



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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DOMICILIARY CARE

RAPID LEARNING REVIEW

SUMMARY REPORT

OCTOBER 2020

1. Domiciliary care is defined as the range of services put in place to support an individual in their own home. It is an essential frontline service which has been maintained throughout the pandemic albeit with difficulty. Domiciliary care services must continue to be maintained as the pandemic continues and into the future as a core community service.
2. Domiciliary care provides services such as personal care, support with eating and drinking, household management support. An estimated total of 276,188 hours of domiciliary care were provided in a sample week in 2019 across a range of service user groups including young people; people with mental health problems; people with learning disability and older people. The majority of the hours are delivered to older people.
3. Domiciliary care services are provided by both the statutory sector (29%) and independent sector (71%). There are approximately 33,000 registered social care workers providing services in NI - which is the largest workforce in the HSC. The social care workforce is employed in a range of settings but 45% of them work in domiciliary care. There are approximately 18,000 staff registered with NISCC as domiciliary care workers.
4. Whilst this review focused on the pandemic response, it also highlighted many of the systemic issues relating to domiciliary care as these impacted on the pandemic response. These wider and longer term issues are being addressed through the Reform of Adult Social Care process.
5. The review considered four themes: Service User & Carer Experience; Workforce; Service Provision/Business Continuity and Infection Prevention and Control.
6. Four questions were used under each theme to seek feedback. These were: What worked well? What did not work well? What lessons were learned? What recommendations should be made?

7. Work stream leads were appointed for each theme and they undertook a wide engagement with a range of stakeholders and using a variety of methods for collecting data.
8. In addition, a workforce and management survey was carried out to seek feedback on three of the four themes. These were workforce, service provision/business continuity and infection prevention and control.
9. As co-production was key to this process, the service user and carers theme was led by Laura Collins, Chair of the Independent Expert Carers panel which was established for the Reform of Adult Social Care work. Service users were also part of the steering group.
10. A steering group was also established to guide the work and provide additional opportunities for engagement. The steering group chaired by the Office of Social Services in the DOH included a wide membership including service users, carers, statutory and independent sector providers, policy and commissioning leads and the NISCC. Members of the Project Team members are set out in **Tab A**. We are also grateful to both UNISON and NIPSA for their input to the review and recommendations.
11. **Literature Review.**

A rapid literature review was also commissioned to add to the evidence from stakeholders. The evidence from the literature review was broadly consistent with the messages from the stakeholder engagement with common themes and lessons learned identified. Mary McColgan, Emirita Professor in Social Work at Ulster University undertook the review, building on literature searches conducted by Laura Collins, Lived Experience Expert, Mary Maguire, HSC librarian and Professor Gavin Davidson and Dr. Claire McCartan, QUB who are leading a wider review of pandemic learning across all of social care. The literature review was undertaken over a two-week period and has focused on key messages reflected in the literature. It is not an exhaustive examination of the literature, but it does draw on a broader national and international context

to supplement the regional findings from the lead representatives exploring the four themes.

12. **Next steps**

This Review Report will inform surge plans for the sector and should be disseminated widely across the domiciliary care sector; the recommendations to be implemented and progress made against the recommendations monitored by the Adult Social Care surge working group. The recommendations are set out in **Tab B**.

