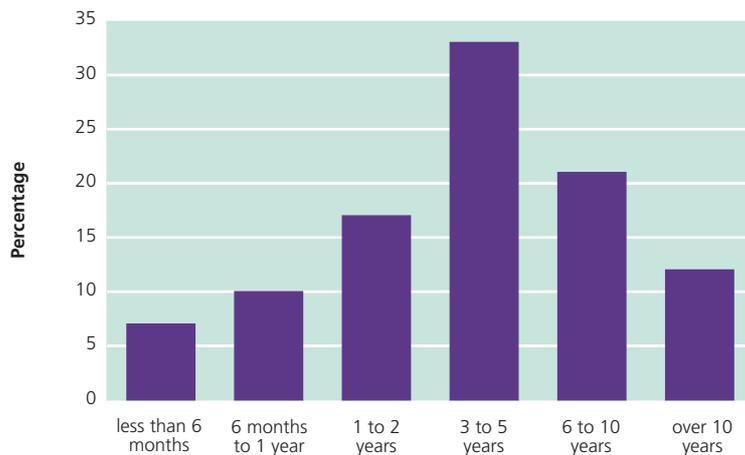
The best feature of the service is the kind and caring nature of the girls.

Service user taking part in focus group

The majority of service users have been receiving home care for more than three years (Exhibit 18). Very often, service users receive care at home from the same worker for several years, with friendship developing in many cases. It was clear from interviews with staff and from our surveys that relationships formed between service users and home care workers play a major part in the success of the home care service.

Exhibit 18: Length of time service users have received home care

One in five service users have been receiving home care services for between six and ten years.



Source: Audit Scotland survey of service users (n=864)

Almost 100% of service users say their home care worker treats them with respect, courtesy and observes confidentiality.

How home care workers treat service users plays a big part in developing good relations between the two parties. Service users rate home care workers very highly in this respect with 99% of service users saying that their home care worker:

- treats them with respect (n=852)
- treats them with courtesy (n=843)
- observes confidentiality (n=813).

While the home care service is likely to receive positive comments from older people, who may be concerned about its withdrawal if negative comments are made, feedback from service users and carers on their home care workers is extremely good, reflecting the personal qualities of staff employed in the home care service, and the induction training provided by councils on how service users should be treated.



Service characteristics

Continuity

Quality indicators relating to continuity ...

- % of service users who have a regular home care worker
- Number of home care workers leaving in year as a percentage of total number of home care workers
- Number of hours lost to sickness absence in a year as a percentage of total home care hours (home care workers)
- % of home care workers on long-term sickness absence in year

The service from the regular (home) carers is excellent.

Carer taking part in survey

High turnover of home care workers and high levels of sickness absence will impact on continuity of care, as well as on the cost and efficiency of the home care service. While all the study councils provided data on turnover of home care workers for 1999/2000 (ranging from 5% to over 20%), information on sickness absence is not routinely available in all the study councils. From our data collection exercise:

- only three study councils could provide data on the number of home care worker hours lost to sickness absence during the year (ranging from 4% to 11%)
- only four study councils could provide information on the percentage of home care workers who had periods of long-term sickness absence in 1999/2000 (ranging from almost 2% to 18%).

Over holiday periods he can be left without meals and wheels and home help services. This can mean no contact with others for 4-5 days.

Carer taking part in survey

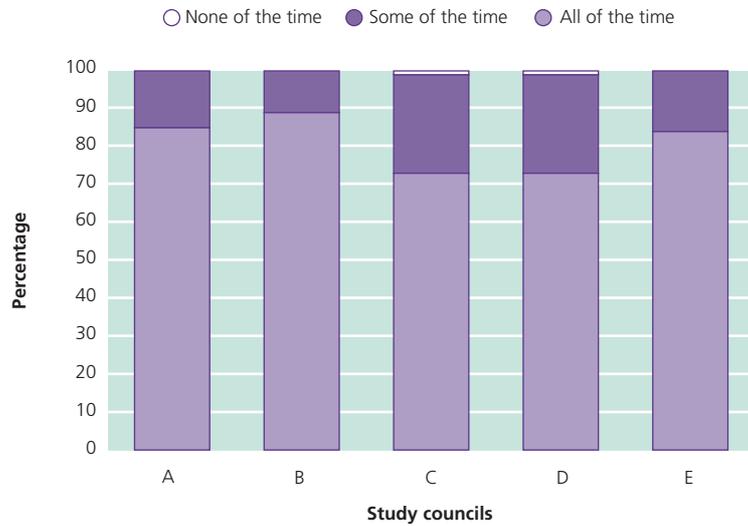
Reliability

Quality indicators relating to reliability ...

- % of service users who rate the service as reliable
- % of home care workers who turn up when expected and stay for allotted time

Providing a service that users can depend on is an important feature of a quality service. Seventy-nine percent service users surveyed rated the home care service they receive as reliable all the time; and 20% said it is reliable some of the time. The rates vary among five study councils (Exhibit 19).

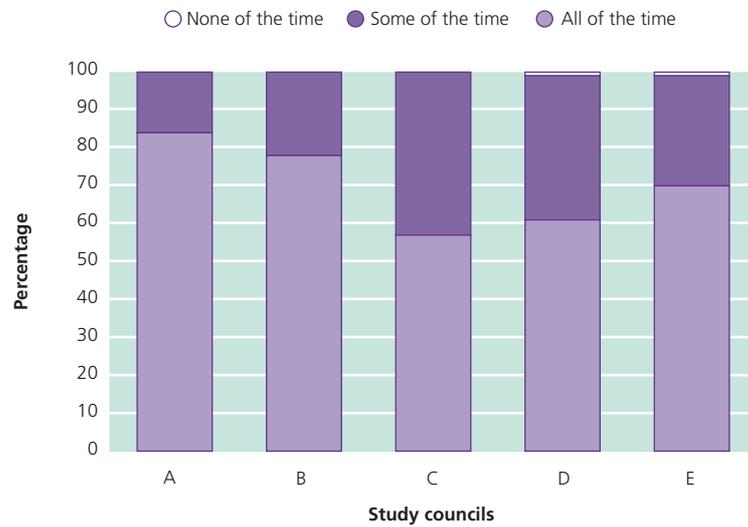
Exhibit 19: Service users' views on the reliability of their home care service



Source: Audit Scotland survey of service users (n=866)

Almost 70% of carers described the service their relative, friend or neighbour receives as reliable all the time (Exhibit 20).

Exhibit 20: Carers' views on the reliability of the home care service their relative, friend or neighbour receives



Source: Audit Scotland survey of carers (n=520)

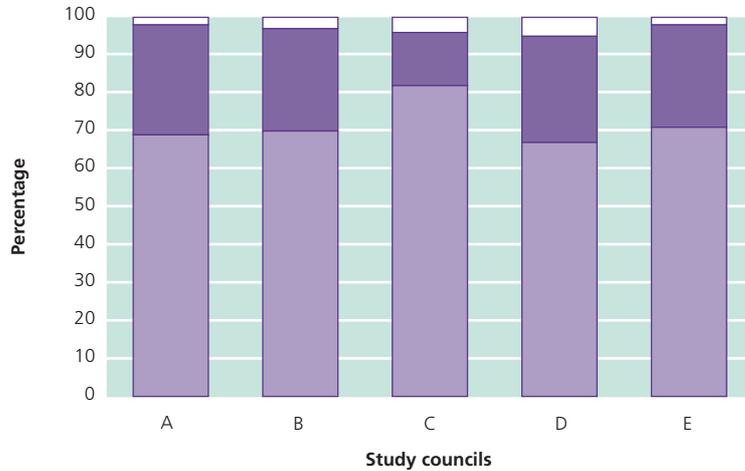
We also asked service users if they think their home care workers stay for the agreed time (Exhibit 21):

- 73% of service users said their home care workers generally stay for the time agreed
- 24% said their home care worker stays for as long as they need to do their work
- 3% said their home care worker leaves before they should.

The home care service in one study council is based around tasks and not around time.

Exhibit 21: Service users' views on whether their home care worker stays for the allotted time

○ Leave before they should ● Stay as long as needed to do their work ● Stay for the agreed time



Source: Audit Scotland survey of service users (n=778)

Some local authorities in England have introduced IT monitoring systems where home care workers telephone when they arrive at their client's home and again when they leave. This is used to make sure the service user receives a visit from their home care worker; it monitors how long the home care worker is in the client's home; and it provides data for calculating the home care worker's pay.

Flexibility

Quality indicators relating to flexibility ...

