



Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

Response from the Older People's Commissioner for Wales

to the

Improving the recruitment and retention of Domiciliary Care workers in Wales

April 2016

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About the Commissioner

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales, standing up and speaking out on their behalf. She works to ensure that those who are vulnerable and at risk are kept safe and ensures that all older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services they need. The Commissioner's work is driven by what older people say matters most to them and their voices are at the heart of all that she does. The Commissioner works to make Wales a good place to grow older - not just for some but for everyone.

The Older People's Commissioner:

- Promotes awareness of the rights and interests of older people in Wales.
- Challenges discrimination against older people in Wales.
- Encourages best practice in the treatment of older people in Wales.
- Reviews the law affecting the interests of older people in Wales.

Improving the recruitment and retention of Domiciliary Care workers in Wales

1. There are almost 800,000 people aged 60 and over in Wales, over a quarter of the population, and, in the next twenty years, this is expected to exceed 1 million people. Wales is a nation of older people.
2. Older people are the largest users of health and social care services across Wales, and these services have a duty of care to get it right for older people. The growth in the number of people living with dementia, and the increase in the number of the oldest old who are living with complex and high acuity needs means that older people using health and social care services can be increasingly vulnerable.
3. In 2012-13 there were 33,000 people over the age of 65 receiving home care in Wales¹. Home care staff play an essential role in supporting an individuals' independence, wellbeing and quality of life – and will be key players in the delivery of individuals' outcomes under the Social Services and Well Being (Wales) Act 2014.
4. However, the pressures faced by care staff in fulfilling this role, should not be underestimated. Working with emotionally vulnerable, cognitively impaired and frail older people, often for very low pay, can be emotionally, mentally and physically challenging and demanding.
5. My conversations with older people (through my engagement roadshow and direct case work) show that relatives and individuals understand that care staff are working in a pressured environment.
6. I recognise that care staff are committed, and are trying their best to deliver high standards of care, often in difficult circumstances. I

¹ LE Wales, Future of Paying for Social Care in Wales, First report to the Welsh Government, 2014

believe that the best home care is provided where care staff feel valued and supported.

7. In order to achieve this, the home care workforce must be seen as a profession of key strategic importance, a national asset that must be valued and supported accordingly so they have resources available to deliver truly person-centred care.
8. It is clear, however, that this is not the case. Care work currently has a particularly low social status, reflected by low pay, long working hours, poor working conditions and a lack of opportunities for professional development and career progression. Similarly, working in home care can be an isolating environment and a place with limited access to peer support.
9. This can lead to care staff having low morale and becoming demotivated, which can lead to poor staff retention and a lack of focus on an individual's needs and meeting their outcomes.
10. Therefore, I welcome the research into domiciliary care workers and the opportunity to respond to the related consultation.
11. However, it must be recognised that while the recruitment and retention of home care staff will have an impact on the quality of home care provided, there are many other factors at play that must work together to support the best possible wellbeing and individual outcomes for individuals. Examples of this are market planning as well as position statements and steps taken by commissioners to ensure a high quality supply of home care workers in their locality.
12. It is therefore important to focus on the outcome of achieving high quality care and support while recognising that the recruitment and retention of the domiciliary care workforce is just one of the factors in achieving this goal.

Care home staff

13. My review report, 'A Place to Call Home?' - A Review into the Quality of Life and Care of Older People living in Care Homes in Wales' highlighted the challenges facing care home staff.
14. I recognise that there could be significant read across from these challenges to those identified within this research (such as low social status, low pay, long working hours, poor working conditions, and a lack of opportunities for professional development and career progression) - as well as characteristics that are specific to each workforce (such as travel time between visits).
15. Therefore, further work needs to be taken forward to ensure that the learning and resultant outcomes from this research are used effectively to improve the recruitment, retention and working conditions of care home staff.

Payment for travel time;

Calls less than 30 minutes long and call clipping

16. The Social Services and Well Being (Wales) Act 2014 places a statutory focus on improving well-being for individuals and identifying and achieving outcomes.
17. Achieving an individual's outcomes must be at the heart of every home care visit. A simplistic focus on time and task alone can risk care and support being inflexible and unable to provide a holistic approach in the prevention of future need and achievement of individual outcomes.
18. For some older people, the home care worker that visits them once or twice a day may be the only person that they regularly see. Therefore, it must be recognised that the significance of such visits to an individual's wellbeing is much greater than the completion of a number of tasks.

19. For example, more than 75% of women and a third of men 65 years old and over live alone – potentially putting them at greater risk of experiencing loneliness and isolation with the associated negative effects on health and wellbeing².
20. As a result, each visit by a home care worker must be of sufficient length and quality to ensure there is enough time both to complete tasks but also to ensure an individuals' wellbeing is supported.
21. I am clear that dependent on an individual's needs, a visit by a home care worker of less than thirty minutes (whether that be planned, or as a result of call clipping) may not be appropriate. Moreover, care home workers must not be placed in a position of having to choose whether to provide support for an individual to wash, or eat. This is simply unacceptable and a practice that must end.
22. However, I recognise that there may be some situations – when discussed and agreed with an individual (and their carer when appropriate) – where a shorter visit could work.
23. An integrated and co-productive approach to designing and providing care and support (focussing on early intervention and prevention) can ensure that the wellbeing of an individual is viewed in a holistic manner³.
24. For example, “The Raglan Project (in Monmouthshire) is a... project looking at how to deliver a high standard of relationship-based home care to people with dementia. It is replacing task-based care with flexible care that is focused on the social and emotional needs as well as the physical needs of the person being supported.

