



Department of
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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

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an Fowk Siccar**

Survey of Domiciliary Care Providers Northern Ireland 2008

Results from the Providers' Survey

2008



Northern Ireland
**Statistics &
Research**
Agency

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Summary

This report presents findings from a postal survey of domiciliary care providers conducted by Community Information Branch (CIB) of the Department of Health, Social Services and Public Safety (DHSSPS) during June, July and August 2008. Domiciliary care providers were surveyed on their practices and procedures. The survey sought to assess domiciliary care services provided in Northern Ireland in the context of regulations and minimum standards the Department has introduced. It also collected baseline data for future evaluation of these regulations and minimum standards.

Key points

Results from the survey are based on responses received from 154 providers (75% of the eligible sample) of domiciliary care and included private, statutory and independent sector providers.

General Information about providers

Respondents to the survey indicated that they provided domiciliary care to around 23,028 clients of which about 18,142 were aged 65 and over. Most service users were provided with domiciliary care on 6 or more occasions (64%) and nearly two thirds (65%) received more than 5 hours domiciliary care in the 7 days prior to the survey.

Client groups provided with care

Providers indicated that they had provided care to people with mental health problems, with learning difficulties, with sensory disabilities and with other physical disabilities in the 12 months prior to the survey. Three of these four client groups were provided with domiciliary care by over three fifths of providers: people with mental health problems (66%), people with learning difficulties (65%) and people with other physical disabilities (62%). Nearly two fifths (38%) of providers said they provided domiciliary care for people with sensory disabilities. Almost all (99%) providers reported providing domiciliary care to at least one of these client groups.

Prospective Service Users

Nearly half (48%) the providers said a member of staff had visited all new service users in their own homes in advance of service provision commencing in the 12 months prior to the survey. A further 31% said this had happened for some new service users. However, just over a fifth (21%) said this had not happened. Seven in ten (70%) providers said they told service users the names of new domiciliary care workers before their first home visit in all cases. Less than one in ten (8%) said they did not do this.

Written Care Plans

Nearly four fifths (78%) of providers said all their service users had care plans, nearly a fifth (18%) said most of their service users had care plans, less than a twentieth (4%) said some of them had and 1% said none of them had. The majority (89%) of providers with care plans said they specified what services would be provided for the service user in all their care plans. Approximately three in four said they specified when the care plans would be reviewed (72%)

Service Users' Involvement

Almost all (95%) providers said they had, in the 12 months prior to the survey, sought the views of their service users or their representatives about the domiciliary care services they receive. Nearly three quarters (72%) of providers who said they had gathered the views of their service users said they had made changes in response to these views, over a quarter (28%) said they had not.

Policies and Procedures

Approximately one in three providers with a formal complaints procedure said they included an outline of the role of the RQIA (31%) in the procedure and a similar number said their complaints procedure was available in an appropriate form for a person who is blind or whose vision is impaired (33%).

Staff, Training and Development

Just over a third (37%) of providers said they had their own occupational health services. A similar number (33%) said they arranged for staff to access external occupational health services and the other third (30%) said they did not provide their domiciliary care workers with any access to occupational health services.

Recording and Reporting

Nearly all providers (94%) said they had, in the 12 months prior to the survey, checked whether domiciliary care workers were providing the number of hours of domiciliary care they had been contracted to.

Background

Domiciliary care is care given to people in their own homes. It encompasses a range of services put in place to support an individual in their own home. It includes personal care and the associated domestic services that are necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their home. Currently Health and Social Care (HSC) Trusts in Northern Ireland carry out care management assessments to identify a person's needs and determine the form of care that best meets those needs. When domiciliary care is recommended as the form of care most suitable for a person their HSC Trust organises the delivery of this care. They either arrange for a statutory provider to provide care or contract an independent provider to do so. Statutory providers are those operated by HSC Trusts. Independent providers can be either voluntary (non profit making) or private.