- % of service users receiving help with specified tasks
- % of home care hours delivered during specified time bands

If I did not get the extra help from my daughter and a friend, my home would soon become dirty. I think home carers should be able to do a bit more housework than is now done. Not everyone gets the extra help from families as I do.

Service user responding to survey

The traditional 'home help' service provided mainly domestic help to a large number of older people who each receive a very small number of hours. Increasingly, however, older people need complex and intensive home care packages, which include more help with personal care. A new approach to care at home is now required, that includes flexibility in the types of tasks undertaken and times at which home care is provided, while ensuring continuity of care and responsiveness. All this creates a considerable challenge for local authorities.

We looked at the flexibility of the service in terms of:

- the tasks that older people get help with
- the times that home care services are provided.

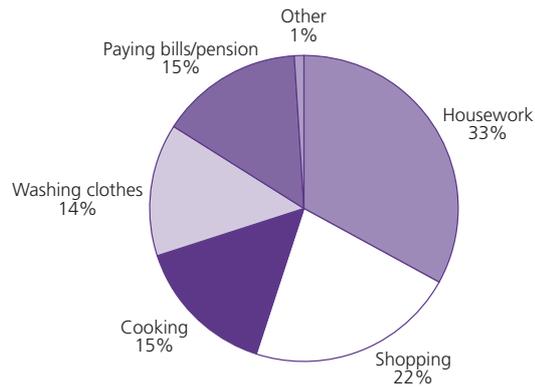
Home care tasks

The home care service has traditionally been known for its 'home help' service, where care workers help with tasks like cleaning, cooking and shopping. In some more remote communities, lighting fires is an essential task for some service users. But home care services have changed over the past few years, with many more people now receiving help with their personal care needs. These range from help with dressing and washing through to help with catheter and stoma care, tasks that would previously have been the job of the district nurse.

We asked service users to tell us what types of tasks their home care worker usually helps them with. The most common domestic task is help with housework (Exhibit 22) whilst the most common personal care task is help with bathing (Exhibit 23).

Exhibit 22: Distribution of domestic care tasks

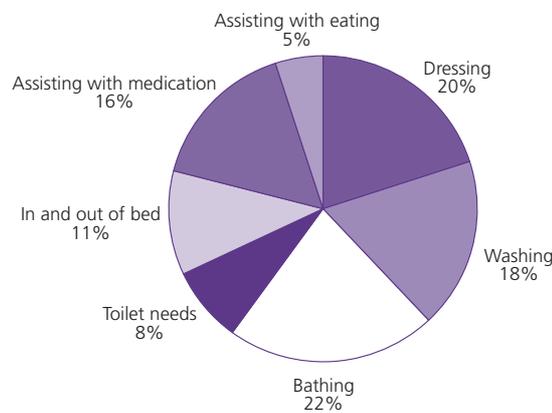
The two most common domestic tasks that home care workers help older people with are housework and shopping.



Source: Audit Scotland survey of service users (n=859)

Exhibit 23: Distribution of personal care tasks

The three most common personal care tasks that home care workers help older people with are bathing, dressing and washing.

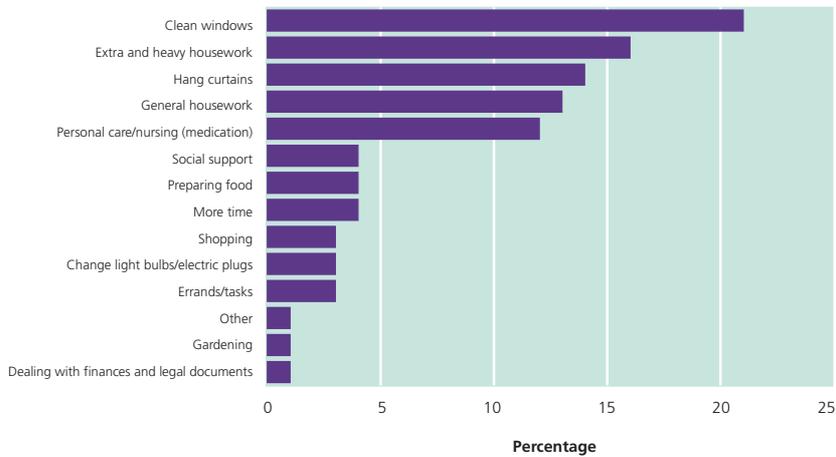


Source: Audit Scotland survey of service users (n=859)

The domestic care element of the modern home care service is still valued by service users. Maintaining standards of cleanliness in the home is linked to feelings of dignity and well being, and personal health and safety. Research bears out the importance of low-level, domestic help in supporting older people at home³¹. Our survey further confirms this (Exhibit 24). Its contribution to helping older people retain their independence at home and prevent further deterioration was also recognised by the Joint Future Group which recommended councils arrange a comprehensive shopping/domestic/household maintenance service³².

³¹ 'That a bit of help: the high value of low level preventative services for older people', Clark H et al, 1998.
³² 'Report of the Joint Future Group', Scottish Executive, 2000.

Exhibit 24: Tasks that service users would like more help with



Source: Audit Scotland survey of service users (n=184)

Older people need access to a range of services – a continuum of care – if they are to be properly supported at home.

'Report of the Joint Future Group', Scottish Executive, 2000

The Scottish Executive, in its response to the reports of the Royal Commission on Long Term Care and the Joint Future Group, has recognised the need for a balanced approach to developing preventative domestic help and intensive personal care services, and has allocated investment monies to councils for these services.

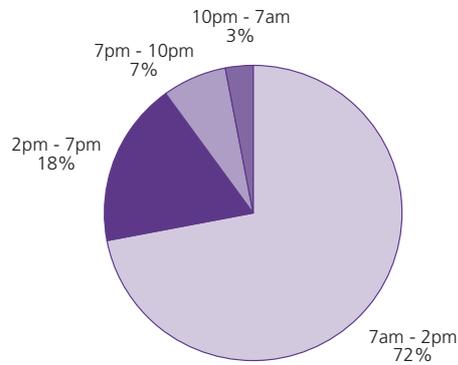
Time of delivery

The increasing numbers of service users with personal care needs means that the traditional period of service delivery (Monday to Friday, 7am to 2pm) is no longer appropriate for many service users. Older people needing help with personal care tasks require assistance at various times of the day, evening and even during the night, seven days a week. A flexible service is therefore required.

In 2000, 90% of home care was delivered between 7am and 7pm, with 72% delivered between 7am and 2pm (Exhibit 25). For the purposes of this study, home care services delivered outside the period 7am to 7pm were classed as 'out of hours'. Between 1999 and 2000, there was an increase at a national level in the proportion of home care hours delivered out of hours, from almost 1.4 million hours (7%) to over 2 million hours (10%). This shows a positive move in some councils to deliver more services out of hours³³.

³³ An examination of 'out of hours' services should also include days when home care is delivered. This data is not collected at a national level.

Exhibit 25: Time of day when home care is delivered



Source: 'Community care statistics 2000', Scottish Executive, 2001

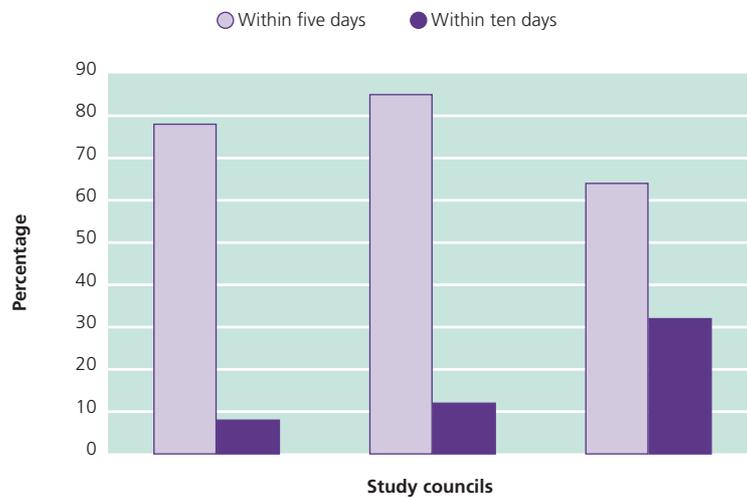
Timeliness

Quality indicators relating to timeliness ...