² Research demonstrates that loneliness has an effect on mortality that is similar in impact to smoking 15 cigarettes a day , <http://www.ageingwellinwales.com/Libraries/Documents/AWFinalEnglish.pdf>

³Public Health Wales / Co-production Wales, SEEING IS BELIEVING: Co-production Case Studies from Wales, <http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=96&mid=187&fileid=79>

“Before the care begins, staff members establish a relationship with the person receiving care. Staff are then given the freedom to decide for themselves how the relationship and care should be managed – and their decisions are supported rather than controlled by management.”⁴

25. The commissioning, planning and scheduling of home care visits must also take into account the changing nature of individual’s needs, and recognise that what is possible to be completed within thirty minutes on one day may not be possible on another.
26. It is not acceptable for an individual’s care and support (and in turn their wellbeing) to be jeopardised as a result of system centric planning decisions.
27. Therefore, a realistic and flexible approach must be taking to ensuring that home care workers have enough time with an individual to appropriately and effectively support them and their needs.
28. It would appear sensible that part of this approach would be to ensure that time needed for travel between individuals’ homes is clearly taken into account when planning and scheduling home care visits, including ensuring that home care workers are remunerated for this.
29. Therefore, I support the proposal for greater transparency through requiring domiciliary care providers to be transparent about time allowed for contact with client and time allowed for travelling. As required under the Regulation and Inspection of Social Care (Wales) Act, it may be appropriate to reflect this information within the content of annual returns.

⁴ Social Care Institute for Excellence, Commissioning home care for older people, <http://www.scie.org.uk/publications/guides/guide54/practice-examples.asp>

30. In addition, as well as reflecting the need for transparency on contact time and travelling time within Commissioning Guidance, it is important for the Guidance to also set out the need to allow enough contact time to ensure that the care and support carried out is of a high level and done so in a personalised way. It will help create the conditions needed to allow staff to move away from a task-based approach to the delivery of care and support and move towards a delivering personalised care. A holistic approach to the delivery of domiciliary care with a focus on wellbeing in addition to care and support will support the preventative approach encouraged by the Social Services and Wellbeing (Wales) Act.

Working conditions;

Zero hour contracts

31. The proposal that CSSIW, as the regulatory body, should monitor the use of zero hour contracts is one that I support. It will be important for staff conditions, including the use of zero hour contracts, to be built into the inspection process given the impact that this has on workforce retention and subsequently, the quality of care delivered.

32. The forthcoming Regulation and Inspection of Social Care (RISC) (Wales) Act will require all domiciliary care providers to produce an annual return. It is important that the regulations that will set out the content of these annual returns include information on issues that affect recruitment and retention of staff as this provides valuable information to the public on the quality of the workforce. As called for by Requirement for Action 6.10 of my Care Home Review, the annual returns produced by providers of care and support services should include information on staff turnover and the use of agency staff.

Low wages and national minimum wage

33. National Minimum Wage (soon to be the National Living Wage) is law. As such, it should be enforced at the very minimum and I welcome the proposal to increase the awareness of

employers on their legal obligations in relation to the minimum wage.

34. However, we should be aiming higher if we are to create a profession in which people want to work. Domiciliary care is a challenging job requiring a level of skill and commitment that is not often reflected in the pay of the workforce.
35. The funding of social care is an issue that must be addressed if we are to improve remuneration of the domiciliary care workforce, helping to make it a career of choice.
36. Workforce registration under Regulation and Inspection of Social Care (Wales) Act will require all domiciliary care workers to be registered from 2020. Whilst I am a strong advocate for workforce registration, it is important that the cost of individual registration does not negatively impact on the workforce itself. The cost of registration should fall to the employer to ensure that wages are not further eroded by the requirement to register.
37. During my Care Home Review, Social Care Rapporteurs found that the best care homes were those where care staff felt valued and supported. Therefore, it is in the employers interest to invest in staff to increase staff retention which subsequently delivers better care and support.

Staff development and training

38. As shown by this research, a lack of training can contribute to a higher turnover of staff and negatively impact the quality of care. Current basic mandatory training for care staff, which often consists only of manual handling, fire safety and health and safety training, does not sufficiently prepare individuals to understand the needs of older people and provide the appropriate support.
39. Furthermore, as highlighted by my Care Home Review, a significant number of care home staff (estimated to be 40% of the

workforce) are delivering care without even this most basic of training.