The recent Northern Ireland Audit Office's *Older People and Domiciliary Care* report (2007) highlighted the paucity of information on the quality of domiciliary care in Northern Ireland. This report discussed the adequacy of domiciliary care services, whether the ways in which services were arranged met the needs of older people, whether this represented value for money and users' perspectives of the domiciliary care they received. The subsequent Public Accounts Committee recommended that the DHSSPS collect information on the quality of domiciliary care; that the Department takes action to ensure that HSC Trusts carry out their obligation to provide appropriate information to users and their families (Recommendation 15) and that the Department should be able to confirm that care provided to older people met specified minimum standards (Recommendation 17).

This report helps to address Recommendation 14 which states that "a system of regular, confidential and independent surveys of users would be helpful within the care system to identify any underlying causes of dissatisfaction and to provide assurance that decision making is informed by the views of the user" by presenting findings from a postal survey of domiciliary care providers conducted by CIB of the DHSSPS. Providers were surveyed on their practices and procedures, whether their decision making was informed by the views of their users and whether they perceived themselves to be meeting regulations and minimum standards of domiciliary care introduced by the Department.

Survey Methodology

The questionnaire

Domiciliary care providers were surveyed via a paper questionnaire. This is available in Appendix 3 and includes themes covered by the DHSSPS's Domiciliary Care Agencies' Minimum Standards and Domiciliary Care Agencies' Regulations (Northern Ireland) 2007 (See Technical notes in Appendix 1 for details of Minimum Standards and Regulations). These were as follows:

- Background information about the provider and its users
- Prospective Service Users

- Written Care Plans
- Service Users' Involvement
- Policies and Procedures
- Staff, Training and Development

The sample

Only domiciliary care providers in Northern Ireland who had registered with the Regulation and Quality Improvement Authority (RQIA) by 6th June 2008 were asked to participate in the survey. The RQIA are the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland. The Health and Personal Social Services (Quality, Improvement and Regulation) (2003 Order) (Commencement No. 4 and Transitional Provisions) Order (Northern Ireland) 2007 brought into effect the requirement for all domiciliary care providers to register with the RQIAⁱ. This requirement applied to statutory providers and to the voluntary and private providers in the independent sector. All organisations that provided domiciliary care were required to have applied to be registered with the RQIA by 29th April 2008 in order to be allowed to continue to operate as domiciliary care providers. However, not all providers complied with this. At the time of carrying out the survey 229 providers had begun the registration process and all of these were included in the survey.

Response rate details

The survey was carried out between 16th June 2008 and 31st August 2008. All providers sampled were sent a copy of the questionnaire, a letter explaining the nature of the survey and a postage paid return envelope. A total of 229 providers were surveyed. Some of these providers did not meet the criteria required for the study, i.e. they did not provide domiciliary care at the time of study. These providers were not eligible for the survey. Overall, the response rate for the survey (eligible sample) was 75% (See Table 1). In total, 154 interviews were achieved.

Table 1 Response rate

	Number	Relative Frequency	Response Rate (Eligible Sample)
Issued providers	229	100%	
Eligible providers	206		
Participating providers	154	67%	75%
Non responding providers	52	23%	25%
Ineligible providers	23	10%	

Table 2 shows the distribution of HSC Trust for the participating providers and the eligible population of domiciliary care providers. HSC Trust is based on the location of the provider and does not mean the provider limited itself to providing domiciliary care to people within the same HSC Trust.

Table 2 Comparison of the participating providers with that of the populationⁱⁱ by HSC Trust

HSC Trust	Number of eligible providers in population	% of all eligible providers in population	Number of participating providers	% of all participating providers	% of participating providers as proportion of eligible providers in population
Belfast	42	20%	28	18%	67%
Northern	37	18%	27	18%	73%

ⁱ Information on the requirements for registration is detailed in the *Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005*.

ⁱⁱ The population is all the providers that had registered with the RQIA as domiciliary care providers by 06.06.08.