- % of assessments completed within five working days
- % of assessments completed within ten working days
- % of new clients receiving services within five calendar days of assessment
- % of new clients receiving services within ten calendar days of assessment

Assessments for care are undertaken by home care managers or supervisors or by care managers, like social workers or occupational therapists, where service users have a wide range of needs. The time from referral to service delivery is a good indicator of performance. Yet only two of the six study councils could provide this data from their management information systems. One study council completed almost 100% of assessments within five working days of referral with the remainder completed within ten working days; in the other study council, the rates were 48% and 42% respectively. Another indicator is the proportion of new service users who receive services within five or ten calendar days of assessment, with most services delivered within five days (Exhibit 26). For the purposes of ensuring continuous improvement and to enable benchmarking with other providers, robust data is needed on the timeliness of assessment and service delivery.

Exhibit 26: Percentage of new clients receiving services within specified period following assessment for home care services



Source: Audit Scotland data collection exercise

Recommendations

Councils should:

- ensure quality targets are developed for its home care service and that there are systems in place to monitor achievement against these local targets, and national targets
- ensure the views of carers are taken into account when assessing and reviewing service users' needs, and that the needs of carers are recognised and met
- set targets for formal review of individual service users and ensure achievement against these targets are monitored on a regular basis
- involve home care workers in feeding into the formal review of service users
- ensure service users are involved in decisions about the tasks they get help with at home
- ensure every older person is involved in deciding the days and times at which they receive care at home
- produce clear written guidance for service users on the range of services and how they can be accessed. Written guidance in languages other than English, in different formats, in large print, and on tape may be required. Similar guidance should be prepared for home care workers and health care practitioners working in primary care
- prepare clear written guidance for service users and home care workers about the tasks that can and cannot be undertaken by home care workers
- review the gaps in the service provided to older people at home and address how these gaps in service can be met, in collaboration with local partners like health boards, housing agencies, and the independent sector

- *ensure service users are informed of any changes to their service*
 - *issue written guidance on how to make a complaint about the home care service*
 - *make sure older people and carers are involved in reviews and developments of the home care service*
 - *provide a flexible care service in terms of the days and times that home care is delivered, as well as the types of tasks that are undertaken. Data should be collected on when home care is provided and the type of help provided to ensure that a flexible service is indeed delivered.*
-

Managing the home care service

Flexible management structures

Councils should have suitable structures in place to support effective management, delivery and development of home care services for older people. There were generally four grades of staff within the home care department in the six study councils: head of service, manager, supervisor and worker. While the names given to each grade may have differed in each council, as well as some differences in individual tasks undertaken by each grade of staff, the general roles performed by each grade are:

- head of service – generally has managerial oversight of the service and its developments
- home care manager – generally responsible for managing and monitoring the home care service
- home care supervisor – generally responsible for the day-to-day management of the home care service, and organising work schedules for home care workers
- home care worker – generally responsible for caring for service users at home. Some councils have two grades of home care worker, with the higher paid involved in the more intensive care packages involving more personal care.

Assessment and review of clients for home care may be undertaken in some councils by either a home care manager or a supervisor. Care managers are usually involved in organising more intensive packages of care, with a range of community care services being provided. One study council has split the home care assessment and review function from the provision of services, so that only care managers are responsible for assessing and reviewing clients' needs.

The home care service is complex to manage. It deals with a large number of service users, many with complex and changing needs, as well as a large workforce, many of whom work part-time. Making sure all service users receive the service they need, when they need it, and to a high standard, together with providing good training and support to home care staff, adds to the demands placed on managers. Alongside the day-to-day demands facing home care managers, the need to continuously improve and develop the service brings other challenges. Councils should have flexible structures and systems in place to support the further development of an effective, integrated home care service to ensure service users receive a co-ordinated service.

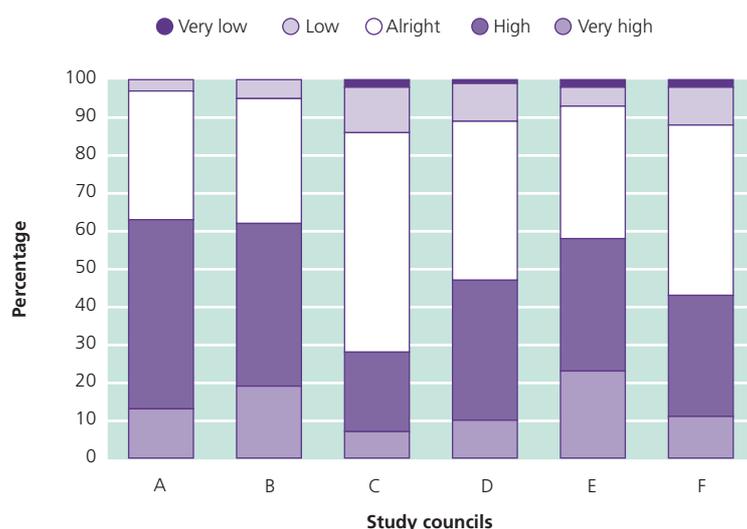
Managing home care staff

Recruitment and retention

Some study councils reported problems in recruiting and retaining home care workers. The reasons behind recruitment problems included having a freeze on recruitment, and having to compete with other organisations that also employ from the same pool of workers.

Turnover rates for home care workers were below 10% in two study councils; between 10% and 20% in another two; and just over 20% in the remaining two. Councils need to examine turnover rates and examine the underlying causes. This may be through exit interviews with home care staff leaving the service, but also through actively seeking the views of existing staff about how they are managed and supported in their work and their job satisfaction. Almost half of the home care workers surveyed described their level of job satisfaction as high or very high, but the picture varies across the six study councils (Exhibit 27).

Exhibit 27: Job satisfaction levels among home care workers



Source: Audit Scotland survey of home care workers (n=591)

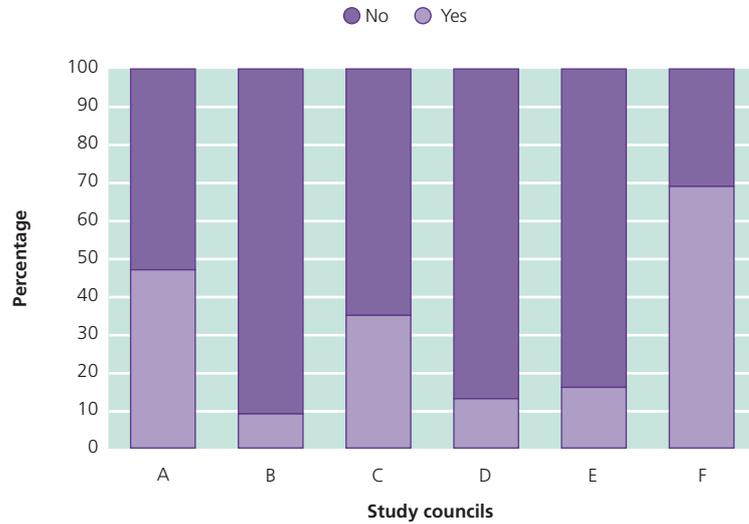
Supervision arrangements

Supervision of home care staff at all levels is important because of the vulnerability of older people, and the need to monitor practice taking place in clients' homes. Home care workers are also in a vulnerable position since they nearly always work alone.

Supporting home care staff in their work was said to be a high priority in all the study councils. Our survey of home care workers showed that this priority is being generally met: 34% of home care workers described themselves as very well supported in their work by their supervisor; and 51% said they felt adequately supported (n=591). Where councils need to improve is in the formal supervision of home care workers. While regular arrangements for supervision of home care managers and supervisors are in place, arrangements for non-office based staff are generally poor with only 34% of home care workers having regular supervision of their work, although some councils are performing better than others (Exhibit 28).

Exhibit 28: Formal supervision arrangements

Very few home care workers have a regular arrangement for supervision of their work.



Source: Audit Scotland survey of home care workers (n=583)

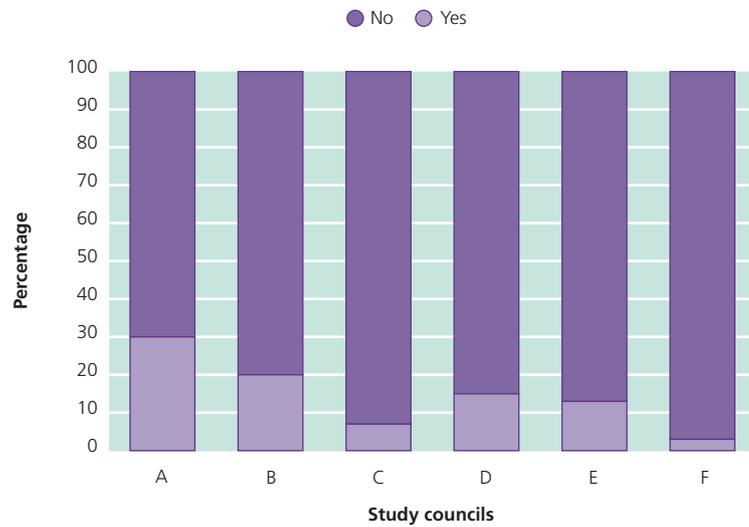
Training and development

Quality indicators relating to staff training and development...