Tab A

Project Team

Name	Role	Organisation
Aine Morrison	Chair	OSS Professional Officer, DOH
Patricia Higgins	Lead for Workforce	CEO NISCC
Laura Collins	Lead for Service User/Carer	Lived experience expert
Joyce McKee	Lead for Service Provision/Business Continuity	Programme Manager HSCB
Pauline McMullan	Lead for Infection control	Allied Health Professions Consultant PHA
Lorraine Conlon	Project Co-Ordinator	Office of Social Services DOH
Rosemary Smyth	Secretariat	Office of Social Services DOH
Ann Gamble	Steering Group Member	Service User
Geoff Hayter	Steering Group Member	Service User
Brendan Whittle	Steering Group Member	Deputy Director of Children and Social Care – HSCB
Colin Dunlop	Steering Group Member	Head of Elderly and Community Care DOH
Linda Kelly	Steering Group Member	Deputy Chief Nursing Officer DOH
Kathy Kearney	Steering Group Member	Operations Manager, Regulated Services SEHSCT
Joanne Armstrong	Steering Group Member	Contracts, Social Care Procurement and Commissioning Manager SEHSCT
Clodagh O'Brien	Steering Group Member	Home Care Service Manager BHSCT
Dory Kidd	Steering Group Member	Director Rosecare Lodge
Ryan Williams	Steering Group Member	Director IHCP
Leslie-Anne Newton	Steering Group Member	Director ARC NI
Lesley Megarity	Steering Group Member	CEO Domestic Care NI
Pauline Shepherd	Steering Group Member	CEO IHCP
Julie-Ann Walkden	Steering Group Member	Deputy Director for Assurance RQIA
Rodney Morton	Steering Group Member	Executive Director of Nursing, Midwifery, and AHP
Johny Turnbull	Steering Group Member	Involvement Manager Patient and Client Council
Jillian Martin	Steering Group Member	Office of Social Services DOH

Thank you to both UNISON and NIPSA who contributed to this review. The Department recognises the value of engagement and although we unfortunately did not effect this from the outset, we are grateful for the consideration and comments from both unions on the draft report and recommendations.

OVERALL RECOMMENDATIONS

RECOMMENDATION	ACTION	KEY LEAD
<p>1. Improve recognition and profile of the domiciliary care workforce</p>	<ul style="list-style-type: none"> • Domiciliary care staff member to feature at ministerial briefing as with other staff • Further letter from Sean Holland - targeted specifically at domiciliary care staff • Domiciliary care providers to consider sending thank you cards/letters to domiciliary care staff • Promote positive media stories about domiciliary care 	<p>DOH/OSS</p> <p>DOH/OSS</p> <p>Domiciliary Care Providers</p> <p>DOH/OSS</p>
<p>2. Improve recognition and support for family carers</p>	<ul style="list-style-type: none"> • Open letter of appreciation to family carers from Minister of Health. • Trusts to be proactive in offering and flexible in the permitted uses of carers' grants to relieve stress for informal carers. • Trusts to be proactive in offering direct payments to family carers both for service user care and as a specific response to carer need and again be flexible about permitted uses. • Trusts to include the prioritisation of carers' assessments and re-assessments in their rebuilding plans to mitigate against fatigue and adverse impact on wellbeing. 	<p>DOH/OSS</p> <p>Trusts</p> <p>Trusts</p> <p>Trusts with HSCB Monitoring</p>

RECOMMENDATION	ACTION	KEY LEAD
	<ul style="list-style-type: none"> • Trusts to attempt to identify those who have newly become carers because of the pandemic and refer into carer support services as required. • Mechanisms /initiatives to be established to hear the views of domiciliary care service users and family carers during the pandemic. • Strengthen local processes for ongoing feedback and service complaints to ensure prompt response and resolution. • Promote inclusion and co-production with service users and family carers in pandemic planning and strategic planning for domiciliary care. 	<p>Trusts</p> <p>PCC</p> <p>Domiciliary Care Providers</p> <p>Trusts, HSCB, PHA, DoH</p>
<p>3. Workforce support</p>	<ul style="list-style-type: none"> • Domiciliary care providers to use the framework of the Covid Staff Wellbeing Framework to provide support to their staff • Using this framework, domiciliary care providers to increase awareness of availability of psychological support for their staff • Online NISCC resource on staff wellbeing also to be promoted to domiciliary care sector and to family carers. • Information on coping with bereavement supplied to domiciliary care workers to support them with impact of service user deaths. 	<p>Domiciliary care providers with HSCB support and monitoring</p> <p>Domiciliary care providers with HSCB support and monitoring</p> <p>Domiciliary care providers and NISCC</p> <p>Domiciliary care providers and NISCC</p>

