

## Home care for older people overview

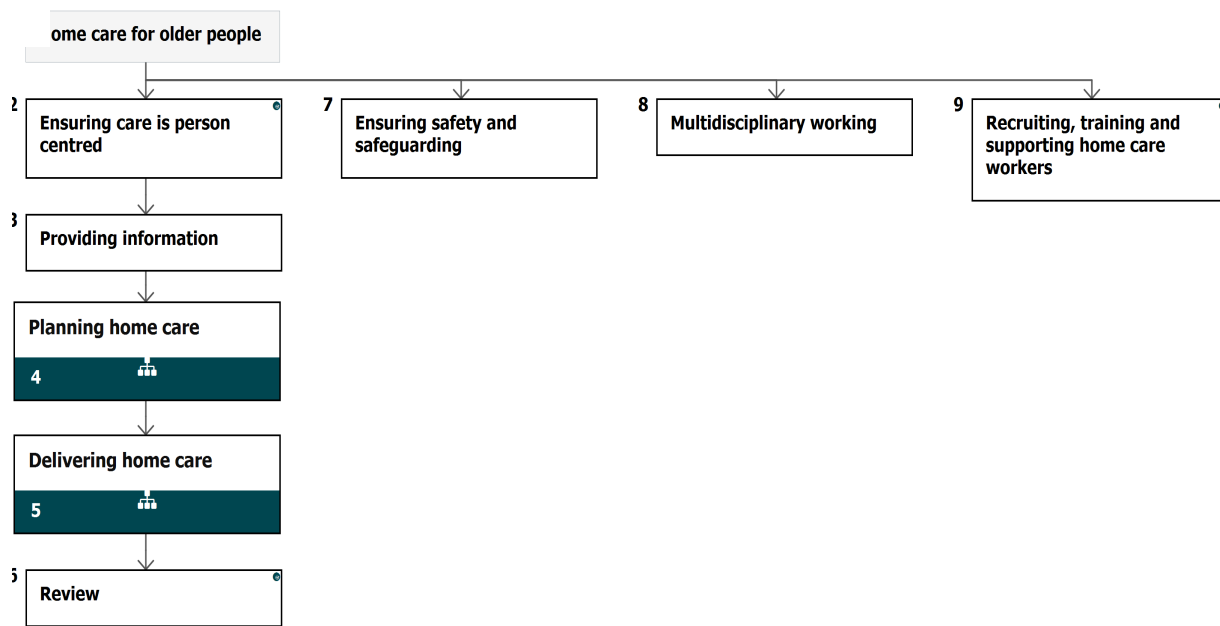
NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

<http://pathways.nice.org.uk/pathways/home-care-for-older-people>

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This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



## 1 Home care for older people

No additional information

## 2 Ensuring care is person centred

Ensure services support the aspirations, goals and priorities of each person, rather than providing 'one size fits all' services. (For help with [implementation: getting started](#) see the NICE guideline on home care.)

Ensure support focuses on what people can or would like to do to maintain their independence, not only on what they cannot do. Recognise:

- that people have preferences, aspirations and potential throughout their lives, and
- that people with cognitive impairment and those living alone might be at higher risk of having unmet social care-related quality of life needs or worse psychological outcomes (see NICE's recommendations on [dementia](#) and [mental wellbeing and older people](#)). (For help with [implementation: getting started](#) see the NICE guideline on home care.)

Ensure people using home care services and their carers are treated with empathy, courtesy, respect and in a dignified way by:

- involving people and their carers in discussions and decisions about their care and support
- agreeing mutual expectations
- always respecting confidentiality and privacy
- providing a reliable service that people and their carers can trust
- regularly seeking feedback (both positive and negative) about the quality and suitability of care from people using the service, including those who do not have a carer or advocate.

Prioritise continuity of care by ensuring the person is supported by the same home care worker(s) so they can become familiar with them.

Ensure there is a transparent process for 'matching' care workers to people, taking into account:

- the person's care and support needs, and
- the care workers' skills, and
- if possible and appropriate, both parties' interests and preferences.

Ensure the person using the service, and their carers (if the person has involved them in their care), can direct the way home care is delivered. This is so that the person's safety, comfort, independence and sense of security are always promoted.