South Eastern	39	19%	31	20%	80%
Southern	45	22%	35	23%	78%
Western	43	21%	33	21%	77%
Northern Ireland	206	100%	154	100%	75%

Table 2 illustrates that the spread across HSC Trusts of the participating providers reflects that for the eligible population quite closely. As a result, we can be confident that the participating providers reflect a representative sample of providers from the eligible population with regard to HSC Trust.

Analysis

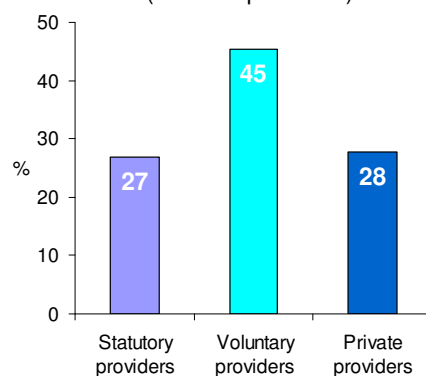
Confidence intervals were used to estimate the amount of error associated with percentages and to test for statistically significant differences between groups e.g. differences between statutory, private and voluntary providers. All references in the text to ‘significant’ differences describe statistically significant differences (See Technical notes in Appendix 1 for details of confidence intervals).

General Information about Providers

Participating providers by sector

Nearly half (45%) the participating providers came from the voluntary sector and more than a quarter came from each of the statutory (27%) and private (28%) sectors (See Figure 1).

Figure 1 Participating providers by sector
(N = 152 providers)

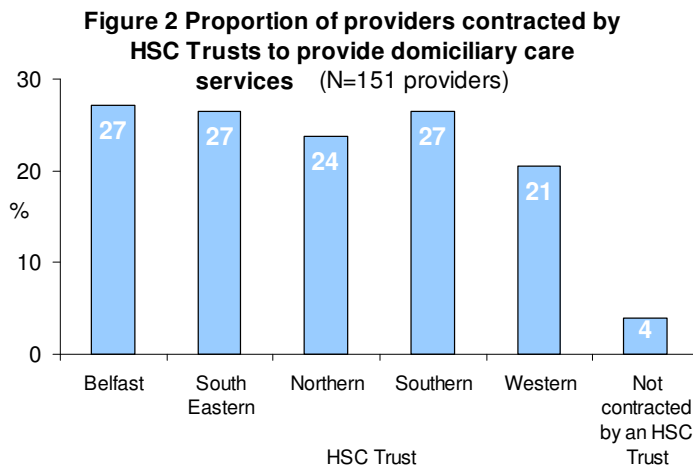


Any differences between the responses of statutory, voluntary and private providers that were statistically significant are reported in the main body of the text and discussed in the section entitled “*Differences between statutory, voluntary and private providers*”.

Whether contracted by an HSC Trust

HSC Trusts provide domiciliary care through statutory providers. They can also purchase domiciliary care services from voluntary and private providers. More than nine in ten (92%) voluntary and private providers said they had provided domiciliary care services under contract by HSC Trusts in the 7 days prior to the survey. Therefore, 94% of providers indicated they were either part of the statutory sector or provided some care under contract from HSC Trusts.

A provider can be contracted by more than one HSC Trust. Figure 2 shows the proportion of providers contracted by HSC Trusts to provide domiciliary care services ranged from 21% by Western HSC Trust to 27% by Belfast HSC Trust, South Eastern HSC Trust and Southern HSC Trust. A small number (4%) of providers said they were not contracted by any HSC Trust.



Percentages add up to more than 100% as each provider can be contracted by more than one HSC Trust. The number of providers located in HSC Trusts ranged from 27 in Northern HSC Trust to 35 in Southern HSC Trust (See Table 3a).