- % of service users who think their home care workers are trained to do their job
- % of carers who think home care workers are trained to do their job
- % of home care managers or supervisors with a formal qualification
- % of home care workers trained in moving and handling, caring for clients with dementia etc

As far as possible, service users should be cared for by care workers skilled and trained in meeting their own particular needs. However, allocation of home care workers to service users is often done under pressure to get the services in place as quickly as possible. Scope for including staff training and expertise as a consideration in this process is limited by the number of staff with any specialist training. For example, of the 291 home care workers surveyed who care for at least one client with dementia, only 34 (12%) said they have received training in dementia in the previous three years (Exhibit 29).

Exhibit 29: Percentage of home care workers caring for at least one client with dementia and who have received dementia training in the previous three years



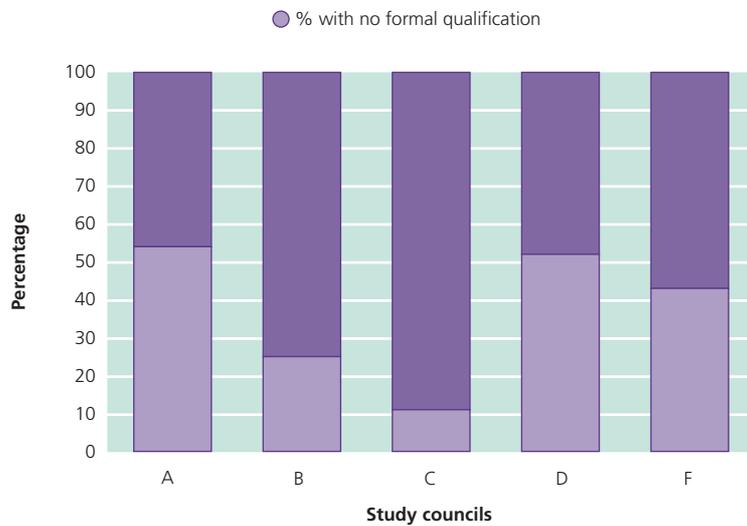
Source: Audit Scotland survey of home care workers (n=291)

We asked service users and carers' opinions on the training of home care workers: 94% of service users said they think their home care workers are trained to do their jobs (n=815); and 75% of carers said they think home care workers are adequately trained for the things they do, 8% said they are not, and 17% said they did not know (n=519).

Ensuring there are staff trained in their job is an important feature of a quality service. Having evidence that this is the case will become even more crucial for local authorities with the establishment of the Scottish Social Services Council and the Scottish Commission for the Regulation of Care and the registration of home care workers and agencies providing home care services.

Dealing with large numbers of service users and home care workers means that staff running the home care service need good management skills to enable them to provide an efficient operation. The proportion of home care managers and supervisors with no formal qualifications (for example in social work, occupational therapy or management) is high in some of our study sites (Exhibit 30). The aim of requiring formal qualifications is to improve the management of the service, but we found that that most training in home care departments is aimed at home care workers. Councils therefore need to look at how they can better support their managers and supervisors, through the provision of management training.

Exhibit 30: Percentage of home care managers/supervisors with no formal qualification



Source: Audit Scotland data collection exercise (n=144)

Induction and basic training for home care workers in the six study councils is generally good, with a sound foundation in home care skills provided. For example, of the 806 training activities in the previous three years reported by the home carers surveyed, 335 related to moving and handling. But more needs to be done around more specialist training. For example, 47 of the 806 training activities reported by home care workers related to dementia training, 15 to catheter care and eight to stoma care.

Managers should ensure that staff working with service users with special needs are properly trained to care for them. Client profiles should be reviewed regularly to establish what special needs some clients may have, for example, numbers with dementia, terminal illness, visual impairment or mobility difficulties. This profile should then be matched against the skills of home care workers providing care to these clients to ensure they have the right skills to care for them. Where gaps exist then training should be provided. Managers and supervisors should be included in this training too as they assess and review clients, and match home care workers to clients. Maintaining a database of home care workers and their skills and training will also assist in matching the most appropriate home care worker to clients.

To highlight skills gaps and training needs, each member of the home care team should have a personal development plan. However, only 8% of home care workers say they have this. This poor rate is linked to the lack of formal supervision of home care workers in most of the study councils.

Case study

Training strategy for home care staff in Fife Council

Fife Council has taken a pro-active approach to training home care staff. It has developed a 3-year training plan with the key objective of retaining quality staff; attracting new staff with more varied skills and allowing them to develop within the service. A baseline analysis has been undertaken to assess current levels of trained staff and those with relevant qualifications. The plan sets training and qualification targets for each group of staff within home care including managers and special groups such as drivers for the shopping delivery service. Timescales are attached to these targets.

The council has worked in partnership with colleges in Fife to deliver a Professional Development Award in Home Care Practice. The target is to support 240 home care staff on this course per year. This award is in addition to a rolling programme of 'in-house' training in areas such as basic skills and moving and handling.

The overall training plan is measurable with clear targets and objectives, and realistic within existing constraints.

Management information

Best Value requires councils to demonstrate that decisions on service delivery are made in a transparent manner, and are based on full and reliable information about the options available. Councils therefore need good management information to:

- underpin their strategic and operational decision making
- ensure their home care service is run effectively and efficiently
- provide data required by the Scottish Executive
- have the capacity to respond to new developments like the introduction of national care standards
- clearly identify personal and domestic care for planning purposes.

The changing needs of users means that having an up-to-date database of all clients with details of their assessed needs and the service being provided is essential. This client database should be integrated with other IT systems within the council, including payroll and client charging systems, to reduce the risk of error by minimising data entry and also ensure the efficient use of staff.

Some councils need to do more to develop and integrate their IT systems in order to achieve the benefits described above, and provide the management information required on a timely basis. Some study councils had problems providing, or were not able to provide, information about key elements of their service including:

- contact and non-contact hours, including an analysis of non-contact time like the number of hours spent on travel, training and annual leave
- number of home care hours and service users by locality
- the number of home care workers attending specialist training like dementia awareness and moving and handling
- ethnic origin of service users
- number of service users with dementia
- sources of referral to the home care service
- time between referral to the home care service and assessment of need, and between assessment of need and service delivery.

Several home care managers and supervisors also commented on the large amount of their working day that they spend keeping their client database up-to-date. Reviewing the administrative tasks undertaken by this group of staff, and allocating some of these to administrative support staff may help in freeing up managers' time to enable them to monitor the service being provided to service users.

Some councils have made more progress than others in developing their management information systems. We visited two councils in the course of our review that have made a strong commitment to developing good quality management information systems. Both can produce comprehensive management information on a timely basis to assist front line staff in making decisions about resource allocation and addressing the day to day problems encountered in delivering a demand led service, responsive to the needs of a widely diverse client group.

Case study

Management information system in Glasgow Direct and Care Services

Glasgow City Council has implemented an effective management information system to support the purchaser/provider split between social work and the council's DSO.

The system provides a database of client and management information necessary for good strategic planning. It has facilitated the development of direct ordering from hospitals and provides access to information for the Out of Hours Service. The system is also integrated with other IT systems including payroll and the four-weekly invoicing to the purchaser.

The introduction of the system was achieved through the need to develop an in-house system which would meet the requirements of the management and monitoring information for both the purchaser and the provider.

Case study

Management information system in North Lanarkshire Council

The North Lanarkshire Council system, SWIS2001, is based on the SWIS system purchased by Strathclyde Regional Council in the early 1990s. Changes to develop the system were led by home care staff and then implemented by the IT service. Extensive training for all staff involved in its use supported the introduction of the system. Comprehensive training and support manuals are provided for all staff.

The record on which the Homecare Module is based is a "visit". A visit contains the following information:

- the name of the service user
- the name of the home care worker
- start time of visit
- duration of visit
- tasks performed during visit.

The system provides real time budget monitoring information being updated continuously to show the impact of each new care package on the budget. The system also enables an instant comparison between the cost of the home care package with residential care.