RECOMMENDATION	ACTION	KEY LEAD
	<ul style="list-style-type: none"> • Providers to focus on increased communication with their staff, not just for practical information but for emotional support. • Providers to ensure opportunities for peer support also available – staff ‘get together’ on virtual platforms have proved supportive. • Providers to provide additional uniforms to staff free of charge where needed to support staff with laundering • Providers to scope and provide, where possible, any available changing facilities for staff that would avoid need to change in home environment • Recognition of a predominantly female workforce who are more likely to have additional caring responsibilities • Recognition of the possible personal financial difficulties of this workforce where other household incomes may have been lost due to the pandemic – need to ensure that workforce know how to access financial advice and support. • Explore the provision of mobile devices for the domiciliary care workforce to provide immediate communication support during Covid alongside the potential for IT solutions in domiciliary care for the future 	<p>Domiciliary care providers</p> <p>Domiciliary care providers</p> <p>Domiciliary care providers</p> <p>Domiciliary care providers</p> <p>Domiciliary care providers to ensure a sympathetic and flexible approach to this.</p> <p>DOH/OSS to provide resources information to domiciliary care providers.</p> <p>DoH & HSCB</p>

RECOMMENDATION	ACTION	KEY LEAD
	<ul style="list-style-type: none"> • Repeat a workforce survey in 3 months' time to monitor workforce impact & wellbeing. • Continue the work on developing a proposal for the Minister of Health's consideration to seek improvement in the lowest pay for social care staff employed by the independent sector. • Continue the work on developing proposals for the Minister of Health's consideration for standardised improvements to the training, development and career pathways of the social care workforce across the system. 	<p>NISCC in partnership with trade unions and providers</p> <p>RASC</p> <p>RASC</p>
<p>4. Infection Prevention and Control</p>	<p>With the support of the regional IPC cell, and/or the PPE Cell:</p> <ul style="list-style-type: none"> • Review and consolidate current IPC and PPE guidance relevant to domiciliary care, available from multiple sources, to ensure regional consistency and version control. • Ensure a consistent, clear interpretation of IPC advice in domiciliary care settings across the Trusts/ independent providers • Consider all IPC training for domiciliary care currently available in NI to ensure it is up to date, Covid specific, strength based and regionally consistent • Co- produce and promote appropriate IPC training for family carers. 	<p>PHA</p> <p>PHA</p> <p>PHA</p> <p>PHA</p>

RECOMMENDATION	ACTION	KEY LEAD
	<ul style="list-style-type: none"> • Consider information flow/communication pathways of new and updated IPC guidance to ensure appropriate distribution in a timely manner • IPC strategic leadership should include support to the domiciliary care sector • Where they don't already exist, create a generic, specific Trust email for independent providers to contact Trusts regarding PPE issues, with links to the PPE Cell • Review the best placement of PPE supply points across Trusts and develop a mechanism to monitor usage both on an organisation and regional level. • Weigh all evidence relating to the infection control benefits of cohorting of staff and service users alongside the potential disruption to existing relationships and staff work patterns and make a recommendation for implementation by all providers of domiciliary care. • Weigh all evidence relating to the infection control benefits of separate teams for Covid positive service users alongside the potential disruption to existing relationships and staff work patterns and make a recommendation for implementation by all providers of domiciliary care • Providers of domiciliary care to encourage strategies to 	<p>PHA</p> <p>PHA</p> <p>Trusts</p> <p>Trusts/PHA</p> <p>PHA</p> <p>PHA</p> <p>Domiciliary care providers</p>