Table 3a Number of providers located in HSC Trusts

Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Northern Ireland
28	27	31	35	33	154

Table 3b shows the number of providers located in HSC Trusts who were contracted by HSC Trusts to provide domiciliary care services. Approximately nine in ten providers in each HSC Trust said they were contracted by their local HSC Trust; ranging from 87% in both South Eastern and Western HSC Trusts to 93% in both Belfast HSC Trustⁱⁱⁱ and Northern HSC Trust^{iv}. Smaller proportions of providers in each HSC Trust said they were contracted by HSC Trusts other than their local HSC Trust to provide domiciliary care services.

Table 3a shows Belfast HSC Trust to be the HSC Trust with the second lowest number (28) of participating providers located within it. However, Table 3b shows that Belfast HSC Trust contracted the highest number of participating providers (41) to provide domiciliary care services, mainly due to the 10 providers located in South Eastern HSC Trust who were contracted by Belfast HSC Trust. Interaction between Belfast and South Eastern HSC Trust appears high as 9 providers located in Belfast HSC Trust were contracted to provide domiciliary care services by South Eastern HSC Trust.

Table 3b Number of providers located in HSC Trusts who were contracted by HSC Trusts to provide domiciliary care services

		Number of providers located in					
		Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Northern Ireland
Number of providers contracted by	Belfast HSC Trust	26	2	10	2	1	41
	Northern HSC Trust	5	25	3	2	1	36

ⁱⁱⁱ This percentage should be treated with caution as the base number, 28, is small.

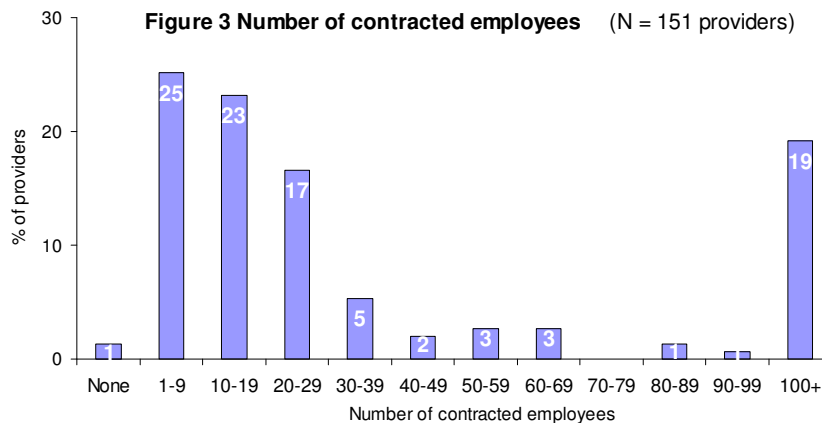
^{iv} This percentage should be treated with caution as the base number, 27, is small.

South Eastern HSC Trust	9	2	27	2	0	40
Southern HSC Trust	2	1	2	32	3	40
Western HSC Trust	3	0	1	1	26	31
Not contracted by any HSC Trust	1	1	1	0	3	6
Information missing	0	0	0	0	3	3

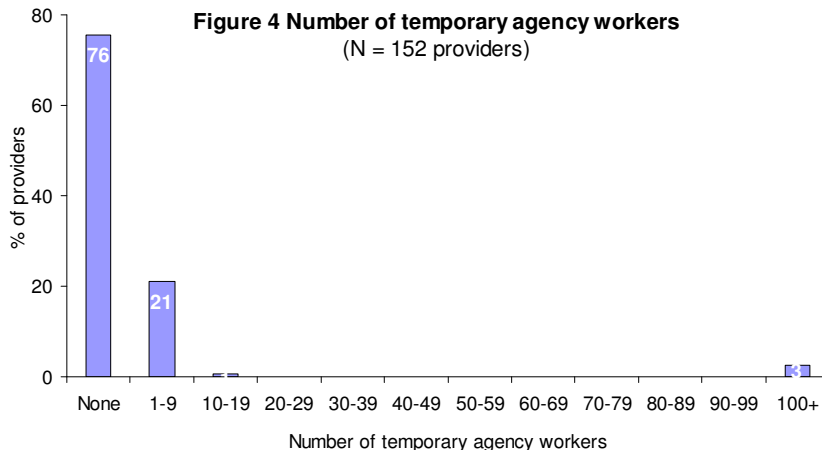
The figures in the columns will not add up to the number of providers located in each HSC Trust as each provider can be contracted by more than one HSC Trust.