It is clear that these two councils had a commitment from elected members who recognise the value of information and the financial commitment involved in establishing good quality systems. Successful implementation of the systems was assisted by having multidisciplinary teams consisting of home care staff as well as finance and IT specialists that meant that the systems were tailored to meet the needs of the service. The importance of having dedicated on-going support was also acknowledged, both to ensure that initial teething problems are addressed and to ensure that systems develop in line with changes within the service.

The users of community care information recognise that many councils need to improve their management information systems as a matter of some urgency, that it requires commitment at a national and local level, and that it is likely to involve capital investment. It is important that elected members also recognise the need for robust management information to enable them to discharge their responsibilities in relation to Best Value.

Recommendations

Councils should:

- *review their structures and systems to support the continued development of an effective, integrated home care service*
 - *monitor staff turnover rates and examine the underlying causes*
 - *ensure arrangements are in a place to formally supervise home care workers on a regular basis*
 - *develop management training for home care managers and supervisors*
 - *identify skills gaps among home care staff and ensure appropriate training is provided*
 - *ensure client and staff profiles are reviewed on a regular basis to make sure that staff skills and training match the needs of service users*
 - *ensure all home care workers have a personal development plan*
 - *maintain an up-to-date database of all service users with details of their assessed needs and the service provided*
 - *develop integration of the home care IT system with systems for other council services like payroll and client charging*
 - *maintain an up-to-date staff database with details of their skills and training*
 - *review the administrative tasks undertaken by home care managers and supervisors, and assess what tasks could be undertaken by clerical staff.*
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Joint working

Home care staff

Good communication among home care staff is important to delivering a quality service. But interviews with home care workers in our study sites highlighted that communication among home care staff can be improved. Home care workers complained of having insufficient information about new service users or for those for whom they are providing relief cover. Others complained of feeling isolated in their work.

There are examples of good team working in the study councils where some home care workers operate in small teams, working with the same group of service users. It was reported that this way of working has several benefits:

- it provides better continuity of care for service users, since team members cover for each other during periods of annual leave or sickness
- the team manages its own work schedules, so freeing up administrative time for home care supervisors
- it is easier for home care supervisors to support and supervise team members since they can meet as a group
- home care workers get support from their team members, and so can feel less isolated in carrying out their duties.

Team working will not suit every situation, for example, in more widespread rural areas. But it was reported by interviewees to be an effective way of working and so worthy of consideration by local authorities.

Joint working with the NHS

Sharing information

During 2000, as well as the 20 million hours of home care delivered by councils, health visitors and district nurses made over 3.4 million home visits to older people³⁴. This highlights the need for good communication and joint working between the two agencies, and indeed other agencies involved in caring for older people. Most importantly, service users and carers should receive clear information about who is providing which elements of their care package.

³⁴ 'Health briefing, number 01/05', ISD Scotland, 2001.

Case study

Shared electronic records in North Lanarkshire

North Lanarkshire Council, South Lanarkshire Council, Lanarkshire Health Board, Lanarkshire Primary Care NHS Trust and Lanarkshire Acute Hospitals NHS Trust are currently working together to create a shared data store. The store will be similar in construction to the Scottish Care Information stores being introduced in the NHS. This work is being funded by monies from the Modernising Government Fund's E-Care Projects (£400,000) and the Mental Health Wellbeing Fund (£500,000).

The outcome of the project will be:

- each partner will post agreed information on their host IT systems to a secure central store
- each partner will then have secure and controlled access to this store.

For increased security no information will be published on the internet or sent via e-mail.

Having a joint case record, including a shared care plan, in the service user's home provides a vehicle for improving communication among agencies caring for older people at home. It also enables carers to view written records of the health and well-being of their relative, friend or neighbour. However, only 16% of service users surveyed said they have a written copy of their care plan or care timetable in their home (n=832). This low rate is supported by our survey of home care workers, where almost 50% say they have not seen a care plan for any of their clients (n=592).

Risk assessments should be completed for all clients as part of their initial assessment to determine what their needs are. Risk assessments help to identify potential areas where the safety of both service user and home care worker may be compromised. Despite the significance of these assessments, few home care workers say they have seen a risk assessment for their clients (Exhibit 31).

Exhibit 31: Percentage of home care workers who have seen a risk assessment for their clients

Three-quarters of home care workers have not seen a risk assessment for any of their clients. The rate is low across the six councils reviewed.



Source: Audit Scotland survey of home care workers (n=591)

Discharges from hospital

In 2000, 342,000 patients aged 65 and over were discharged home from Scottish hospitals³⁵. Many patients need support at home after being in hospital, either for a short period of time or in the longer-term. The importance of home care for some patients discharged from hospital has been recognised by the Scottish Executive through the implementation of free home care for the first four weeks after discharge from June 2000³⁶.

Clear communication and good relationships between NHS and home care staff is particularly important in this situation. The aim should be a co-ordinated approach, where social work staff take part in discharge planning at an early stage and home care staff are notified what services the patient will need upon discharge.

Case study

'Throughcare' system in Western Glasgow

The 'Throughcare' service started in January 1999 and provides a supported hospital discharge service for patients treated in Glasgow's Western Infirmary and Gartnavel General Hospital, and who live in the west of the city area. It also aims to provide an alternative to hospital admission through the use of flexible home care packages for frail or older people who would otherwise be in hospital with relatively minor health and/or social needs. The service involves joint collaboration among hospital staff, Greater Glasgow Health Board and the social work departments in Glasgow City, East Dunbartonshire and West Dunbartonshire Councils.

The team comprises a service manager with nursing experience in both hospitals and the community, three nursing sisters, an occupational therapist and three social co-ordinators (one in each council area). Any member of the hospital multidisciplinary team can refer a patient to the service and the team assesses patients in all inpatient areas, A&E and clinics. If a home care need is identified then a care package is set up via the designated co-ordinators in each council area. The average package of home care has been for six days twice a day before care is transferred to the mainstream home care service if required.

The service is evaluated on a regular basis. It has contributed to a reduced length of stay in orthopaedic wards, and enabling patients, who do not need to be in hospital but who present with a nursing, home care or equipment request which would otherwise necessitate admission, to be supported at home.

Supporting early or timely discharge from hospital

Community-based services can help people stay at home rather than in hospital and free up hospital beds through supporting early or timely discharge from hospital. The report of the Joint Future Group states that all local authorities should have a comprehensive, joint hospital discharge/rapid response team in place by mid 2001/02. These teams were described as multi-disciplinary, having devolved budgets and clear service goals. Effective rapid response services have been described as including time-limited support, and targeted on people who would otherwise remain in hospital longer than necessary or admitted unnecessarily (Exhibit 32). It is also important that appropriate arrangements are in place to transfer people to a long-term service where required. All the study councils had or were in the process of setting up a rapid response service in their council areas.

³⁵ 'Scottish health statistics 2000', ISD Scotland, 2001. Figure is for year ending 31 March 2000. Includes both inpatient and day case discharges (all specialties except geriatric long stay).

³⁶ 'SE2645/2000', Scottish Executive press release.

Exhibit 32: Effective rapid response teams

Effective rapid response teams will:

- be targeted on individuals who would otherwise stay longer than necessary in hospitals or be admitted unnecessarily
- follow comprehensive assessment and the production of an individual care plan
- offer time-limited support, a maximum usually of six weeks and often a couple of weeks or less
- gatekeep carefully to ensure that inappropriate referrals are screened out
- strive to maximise the independence of each individual within his/her own home
- operate on a multi-disciplinary and multi-agency basis, promoting the single shared assessment, integrated record keeping and shared protocols
- have access to transport and pharmacy at all times
- be clear as to responsibilities across agencies and services, particularly where there are potential gaps or duplications.

Source: 'Good practice profile. Bridging the gap: rapid response and supported discharge', Nuffield Centre for Community Care Studies, 2001

Case study

Rapid response service in West Dunbartonshire Council

In collaboration with its local health partners, West Dunbartonshire Council set up a 12-week pilot scheme in December 2000 for a rapid response system of assessment, treatment and package of care for individuals with an acute episode of illness. The aim of the service was to reduce the number of people having to move into institutional forms of care like hospital, residential or nursing home care by providing a social and healthcare package quickly, at an intense level, and for a short period. Another aim was to support early discharge from local hospitals.

The team included a community nursing co-ordinator, a hospital co-ordinator, a physiotherapist and an occupational therapist. The team had access to home care workers in the council's intensive home care teams, nursing equipment, community alarms and nursing provision. Criteria for referral to the service were set up and included individuals who would be inappropriately admitted to hospital, who had experienced a fall, and who required short-term community support in a crisis situation. Referrals could come from a variety of sources including GPs, district nurses and ward sisters.

