Topic Discussion Paper 1

What are we moving from? (Task & Time) Where are we heading to? (An outcomes-focused personalised home care service).

The criticisms of the task and time approach include:

- It is too rigid and inflexible to respond to the changing needs of individuals requiring the service and of family carers.

- It cannot offer a personalised service; the focus becomes the task and not responding to the person.

- It fails to promote independence.

- The task becomes more important than helping the individual achieve the outcomes from their care and support that are important to them.

- It can undermine staff morale when staff refuse to respond to requests in fear of moving away from delivering the specified tasks listed.

- The approach can waste resources if it fails to meet the required outcomes of the individual.

The advantages of a task and time approach is that it is easy to understand and audit; and can be seen as the safe option. Moving away from this approach will require substantial changes in practice and culture. So, what do we want to move to?

What does an outcomes-focused personalised service look like? Features will include:

- The process of designing any care and support arrangements to respond to eligible needs will start by having a meaningful conversation with the person as an individual with strengths, preferences, and aspirations; putting them at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives. The process will help them to identify the outcomes they most want to achieve through any care and support arrangements.
• It means giving people more choice and control over their lives so that they can receive
  the right help at the right time and are able to shape the kind of support they need.

• Individuals and their families will have access to good quality information about care
  and support options to enable them to make informed decisions.

• Care and support arrangements will focus on what people can or would reasonably like
  to do to maintain their independence, not only on what they cannot do. These
  arrangements may enable access to other community resources reducing dependency
  on statutory services and carers.

• Providers will participate in the assessment process and will share information about
  any change of circumstances.

• Providers will have greater autonomy to work with individuals and families to design the
  care and support arrangements. This allows flexibility in how care and support is
  provided.

• The service strives to be flexible enough to enable people and where appropriate their
  families to achieve their personal outcomes and should enhance the quality of their lives
  and not restricting them.

• Home care workers providing care and support will have a good understanding of the
  needs of individuals and the outcomes they want to achieve through their care and
  support arrangements.

• Some home care services have introduced one-page profiles for each person they
  provide a service to (Flintshire: Vale of Glamorgan) This is a one-page summary of what
  matters to the person, what people appreciate about them, their strengths and skills;
  and how they want to be supported.

• Efforts are made to match staff to the person: based on their care and support needs,
  the care worker's skills and if possible both party's interests and preferences.

• Continuity of care workers is important to facilitate good relationships between them and
  the individual they are providing care and support to. A care and support package
  involving numerous workers is unlikely to promote personalized care if the care staff
and individual cannot get to know each other. Home care workers are familiar with how the person likes their support to be given. The service should introduce people to new home care workers; build teams of workers around the individual and their carers; inform people in advance if staff will be changed and explaining why; and negotiate any changes to their care, for example, when visits will be made, etc.

- Home care visits are long enough for home care workers to complete their work without compromising the quality of work or the dignity of the person including scheduling sufficient travel time between visits.

- Individuals will still need help with intimate care tasks such as assistance with washing, showering, bathing, using the toilet, dressing, etc. Such assistance is vital to the achievement of outcomes such as visiting friends and family, attending church, attending social events etc. Home care workers will have the knowledge and skills to provide such care and support in a manner which promotes and protects the dignity of the individual.

- Home care workers understand their core responsibilities and where they can use their own judgement. They can work with individuals to promote their independence and quality of life and help them to mitigate risk.

- The service promotes the individual’s safety, comfort, independence, and a sense of security.

- People using home care services are treated with empathy, courtesy, respect and with dignity.

- Feedback is regularly sought (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.

- Reviews look at what is working and not working for the person together with measuring the progress towards achieving outcomes.

- Home care workers deliver home care in a way that respects the person’s cultural, religious, communication needs and language preference.
• Home care workers are equipped to support individuals with specific needs e.g. they understand how the independence of a blind person can be promoted or even undermined if the impact of their impairment is not understood.

By focusing on matters for the individual and family carer we can improve the wellbeing of both and make more effective use of resources.

What do you think – what constitutes an outcomes-focused personalised home care service?