Size of workforce

Providers were asked how many domiciliary care workers they employed at the time of the survey. This included all those with a contract of employment and excluded temporary agency workers without a contract of employment. Providers varied greatly in the number of domiciliary care workers they reported employing, half (50%) said they had less than 20 employees and nearly one in five (19%) said they had 100 or more employees. Figure 3 illustrates how most providers said they had either a small or large workforce with very few (15%) employing more than 29 but less than 100 domiciliary care workers.



Approximately three quarters (76%) of providers said they were not using any temporary agency workers and just over a fifth (21%) said they were using one to nine (See Figure 4). A small number (3%) reported using 10 or more temporary agency workers.



Number of people provided with domiciliary care

In total, providers reported having provided domiciliary care to 23,028^v people in the 7 days prior to the survey. According to a separate survey of HSC Trusts (DHSSPS, 2009) 23,553^{vi} people in Northern Ireland received domiciliary care that had been purchased or provided by HSC Trusts during the reference week 21st – 27th September 2008. There is reasonable consistency between these two figures which suggests that the participating sample for this survey covers a substantial proportion of providers who provided domiciliary care in Northern Ireland.

Around one in four providers said they had provided domiciliary care for up to 10 people (28%), 11 to 20 people (23%), 21 to 100 people (24%) and more than 100 people (25%) in the 7 days leading up to the survey (See Figure 5). Therefore, just over half (51%) the providers said they had 20 or less service users.

Figure 5 Number of service users
(N=154 providers)

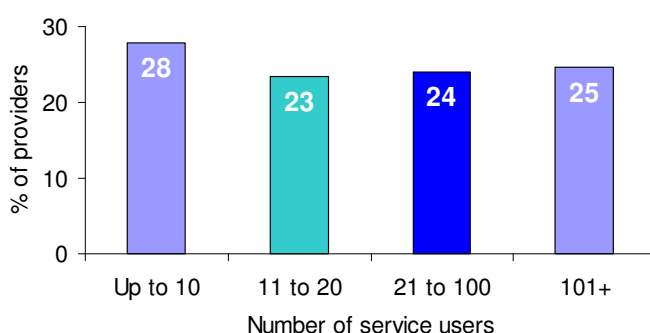


Figure 6 shows how nearly two thirds (64%) of providers said they each had up to 50 service users and the other third (36%) said they each had 51 or more. These two groups of providers are referred to as small and large providers respectively throughout the rest of this report. Though the majority of providers were small, the large providers provided domiciliary care for the vast majority of service users. Small providers provided care to 6%^{vii} of the service users that the participating providers provided with care. Large providers provided care to the other 94%.

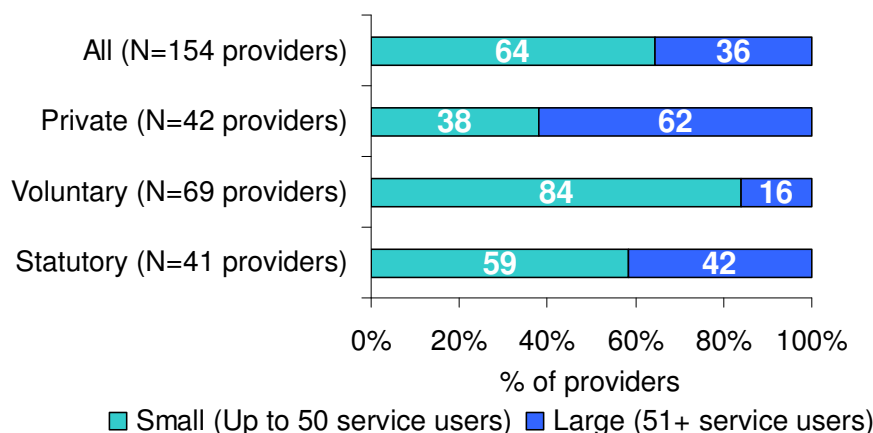
Any differences between the responses of small and large providers that were statistically significant are detailed in the section entitled “*Differences between small and large providers*”.