Following an evaluation of the service at the end of the 12-week period which estimated that up to 109 inpatient bed days were saved, in addition to a further 201 days saved by prevented hospital admissions, it was decided to continue with the service on a long-term basis.

Intensive home care

While rapid response teams aim to deliver care at home for short periods of time, some service users require longer-term, more intensive care as they become frailer. The main response for such people has probably been for an admission to be arranged to residential or nursing home care. However, local authorities now aim to provide more intensive care packages at home. All councils must have a comprehensive, joint, intensive home support team by mid 2001/02³⁷.

Three study councils have had intensive care at home schemes in place for several years. These involve dedicated teams of specialist home care staff sharing the care at home of service users with NHS staff. The teams of home care workers have received additional training in personal care tasks, such as stoma and catheter care. Similar schemes operate in North and South Ayrshire and an evaluation of them has demonstrated their success in delivering a high quality service to physically frail older people in the community³⁸.

Recommendations

Councils should:

- *explore whether team working would be a suitable way of working for some groups of home care workers*
 - *ensure a joint case record, including a shared care plan, is kept in each service user's home, including outcomes of risk assessments*
 - *have arrangements in place to transfer service users from the care of rapid response teams to a long-term home care service where the need for continued care has been assessed.*
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³⁷ 'Report of the Joint Future Group', Scottish Executive, 2000.

³⁸ 'Extending the boundaries of community care: an evaluation of augmented care at home in Ayrshire', Nuffield Centre for Community Care Studies, 2000.

Costing and charging for home care

Costing the home care service

Best Value requires services to compare their performance with others, including the independent sector, in order to evaluate options on how best to deliver services to meet need, ensure equity and achieve value for money. This requires good financial information to ensure that the quality, efficiency and cost of services are compared in a like-for-like basis.

Home care is a highly labour intensive service and not surprisingly more than 90% of home care costs are staff related. Ways of containing costs within realistic budgets involve focusing on a number of key areas:

- Ensuring that the most efficient and effective management structure is in place – one which ensures adequate management support capable of adapting to changing demands on the service.
- Reviewing the use of overtime and enhancements for out of hours working. Failure to do this may make council home care services increasingly uncompetitive with the independent sector as the move towards providing more home care out of hours intensifies. Many councils have carried out constructive negotiations with staff to phase out enhancements, for example, within the context of 'single status' changes, and through recruiting new staff on fresh contracts.
- Actively managing sickness absence. This is likely to be one of the areas where the adoption of good management practices such as monitoring sickness levels and introducing return to work interviews can help control costs. If differential pay rates are in place according to time of day worked sickness should also be monitored by time of absence. Only three of the six study councils could easily provide information on the number of hours lost to sickness absence as a percentage of total home care worker hours in 1999/2000 (4.3%, 8.4% and 10.6%). Sickness is costing these councils approximately £43,000, £775,000 and £525,000 respectively. If no replacement staff can be found then the cost is loss of care delivery, ie, quality of care. If replacement staff are provided then quality may be maintained but then the additional financial cost has to be borne.
- Deploying staff in ways which minimises travel time and distances travelled. As expected rural councils tend to have a higher percentage of their total costs attributable to transport costs than urban councils do (for example 2% of an urban council's costs related to transport compared to 4.6% of a rural council's costs). Nevertheless, team working and actively managing the allocation of staff to geographical patches can help control expenditure on travel.
- Ensuring that training and development reflect the business needs of the service. This means training should be targeted on the key skills necessary for developing an enhanced home care service. Training will add to overall costs but Best Value addresses the need to invest in quality

as well as contain costs. Councils will need to make judgements about what is an affordable investment in training but this report highlights that there is likely to be a growing need for specialist training to meet users' varied needs.

- Developing more efficient ways of delivering the service. Many councils have introduced separate shopping delivery, meals, laundry and pension collection services to improve efficiency and reduce costs. This is likely to become the norm as extra money from the Scottish Executive has been targeted on developing these services.

Case study

Centralised services in Fife Council

Fife Council was one of the first councils in Scotland to develop new ways of delivering shopping and pension collection services. The aims of the changes were to improve the service provided, and reduce costs to the council and charges to service users. Before introducing the shopping and pension collection services these were piloted and fully evaluated to ensure high levels of user satisfaction, gains in service economy and efficiency.

Over 90% of clients receive their shopping within a working day of the shopping list being collected. Social contact with clients is still maintained as help with filling out shopping lists and unpacking food and storing it away is always available if needed.

Both the shopping delivery service and the pension collection service has its own set of standards; service manuals; risk assessments and clear procedural guidance for all workers.

Some 1,100 service users now receive the free Shopping Delivery Service each week. This costs the council approximately £4.44 per delivery. The pension collection service has been more recently introduced but 395 people already use this service which will be extended to the whole of Fife by 31 March 2002.

The move towards assimilating the terms and conditions of manual and non manual workers within councils, known as 'single status' will increase the costs of providing the home care service: home care workers will be entitled to a reduced working week, more holiday entitlements and an increase in the hourly rate. This will place even more pressure on councils to manage their costs effectively. For illustrative purposes, a council estimated that it could expect to pay around an extra £130,000 per annum once single status is fully implemented, based on staffing levels of 100 WTE home care workers.

Good financial systems are needed which are integrated with client and staff information so that data can be easily captured and analysed. (See also previous chapter on management information.) With a move towards supporting more people with intensive care needs in their own homes, and a continuing need to ensure the effective use of resources, commissioners of care services will also need good information on the cost of different care packages.

The lack of integrated systems in some councils makes it more difficult for managers to identify and actively control costs and meant that a number of our study councils found it difficult to provide the detailed breakdown of costs needed for a Best Value review. Using information from the financial ledger system we calculated the cost of an hour of home care for five study councils. The range was from £8.35 to £10.87. This excludes the cost of central overheads as the councils had differently apportioned these. However, recent guidance from CIPFA should help councils address this problem³⁹.

There are a number of reasons for the variation in unit costs, discussed earlier in this chapter. However, the most significant factors that have increased unit costs in our study councils include:

- the level of enhancements for working out of hours in different councils
- the amount of 'lost' time including sickness and travel
- whether home care assessment and review is undertaken by the home care service or care managers. Those study councils with the highest unit costs included assessment in home care service.

This demonstrates that achieving like for like comparisons, even within the council sector, is relatively difficult. In recognition of this, Audit Scotland will provide guidance on collecting a minimum dataset to generate comparative costs with other councils and the independent sector in the handbook accompanying this report (to be published early in 2002).

Charging for home care

Home care services support vulnerable people, often on low incomes, to maintain as independent a life as possible. To help councils continue to provide and develop the service, they rely on income generated by charges for home care. But charging for services can also have a negative impact, acting as a possible deterrent and causing anxiety for service users. The cost to councils in administering their charging system also needs to be considered.

We reviewed the charging policies in 23 councils which provided us with information on their policies. This showed the wide variation among these councils in how charges are made for home care. One council does not charge, several do not have an hourly rate but instead levy a weekly charge regardless of hours provided, and the remainder have hourly charges ranging from £4.50 to £7.50.

There are also variations in how councils determine the amount that service users should pay, including: what income is taken into consideration and what is disregarded; and what allowances are deducted. All councils that charge for home care services operate some form of means testing to decide what to charge the service user.

Capital and savings

The way in which service users' capital and savings are taken into account when calculating charges varies among councils. Some do not look at capital and savings at all. Most set an amount below which capital and savings are not taken into consideration when assessing income. This varies between £3000 and £11,500 across the councils sampled.

The Audit Commission described variations in how English and Welsh councils converted savings into measures of potential income: some considered the actual interest received, whilst others used 'tariff income' based on social security means-tested benefits (assuming an income of £1 per week from each £250 of savings)⁴⁰. All the Scottish councils for which we have information treated capital and savings in the latter way, assuming a weekly income of £1 for any part of £250 of savings or capital over the disregarded amount. Some councils also set an upper limit, and service users with capitals and savings above this limit pay in full for services used.

⁴⁰ 'Charging with care. How councils charge for home care', Audit Commission, 2000

Allowances

All 23 councils deduct certain allowances from the total income before calculating charges for individuals. Rent, mortgage, council tax and other housing related expenses are deducted by most councils, as is an amount of money described variously as personal allowance, premium, living costs or income threshold. Such living allowances are different for individuals and for couples, and again the amounts vary between councils. The allowance is similar to the “applicable amount” taken into consideration by the Department for Work and Pensions (formerly the Department of Social Security) when means testing for income support. One council uses the Department for Work and Pensions applicable amounts calculations in their means test for home care. Some councils do not apply an allowance at all but instead set an income level below which no charges are made. The effect is much the same. Income levels vary among councils sampled, from less than £100 to £143 for a single person.