Ensure home care workers are able to deliver home care in a way that respects the person's cultural, religious and communication needs.

Consider the need for independent advocacy if a person lives alone, has difficulty expressing their views and aspirations or lacks capacity.

See NICE's recommendations on:

- [intermediate care including reablement](#)
- [mental wellbeing and independence in older people](#)
- [social care for older people with multiple long-term conditions](#).

## Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Person-centred planning
3. Consistent team of home care workers

### 3 Providing information

Give people who use or who are planning to use home care services and their carers details of<sup>1</sup>:

- Different funding mechanisms including self-funding and the options available for people with personal budgets and support to manage them. Examples of funding mechanisms include having a managed budget, an individual service fund or direct payment.
- Where to find information about the range and quality of services available (for example, the Care Quality Commission ratings), the activities they offer and how much they cost.
- What needs the home care services are able to address, for example, personal care (help with tasks such as getting in and out of bed, washing and bathing, going to the toilet, dressing or eating and drinking) and help with housework and other services to help people remain safely at home and in their community.
- Other options, such as:
  - saving allocated hours to be used at a later date (sometimes known as 'timebanking')

<sup>1</sup> In line with the requirements of the [Care Act 2014](#), local authorities must also establish and maintain a service that gives everybody in the local area: information about how to access care and support; information about what support is available and who provides it; independent financial advice; and details of how to raise concerns.

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- options such as a live-in care worker or 'shared lives' (where the person stays in the community by living with another person or a family)
- employing personal assistants
- telecare (technology that provides support and assistance to people with social care needs).

Offer people and their carers information about local and national support groups and networks, and activity groups.

Ensure people using services and their carers have information that supports them to make informed choices about their care, including:

- what to expect from the home care service, and
- their rights, and
- what they should do if they are not happy with the service (see below).

Consider presenting this as part of a 'welcome pack' (or equivalent).

Offer the person a written summary of the information that has been provided to them (or provide this summary in another format that meets the person's needs). Be aware that the circumstances that lead people to need home care can be traumatic and people may find it difficult to take in a lot of information.

Tailor all information for different audiences to ensure it is accessible and understandable. Ensure information is:

- easy to read and in plain English
- available in the person's language if needed
- available in different formats and media (including, for example, information packs, telephone hotlines and electronic media)
- advertised or made available in different locations, such as community centres, GP surgeries and pharmacies, as well as through face-to-face meetings with a social care practitioner
- provided in formats that suit people with different communication or capacity needs, for example, large-print, braille or audio versions.

Ensure that information is updated regularly. Design information in a way that allows it to be updated easily.

Give the person using services and their carer information about how the home care plan will be developed, negotiated and reviewed and the options available to them. Ensure this information

is made available to people before home care planning meetings and that they have enough time to read and understand this information.

NICE has written information for the public explaining its guidance on [home care for older people](#).

NICE and The Social Care Institute for Excellence have co-produced [Better home care for older people: A quick guide for people who arrange their own home care](#).

### **Advising on direct payments for home care**

Give people choosing direct payments for home care the support and information they need to manage the payments effectively. This should be regardless of whether they buy care through a regulated provider, directly employ a personal assistant or choose another way to meet the agreed need.

Consider involving people with experience of using a direct payment for home care to help provide training, support or advice to others thinking of doing so.

### **Complaints procedure**

Ensure there is a complaints procedure in place. Tell people about how they can make a complaint either in writing or in person.

Make the complaints procedure available on your website and in other ways appropriate to people using the service and their carers. Give information about escalating complaints (to the commissioning body and Ombudsman) or ensure this information is readily available.

## **4 Planning home care**

[See Home care for older people / Planning home care for older people](#)

## **5 Delivering home care**

[See Home care for older people / Delivering home care for older people](#)

## 6 Review

Undertake an initial review of the home care plan within 6 weeks, then review regularly, at least annually.

Regularly review a person's use of telecare to ensure they find it useful. Involve the person in the review and seek feedback from others, such as carers or call centres. Keep the person informed about any new telecare options available.

### Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

5. Reviewing the outcomes of the home care plan

## 7 Ensuring safety and safeguarding

Ensure there is a written process to follow in the event of a safeguarding concern and ensure that the process is aligned with local authority procedures. The process should include key contacts such as:

- emergency services
- the registered manager of the home care provider
- the local authority vulnerable adults or safeguarding helpline
- other sources of support, for example, the Care Quality Commission, Action on Elder Abuse, the local Healthwatch.