40. It is therefore important to ensure that the social care workforce is trained to an appropriate level to improve staff retention which subsequently will help deliver of high quality care.
41. I welcomed the announcement during scrutiny of the Regulation and Inspection of Social Care (Wales) Act of the timeline for extending workforce registration to domiciliary and adult care workforce. However, I was clear in my responses during the scrutiny process that this must be coupled with mandatory training that includes values-based training to ensure that staff fully understand what it feels like to be an older person receiving care. This empathy is essential to be able to provide person centred care and not simply follow a task-based approach.
42. Values based training, which includes themes such as dignity and respect, attitudes and empathy and equality and human rights, is essential to ensure that older people receive the personal care that they require in a sensitive and supportive way that meets their needs.
43. Whilst I welcome that the registration process will require all domiciliary care workers to achieve a qualification such as Level 2 or Level 3 Diploma in Health and Social Care, it is important for this training to be values-based and for it to promote person centred care as a benchmark for the delivery of care. There must also be consideration given to the qualifications needed for the residential adult care workforce to ensure that the workforce are able to move between domiciliary care and residential care settings.
44. My report, 'Dementia: More than just memory loss' highlights that the number of people with dementia in Wales is expected to increase by 31% between 2011 and 2021, and by as much as 44% in some rural areas. In order to deliver high quality care to older people living with dementia, staff need both knowledge about the

impact of dementia on the person that they are caring for as well as the practical components of care.

45. Dementia training should be holistic and cover a range of aspects of care provision in both practical and personalised areas, such as providing care that promotes dignity and respect and communicating effectively with a person with dementia, essential to be able to understand their wishes and needs.
46. Whilst I support the proposal to introduce specialisms within the domiciliary care workforce, providing care and support to people living with dementia should not be seen as a specialism given the current projection. Dementia care should be a core part of basic training with scope for more specialised dementia workers such as dementia champions.
47. My Care Home Review called for all care home staff to receive basic dementia as part of their induction and for this to form part of supervision and performance assessment. As highlighted by the research behind this consultation, domiciliary care staff reported that there is little training for starters and ongoing training for staff. Therefore, my recommendation should also be applied to the domiciliary care workforce to help ensure workforce retention and subsequently deliver high quality care for people living with dementia.
48. I welcome progress on the development of the Dementia Learning and Development Framework by the Care Council for Wales and NHS Wales, and my expectation is that it will provide clear outcomes that independent providers must ensure their staff are able to deliver.
49. Increased investment in staff training, including workforce registration will help raise the professional standing of the domiciliary care workforce. This should also be accompanied by further intergenerational work to help younger people see care and support as a career of choice.

Health and safety issues

50. As highlighted by my Care Home Review, inadequate staff resources and training can lead to risk-averse cultures developing that can result in inactivity and immobility amongst residents. In many cases, risk-aversion and a misunderstanding of health and safety regulations act as barriers and prevent opportunities for meaningful occupation.
51. This is due, in part, to a risk-averse culture, but is also indicative of a system in which the dignity and respect of older people is not sufficiently protected and older people are not seen as individuals with rights. This is exacerbated by de-humanising language too frequently used, such as 'toileting', 'feeding', 'bed number' or 'unit' that further strips older people of their individuality, their dignity and the concept of the care home as their home. For too many, a daily culture of inactivity and a task-based approach to delivering care, centred around the functional aspects of day-to-day life such as getting up, eating, formalised activity hours and going to bed, leads to institutionalisation and a loss of value, meaning and purpose to life.
52. During their oral evidence session to my Care Home Review, Care Council for Wales outlined that the mandatory training that individuals must undertake before they can deliver care in a care home setting consists only of manual handling, fire safety and health and safety training and does not sufficiently prepare individuals to understand the needs of older people and provide the appropriate support.
53. Additionally, during my Review, Rapporteurs often observed a restrictive application of health and safety. It is essential that any risk assessment conducted in a care home balances an individual's human rights, choice and control against the potential risk to themselves and others if this right is upheld.

54. Therefore, it is important that any mandatory training for both domiciliary and care home workers reflects the need to uphold a person's human rights and autonomy to ensure that health and safety processes do not lead to a risk-adverse culture of care, or potential breaches of human rights.
55. Moreover, the culture of care must be embedded in the commissioning and inspection processes. Therefore, the standard of care should extend beyond the policies and procedures of an organisation, it should also recognise organisational culture and the way in which the rights of the people receiving care are upheld.

Conclusion

56. Home care staff play a vital role in supporting an individual's independence, wellbeing and quality of life – and will be key players in the delivery of individuals' outcomes under the Social Services and Well Being (Wales) Act 2014. However, the pressures faced by care staff in fulfilling this role, should not be underestimated.
57. It is incumbent upon the whole system of Welsh Government, regulators & inspectors, commissioners and providers to ensure that the terms and conditions for home care staff are sufficiently supportive and responsive not only to the existing, but future workforce as well.
58. Finally, it must not be forgotten that the home care workforce exists within a wider and interconnected environment that must be taken into account when considering any changes. For example, this includes (but is not limited to) legislation and guidance, the commissioning landscape, provider stability, and other closely related sectors such as care homes.