There are arguments for and against councils having the power to set their own charges for home care services⁴¹. Allowing local discretion enables councils to set policies designed to meet the particular needs of the local population, and take into account the views of their service users. Also, the relative wealth of the area, the cost of providing the services and the cost of living can vary among council areas and have justifiable impacts on their charging policies. However, the geographical inequities that this can lead to are difficult to justify, with people in similar financial circumstances and with similar care needs paying different amounts for the same service. National guidance could reduce such inequities, and establish what would be viewed as a “fairer” system.

The wide-ranging differences among Scottish councils in their charging policies for home care services was highlighted in the report of the Joint Future Group which recommended that the Convention of Scottish Local Authorities (COSLA) should develop guidance on charging policies to reduce inconsistencies in how councils charge for home care. Together with the recommendations of the Care Development Group on charging for personal care, this creates an opportunity to tackle charges at a national level.

⁴¹ ‘Charging with care: How councils charge for home care’, Audit Commission, 2000.

Recommendations

Councils should:

- *review the use of overtime and enhancements for out of hours working*
 - *actively manage sickness absence levels through, for example, regularly monitoring sickness levels and undertaking return to work interviews*
 - *review how staff are deployed to ensure travel time and distances travelled are minimised*
 - *examine different ways of delivering parts of the home care service that do not require skilled staff (for example, meals, laundry, shopping and pension collection), and establish the most cost-effective way to deliver these elements*
 - *ensure good information systems are in place to collect and analyse data on the costs of the home care service to provide the detailed breakdown of costs needed for a Best Value review.*
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Summary of recommendations

Achieving the right balance of care

Councils should develop a strategy for care in liaison with their health and housing partners, encompassing the full spectrum of services provided or commissioned for older people in the community.

Delivering a quality home care service

Councils should:

- ensure quality targets are developed for its home care service and that there are systems in place to monitor achievement against these local targets, and national targets
- ensure the views of carers are taken into account when assessing and reviewing service users' needs, and that the needs of carers are recognised and met
- set targets for formal review of individual service users and ensure achievement against these targets are monitored on a regular basis
- involve home care workers in feeding into the formal review of service users
- ensure service users are involved in decisions about the tasks they get help with at home
- ensure every older person is involved in deciding the days and times at which they receive care at home
- produce clear written guidance for service users on the range of services and how they can be accessed. Written guidance in languages other than English, in different formats, in large print, and on tape may be required. Similar guidance should be prepared for home care workers and health care practitioners working in primary care
- prepare clear written guidance for service users and home care workers about the tasks that can and cannot be undertaken by home care workers
- review the gaps in the service provided to older people at home and address how these gaps in service can be met, in collaboration with local partners like health boards, housing agencies, and the independent sector
- ensure service users are informed of any changes to their service
- issue written guidance on how to make a complaint about the home care service
- make sure older people and carers are involved in reviews and developments of the home care service

- provide a flexible care service in terms of the days and times that home care is delivered, as well as the types of tasks that are undertaken. Data should be collected on when home care is provided and the type of help provided to ensure that a flexible service is indeed delivered.

Managing the home care service

Councils should:

- review their structures and systems to support the continued development of an effective, integrated home care service
- monitor staff turnover rates and examine the underlying causes
- ensure arrangements are in a place to formally supervise home care workers on a regular basis
- develop management training for home care managers and supervisors
- identify skills gaps among home care staff and ensure appropriate training is provided
- ensure client and staff profiles are reviewed on a regular basis to make sure that staff skills and training match the needs of service users
- ensure all home care workers have a personal development plan
- maintain an up-to-date database of all service users with details of their assessed needs and the service provided
- develop integration of the home care IT system with systems for other council services like payroll and client charging
- maintain an up-to-date staff database with details of their skills and training
- review the administrative tasks undertaken by home care managers and supervisors, and assess what tasks could be undertaken by clerical staff.

Joint working

Councils should:

- explore whether team working would be a suitable way of working for some groups of home care workers
- ensure a joint case record, including a shared care plan, is kept in each service user's home, including outcomes of risk assessments
- have arrangements in place to transfer service users from the care of rapid response teams to a long-term home care service where the need for continued care has been assessed.

Costing and charging for home care

Councils should:

- review the use of overtime and enhancements for out of hours working
- actively manage sickness absence levels through, for example, regularly monitoring sickness levels and undertaking return to work interviews
- review how staff are deployed to ensure travel time and distances travelled are minimised
- examine different ways of delivering parts of the home care service that do not require skilled staff (for example, meals, laundry, shopping and pension collection), and establish the most cost-effective way to deliver these elements
- ensure good information systems are in place to collect and analyse data on the costs of the home care service to provide the detailed breakdown of costs needed for a Best Value review.

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Appendix 1

Members of project advisory group

Christine Bennett, Crossroads (from February 2001)

Douglas Bulloch, Director of Social Work, East Ayrshire Council
(representing the Convention of Scottish Local Authorities) (to February
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Rosalind Carr, Torrance Lodge Care Services (to February 2001)

Helen Chambers, Policy and Parliamentary Affairs Manager, Carers National
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Carers

Appendix 2

Study methodology: questionnaire surveys

Audit Scotland commissioned eight focus groups (four with service users and four with carers) in different locations across Scotland during the summer of 2000 to assist with the design of questionnaires. Participants were asked to discuss:

- their experiences of home care services
- what they believed are the features of a good home care service
- the most important things that home care services could do to help maintain quality of life
- carers' relationships with home care providers, including the support offered to carers
- any changes they thought would improve home care services.

Participants were also given the opportunity to comment on other aspects of home care. On the basis of the focus group discussions, questionnaires were then developed and piloted in a local authority (not one of the six study councils) to ensure clarity of information gathering.

Questionnaires were then sent to a sample of service users, carers, home care staff and social work staff in each study council. All questionnaires were sent with a letter of introduction explaining the outline of the study; confirmation that all responses would be anonymous and confidential, and with instructions on how to complete the questionnaire.

Service users and carers

Questionnaires were sent to a sample of service users in five of the six local authorities taking part in the review. One council had recently carried out a survey of service users and carers and so it was decided not to over burden this group with more questionnaires.

To obtain the views of family, friends or neighbours who also provide care for service users, an additional questionnaire was sent to service users, asking them to forward the questionnaire to anyone providing care for them at home.

1950 questionnaires in total were sent to service users in five councils, including 1950 additional questionnaires for carers. The total number of completed questionnaires from service users was 885, a response rate of 45%.

584 service users indicated they receive help from a relative, friend or neighbour. 529 carers returned carers questionnaires. This gives a carer response rate of 91%.

Home care workers, supervisors/managers and care managers

Questionnaires were sent to a sample of home care workers and to all home care supervisors and managers, and care managers in each study site. The response rates are shown below.

	Number issued	Number returned	Response rate
Home care worker	1811	602	33%
Home care supervisor/manager	114	42	37%
Care manager	264	63	24%

Appendix 3

Profile of service users⁴²

Sex

- 22% are male.
- 78% are female.

Age

- 20% are aged 65 to 74 years.
- 45% are aged 76 to 85 years.
- 35% are aged over 85 years.

Living arrangements

- 28% live in sheltered housing.
- More than three-quarters live alone.

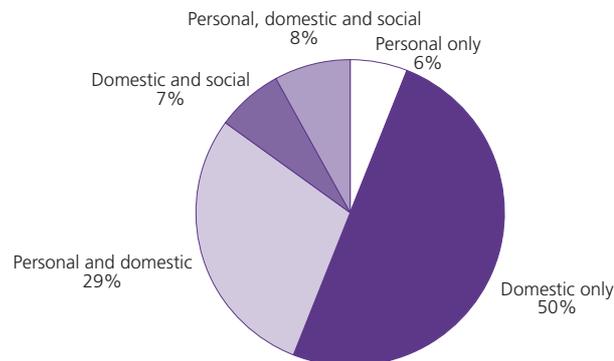
Time of service

- One-third have been receiving help from home care for between three and five years.
- One in five have been receiving home care for between six and ten years.

Type of service

- Nearly 30% receive between three and five hours of home care each week.
- 85% receive less than ten hours of home care each week.
- 50% receive domestic care only; 6% receive personal care only; and 29% receive a combination of personal and domestic care (exhibit 33).

