

**Irish Medical Organisation
submission on the Implementation of
Home Care Packages (Scheme).**

February 2009

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The Irish Medical Organisation welcomes the opportunity to discuss the implementation of the Home Care Packages in order to highlight the benefits and drawbacks of the process.

The IMO supports the home care package scheme allowing elderly people to live independently for as long as possible in their own homes, however the IMO is concerned that there is inconsistency in the implementation of home care packages and a lack of quality standards equivalent to those outlined in the draft *National Quality Standards for Residential Care Settings for Older People*.

Funding

According to a survey carried out by the Irish Association of Social Workers and Age Action inadequate funding is severely affecting the provision of home care package services for older people, leading to long waiting lists and a total absence of services in some parts of the country.¹ Staff levels and services vary throughout the country, determining severely different experiences by those receiving the package. This may affect the review process and therefore implementation at a national level. Even during the piloting stage, consistent services should have been offered in the piloting area to ensure valid learnings from the process. If the DoHC is committed to the desires of elderly people to be cared for at home, the demand for Home Care Packages must be properly assessed and funding provided to adequately meet that demand.

Quality and Consistency

While consultation has taken place on the draft *National Quality Standards for Residential Care Settings for Older People*, there is no such discussion on standards for assurance of quality in home care settings. The propensity for institutional abuse is also possible, and can take form in poor care standards, lack of a positive response to complex needs, rigid routines, inadequate staffing and an insufficient knowledge base of the care provider². Such issues need to be addressed by the HIQA to ensure that quality and consistency are achieved in the delivery of Home Care Packages. While carers can avail of nationally certified training courses such as 'Care in the Home' run by the HSE and voluntary agencies supported by the HSE, there is no definitive measure or understanding of who should be engaging in these courses. Nor is there any obligation on providers in the Scheme to undergo training.

Needs Assessment and Review

Admission processes into the scheme have not been formalised, and it even appeared in piloting the scheme there was an ad hoc approach to eligibility in the scheme, with some parts of Ireland adopting the general rule of someone who 'requires more than 10 hours caring services per week'³, and therefore not necessarily looking at needs or mix of support that may be required determining admission to the scheme.

¹ E. Burke-Kennedy Irish Times 29th July 2008, *Funding shortfall hits services for the elderly*

² Working Group on Elder Abuse. *Protecting Our Future: Report of the Working Group on Elder Abuse*. Dublin, Stationery Office, 2002.

³ *Home Care Support Scheme for carers*, HSE Fact File,

http://www.hse.ie/eng/HSE_FactFile/FactFile_PDFs/Other_FactFile_PDFs/Home_care_support_scheme.pdf

As outlined in the *Home Care Support Scheme for carers* extracted from information on the DoHC and HSE websites, it is stated that 'In the majority of cases, your public health nurse will assess your care needs and will determine with you and your family how your needs would be most appropriately met.' However, what is not stated is how this mix is reviewed and what checks and balances are in place to ensure that home care packages are consistent, and that they shift with the needs of the patient during the course of care.

Although acknowledged by the HSE that they are working on standardising a national needs assessment, this is a critical area that should take priority. A model of needs assessment must be patient focused taking into account the person's general health, their disability, the physical environment of their home and the support networks that surround them. Information on the options available within the scheme should be clearly communicated to the patient.

Commercialisation

The commercialisation of Home Care should also be acknowledged in the discussion of Home Care consistency and quality assurance. If engaging services privately, individuals or their families availing of Home Care funding are therefore becoming an employer. This could have huge implications for someone who is vulnerable, leaving them liable for much more than they may comprehend. Such exposure should be identified, and assistance provided to individuals and their families so that they can understand and fulfil their obligations as employers. Additionally, they should be accountable for their quality of care, and again meet the requirements of their client. The same understanding should be afforded when engaging the services of an agency or of a franchise. As a franchise, they may be seen to have the necessary qualifications or assurances, however, necessary checks and assessments should be made to each franchise and their employees to ensure quality healthcare delivery is always provided.

Elder Abuse

According to the HSE there were 859 cases of alleged elder abuse in HSE South in 2008 of which 85% of these occurred in the home, with family members most likely to carry out the abuse.⁴ What is so important to remember while reading such statistics, is that most in home care is generally provided by a family member, and may not even be formally categorised.

A recent study published in the British Medical Journal investigated the abuse of people with dementia by family carers. Particularly interesting was how *many family carers for people with dementia report acting abusively when asked and might see no alternative way to manage the situation and be unaware that their behaviour would be defined as abusive (Cooper et al, BMJ 2009)*⁵

While the HSE has issued guidelines on reporting elder abuse an investigation is needed into what preventative measures should be in place to curb such abuse. The needs of informal home carers are in general poorly understood and further research and support is needed.

⁴ HSE press office, 2008 *Elder Abuse Reports in HSE South in 2008* downloaded from...

⁵ Cooper C, Selwood A, Blanchard M, Walker Z, Blizzard R, and Livingston G. *Abuse of people with dementia by family carers: representative cross sectional survey*. BMJ 2009; 338:b155 doi:10.1136/bmj.b155

Conclusion

The IMO supports the Home Care Package initiative as viable alternative to residential care for Ireland's older citizens. While there has been some success in piloting this project, the IMO would like to identify the following issues that it believes the NESF should highlight when looking at recommendations for a national roll-out of the scheme:

- The demand for Home Care Packages must be properly assessed and funding provided to adequately meet that demand;
- National Quality standards for the implementation of Home Care Packages must be developed;
- Compulsory training is needed for all healthcare professionals providing services under the Home Care Scheme;
- A model of needs assessment must be patient focused taking into account the person's general health, their disability, the physical environment of their home and the support networks that surround them;
- Information on the options available within the scheme should be clearly communicated to the patient;
- If patients choose to engage services privately under the scheme information on their responsibilities and duties should be clearly communicated;
- Private providers should be regularly assessed to ensure quality healthcare provision;
- Review of procedures in place for the prevention, detection and management of elder abuse and the prominence of the issue in the application of Home Care Packages
- The needs of informal carers should be properly assessed and adequate support provided to avoid unintentional abuse.