^v It is possible that in the 7 days prior to the survey more than one provider provided domiciliary care to the same service user. Therefore, this number is likely to contain service users who have been counted more than once and should be taken as an approximate rather than an actual figure.

^{vi} Northern HSC Trust could not provide information on the number of people who received domiciliary care services from both the statutory and independent sectors. Therefore, anybody in Northern HSC Trust who received care from both sectors would have been counted twice. Consequently, this figure slightly overestimated the number of people who received domiciliary care in the reference week.

^{vii} The number of service users that participating providers provided with care is likely to contain service users who have been counted by more than one provider. Consequently, calculations based on it such as the proportion of service users who receive care from small providers and the proportion of service users who receive care from large providers are based on approximate and not actual figures and may in reality vary very slightly.

Figure 6 Provider size, by sector

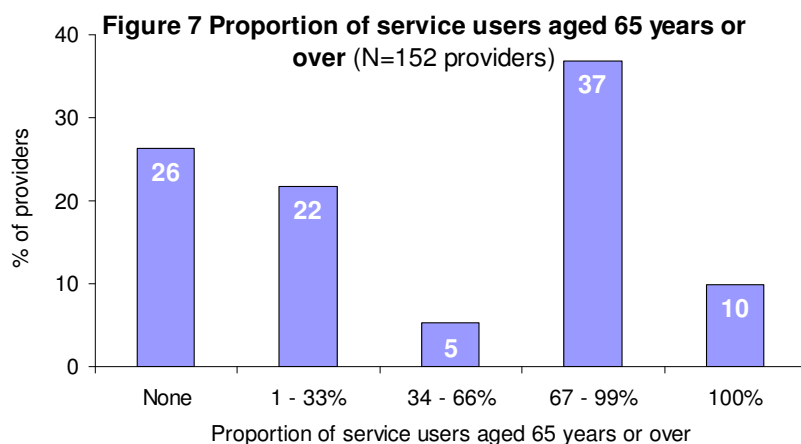


The majority of voluntary (84%) and statutory (59%) providers were small as they reported having up to 50 service users. However, more than three fifths (62%) of private providers were large and had 51 or more users (See Figure 6). Overall, statutory providers had the largest number (13,461) of service users, private providers had the next largest number (6,697) and voluntary providers had the least (2,757).

Number of older service users

Providers were asked how many people aged 65 years or over they had provided with domiciliary care services in the 7 days prior to the survey. In total, they reported having 18,142^{viii} service users aged 65 years or over. Older service users therefore accounted for nearly four in five (79%) of all their service users.

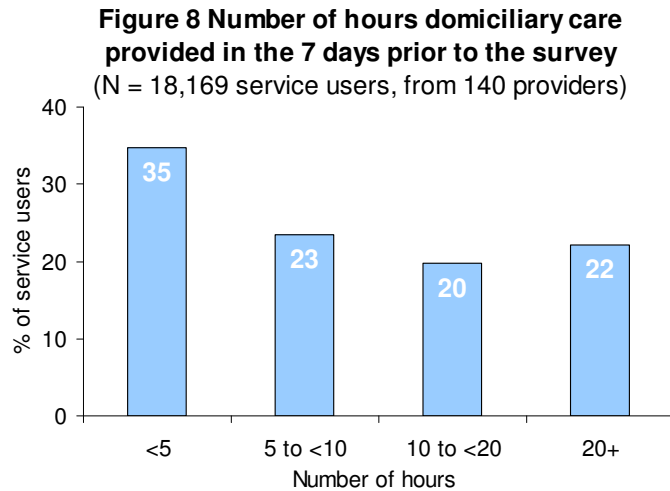
Approximately a quarter (26%) reported having no older service users (See Figure 7). However, nearly half (47%) said at least two thirds of their service users were 65 years or over and a tenth (10%) said their service users were all in this older age group.