Exhibit 33: Types of home care received by service users



Source: Audit Scotland survey of service users (n=858)

⁴² Based on Audit Scotland survey of service users (n=885)

Appendix 4

Quality and management indicators for home care for older people

The quality and management indicators developed by Audit Scotland for home care for older people are listed below. A self assessment handbook will be published early in 2002 explaining in more detail the data required to calculate these indicators, several of which can be done on a sample or cyclical basis. This should assist local authorities and other providers of home care to benchmark their services in a consistent way.

Type	Performance Indicator
Strategy	% of home care clients, by age group and locality
	% of total 65+ population receiving home care, by locality
	% of total population receiving home care, by locality
	% of home care clients 65+, by ethnic category and location
	Number of ethnic minority home care clients 65+ as % of total ethnic minority population 65+
	% change in home care gross expenditure over period
	% change in number of home care clients by age group over period
	% change in number of hours delivered to home care clients 65+ over period
	Average number of home care hours delivered to clients by age group over period
	% of total home care gross expenditure, in-house services, over period
	% of total home care gross expenditure on 65+, in-house services, over period
	% of total home care gross expenditure, private sector services, over period
	% of total home care gross expenditure on 65+, private sector services, over period
	% of total home care gross expenditure, voluntary sector services, over period
	% of total home care gross expenditure on 65+, voluntary sector services, over period
	Gross expenditure on home care as % of total older people's services, over period
	Gross expenditure on home care for 65+ as a % of total older people's services, over period
Cost	Cost per hour of home care, over period
	Cost per hour of domestic home care, over period
	Cost per hour of personal home care, over period
	% of expenditure on all home care recouped by home care charges, over period
	Ratio of cost of collecting home care charges: charges recovered
	Home care manager/supervisor costs as a % of total home care costs

Quality	% of users who rate the home care service as reliable
	% of users who have regular home carer(s)
	% of users who are involved in determining the content of their home care
	% of users who want different home care services than those offered
	% of users who have a copy of assessment and care plan
	% of users who have a choice in provider
	% of users who are satisfied with the home care service (overall, and by aspect of service, eg, time delivered)
	% of users who think they are treated with respect and courtesy
	% of users who are supported to maintain 'normal' activities in community (eg, church, library, bingo etc)
	% of users where risk assessment includes an assessment of social isolation
	% of users who access other social care services (respite, day care etc)
	% of home carers working: <ul style="list-style-type: none"> – <5 contracted hours per week – 5-9 contracted hours per week – 10-19 contracted hours per week – 20 and over contracted hours per week
	Ratio of supervisor hours: home care worker hours
	Average number of clients (by age group) per supervisor
	% of supervisor/manager hours spent on monitoring
	Number of home care workers leaving in year as % of total number of home carers, over period
	Number of hours lost to sickness absence as a % of total home care hours, over period, for: <ul style="list-style-type: none"> – home care workers – managers/supervisors
	% of home care workers on long-term sickness absence
	% of home care staff receiving formal induction training within 4 weeks of starting employment
	% of home care staff trained in moving and handling
	% of home care staff trained in basic first aid
	% of home care staff trained in dementia awareness
	% of home care staff trained in food hygiene
	Number of hours training as % of total home care hours
	% of home care workers with SVQ2 (or equivalent)
	% of managers/supervisors with management, nursing, social care OT qualifications, or no qualifications
	Number of hours of client contact as % of total home care hours, by locality
	Travel time as a % of total home care hours
	Hours of domestic home care as a % of total home care hours
	Hours of personal home care as a % of total home care hours
	% of assessments completed within 5 working days

	% of assessments completed within 10 working days
	% of new clients receiving services within 5 calendar days of assessment
	By locality, % of home care hours delivered: 1. Mon – Fri 7am – 7pm 2. Mon – Fri 7pm – 10pm 3. Mon – Fri 10pm – 7am 4. Saturday 5. Sunday
	% of home care clients aged 65+, by source of referral

Appendix 5

Net expenditure on home care for older people, 1997/98 – 1999/2000

Local authority	1997/98	1998/99	1999/2000	% change 1997/98 – 1999/2000
Aberdeen City	£6,611,300	£5,824,200	£6,454,900	-2%
Aberdeenshire	£3,928,700	£2,663,900	£3,111,850	-21%
Angus	£1,700,000	£1,617,550	£1,966,050	+16%
Argyll & Bute	£2,110,550	£1,382,950	£1,487,500	-30%
Clackmannanshire	£986,000	£1,356,600	£589,900	-40%
Dumfries & Galloway	£3,710,250	£5,417,900	£5,944,900	+60%
Dundee City	£2,427,600	£3,367,700	£3,676,250	+51%
East Ayrshire	£1,904,850	£1,936,300	£2,305,200	+21%
East Dunbartonshire	£1,448,400	£1,376,150	£1,400,800	-3%
East Lothian	£2,316,250	£2,380,850	£2,428,450	+5%
East Renfrewshire	£1,029,350	£1,147,500	£863,600	-16%
Edinburgh City	£9,548,900	£11,174,100	£11,913,600	+25%
Eilean Siar	£2,327,300	£2,408,050	£2,213,400	-5%
Falkirk	£4,510,950	£4,363,900	£5,374,550	+19%
Fife	£9,616,050	£9,236,100	£9,791,150	+2%
Glasgow City	£16,099,000	£17,499,800	£17,499,800	+9%
Highland	£2,411,450	£2,153,050	£2,366,400	-2%
Inverclyde	£1,875,100	£1,973,700	£2,104,600	+12%
Midlothian	£1,949,900	£2,141,150	£2,247,400	+15%
Moray	£1,611,600	£1,699,150	£2,528,750	+57%
North Ayrshire	£2,482,850	£2,315,400	£2,251,650	-9%
North Lanarkshire	£6,076,650	£5,538,600	£5,931,300	-2%
Orkney Islands	£789,650	£774,350	£921,400	+17%
Perth & Kinross	£1,071,000	£1,739,950	£1,417,800	+32%
Renfrewshire	£4,468,450	£4,785,500	£5,925,350	+33%
Scottish Borders	£2,144,550	£2,363,850	£2,423,350	+13%
Shetland Islands	£625,600	£701,250	£791,350	+26%
South Ayrshire	£2,635,000	£2,517,700	£3,173,050	+20%
South Lanarkshire	£4,606,150	£4,893,450	£4,805,050	+4%

Stirling	£2,384,250	£2,515,150	£2,350,250	-1%
West Dunbartonshire	£1,864,050	£1,992,400	£2,167,500	+16%
West Lothian	£2,885,750	£3,614,200	£3,322,650	+15%
Scotland	£110,157,450	£114,872,400	£121,749,750	+10%

Notes: Figures have been rounded to nearest £000. Expenditure on older people estimated at 85% of total expenditure on home care. Figures have been adjusted to reflect current prices using GDP deflators.

Data returns for Glasgow City Council for 1999/2000 do not provide an accurate figure for this year. This may in part be due to changes in recording practices. To ensure a consistent trend comparison, we used 1998/99 expenditure figures for 1999/2000.

Source: SEDD Local Government Finance Statistics – LFR3 Return, Scottish Executive

Appendix 6

Profile of carers⁴³

Age

- Two respondents are under the age of 18.
- Almost three-quarters are aged between 18 and 64.
- Almost 20% are aged between 65 and 75.
- The rest are aged over 75.

Employment

- Nearly a third are in full-time paid employment.
- Just over 15% work part-time.
- More than half are not in paid employment.

Relationship to service user

- More than half the respondents care for a parent.
- 15% care for a friend or neighbour.
- 6% care for their partner.

Length of time as a carer

- Two-fifths of carers have been looking after a relative, friend or neighbour for up to five years; nearly a third for between six and ten years; and over a quarter for more than ten years.
- Some respondents said they have been providing care “for years”.

Type of support

- The majority of carers (95%) provide domestic support for the person they care for.
- Three-quarters provide social support.
- Just over half say they help with personal care.

Time spent caring

- One in five carers spend between six and ten hours a week providing care.
- One in ten provide more than 20 hours of care a week.
- 20% refer to the time they spend caring as “ongoing”.

⁴³ Based on Audit Scotland survey of carers (n=529)

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- Fife Council
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- Orkney Islands Council
- Scottish Borders Council
- West Dunbartonshire Council.

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- Fife Users Panel
- Inverbervie Day Centre, Montrose
- Oakview Day Centre, Galashiels
- The Princess Royal Trust for Carers.

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