Ensure home care workers are aware of the process.

Build a culture in which reporting of safety and abuse concerns is understood as a marker of good care, not just as a negative outcome of poor care. Build such a culture by, for example:

- stating explicitly, as part of induction training, that safeguarding alerts are part of delivering a responsible home care service and that home care workers play a vital role in helping to safeguard a person using services, and
- providing case studies that demonstrate the far-reaching effects of not acting on safeguarding concerns.



Recognise that safeguarding alerts can be a responsible element of providing home care. Recognise that the home care worker may be the first person to spot abuse and neglect (including self-neglect) and should respond proportionately.

Put policies in place that ensure home care workers are supported through any safeguarding process.

Home care provider organisations should have a medicines management policy.

## 8 Multidisciplinary working

Ensure integrated care and support is delivered to the person through a coordinated group of workers (where care involves more than one practitioner). The composition of this group should reflect the person's needs and circumstances, and should recognise the expertise, knowledge and commitment of all members. Members might include, for example:

- home care managers and workers
- carers
- healthcare practitioners, for example district nurses, GPs
- social care practitioners, for example social workers
- people from voluntary and community organisations, befriending and specialist services, for example dementia advisers
- advocates, including those appointed by the Court of Protection.

Consider identifying a named care coordinator from among the people involved in delivering care to:

- lead home care planning and coordinate care
- ensure everyone involved in delivering care and support knows what they should be providing and when
- ensure everyone involved in delivering care and support is communicating regularly.

For help with [implementation: getting started](#) see the NICE guideline on home care.

## 9 Recruiting, training and supporting home care workers

### Recruiting and training home care workers

Have a transparent and fair recruitment and selection process that:

- uses values-based interviews and approaches to identify the personal attributes and attitudes essential for a caring and compassionate workforce, and
- ensures workers have the necessary language, literacy and numeracy skills to do the job.

Consider involving people who use home care and their carers in recruiting and training home care workers.

Ensure that new home care workers are observed at work more than once during their induction period.

Ensure home care workers are able to recognise and respond to:

- common conditions, such as dementia, diabetes, mental health and neurological conditions, physical and learning disabilities and sensory loss (see also [role of named care coordinators](#) in this pathway)
- common care needs, such as nutrition, hydration and issues related to overall skin integrity, and
- common support needs, such as dealing with bereavement and end-of-life, and
- deterioration in someone's health or circumstances.

Make provision for more specialist support to be available to people who need it – for example, in response to complex health conditions – either by training your own home care workers or by working with specialist organisations.

Ensure home care workers have the knowledge and skills needed to perform their duties safely by providing, as part of the full induction and ongoing training package, specific training on:

- what constitutes 'safe' care
- identifying and responding to possible or actual abuse or neglect
- identifying and responding to environmental risks
- safe care policies and procedures.

Use feedback from people using the service and their carers to assess training needs for the workforce.

Ensure home care workers have opportunities to refresh and develop their knowledge and skills.

Develop workforce plans for the home care sector, in collaboration with provider organisations, identifying current and future workforce needs. Include training and how such needs might be met by prioritising available local authority resources in the plans.

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## Managing and supporting home care workers

Respond promptly to workers when they request support to deal with difficult situations.

Supervise workers in a timely, accessible and flexible way, at least every 3 months and ensure an agreed written record of supervision is given to the worker.

Observe workers' practice regularly, at least every 3 months, and identify their strengths and development needs.

Appraise workers' performance regularly and at least annually. The annual appraisal should include a review of workers' learning and development needs, and feedback from people who use the service and their carers.

Consider making training available for health and social care practitioners to ensure they collaborate to provide integrated planning and delivery of home care and support.

See NICE's recommendations on [workplace health: policy and management practices](#).

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

### 6. Supervision of home care workers

## Glossary

### Home care plan

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

### Named care coordinator

one of the people from among the group of workers providing care and support designated to take a coordinating role. This could be, for example, a social worker, practitioner working for a voluntary or community sector organisation, or lead nurse. Some aspects of this role may be undertaken by the person themselves, or their carer.

## Sources

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

## Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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