RECOMMENDATION	ACTION	KEY LEAD
	<p>optimise the use of PPE in line with PHA guidance</p> <ul style="list-style-type: none"> • Providers of domiciliary care to monitor uptake and implementation of IPC training/advice. • Any additional time for Covid measures for domiciliary care workers such as donning and doffing PPE to be assessed and if an average time indicates additional time is needed, Trusts to meet these costs. • Regional testing group to consider all evidence relating to a rolling testing programme for domiciliary care staff and service users and make a recommendation • Ensure prompt access to testing for domiciliary care staff and clear messaging regarding how to access testing. • Ensure prompt timeframes for test results for domiciliary care staff. 	<p>Domiciliary care providers</p> <p>Trusts with HSCB support to ensure regional consistency</p> <p>DoH</p> <p>DoH</p> <p>DoH</p>
<p>5. Meeting Need of Service Users and Family Carers</p>	<ul style="list-style-type: none"> • Trusts to proactively contact all those whose domiciliary care packages have been stood down since the start of the pandemic to enquire about current need. • Any reassessment of need should include a full consideration of the sustainability of the current arrangements with particular regard to the physical, mental 	<p>Trusts</p> <p>Trusts</p>

RECOMMENDATION	ACTION	KEY LEAD
	<p>and social support needs of any informal or family carers.</p> <ul style="list-style-type: none"> <li data-bbox="571 421 1086 674">• All service users and family carers who have had their services stood down or reduced must be informed of how they make contact with the Trust if they experience subsequent difficulties. <li data-bbox="571 712 1086 1182">• Trusts should proactively contact anyone on their caseloads who was not previously getting a domiciliary care service but where it is likely that the pandemic may have created a need for additional support. This is likely to be particularly relevant for older people who may have lost physical condition because they have been shielding or staying in their houses. <li data-bbox="571 1220 1086 1473">• Trusts should proactively contact and engage with GPs, with media outlets and with local voluntary and community groups to make sure that access pathways for support are publicised. <li data-bbox="571 1512 1086 1657">• Tailored co-produced Covid related guidance to be produced for domiciliary care service users and family carers. 	<p>Trusts</p> <p>Trusts</p> <p>Trusts</p> <p>DoH/PHA</p>

<p>6. Financial support for providers</p>	<ul style="list-style-type: none"> Establish mechanisms for continued review of additional Covid related costs for domiciliary care. The offers of financial support for providers should be set out in one document. This document should be accompanied by clear, regionally consistent pathways for claiming financial supports. 	<p>DoH/HSCB</p> <p>DoH/HSCB</p> <p>HSCB/Trusts</p>
<p>7. Communication with Providers</p>	<ul style="list-style-type: none"> All guidance/ policy/ procedure/ information for domiciliary care to be electronically available and hosted in one place and on one platform New guidance to be signalled to providers in advance. Revised guidance should have the revisions and required changes highlighted. Guidance should be as short and succinct as possible with action points clearly identified. Regionally consistent guidance is preferable to variable local guidance. In particular, Trusts should strive to have common guidance. Separate supported living guidance should be produced. 	<p>DoH to lead. Explore NISCC as host with agreed pathways from RQIA, PHA, HSCB & DoH</p> <p>RQIA, PHA, HSCB & DoH</p> <p>RQIA, PHA, HSCB & DoH</p> <p>RQIA, PHA, HSCB & DoH</p> <p>Trusts with HSCB support and monitoring</p> <p>Published 21.10.20</p>
<p>8. Data</p>	<ul style="list-style-type: none"> A core data set for domiciliary care during the pandemic should be agreed across Trusts and regional agencies that takes into account the time and effort involved in producing 	<p>RQIA, HSCB, DoH, NISCC & PHA to work with providers to establish data set. DoH to lead.</p>

	<ul style="list-style-type: none">• The need for supported inclusion and co-production of service users and carers in planning and policy decisions.• The need to consider how best to obtain evidence on likely population need for domiciliary care services to support forecasting and future planning.• The need to review and update the definition of domiciliary care in partnership with all stakeholders.	RASC RASC RASC
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