^{viii} It is possible that in the 7 days prior to the survey more than one provider provided domiciliary care to the same service user aged 65 or over.

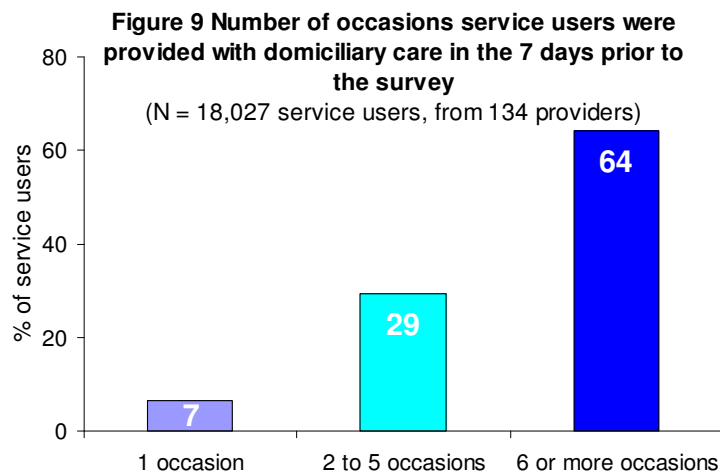
Number of hours of domiciliary care provided

The 140 providers that supplied information on the number of hours of domiciliary care they had provided for their service users said they provided care for 18,169^{ix} people in the 7 days prior to the survey. Over a third (35%) of service users received less than 5 hours domiciliary care. Nearly a quarter (23%) received between 5 and 10 hours, a fifth (20%) received between 10 and 20 hours and over a fifth (22%) received 20 hours or more (See Figure 8).



Number of occasions on which domiciliary care was provided

According to providers, during the 7 days prior to the survey most service users (64%) were provided with domiciliary care on 6 or more occasions, nearly 3 in 10 (29%) were visited on 2 to 5 occasions and a small number (7%) were visited on only one occasion (See Figure 9).



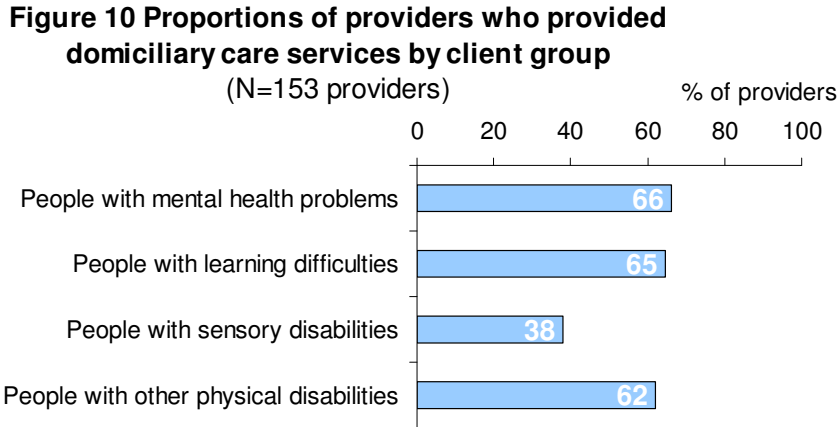
Client groups provided with domiciliary care

Providers were asked to indicate whether they had provided particular client groups with domiciliary care services in the 12 months prior to the survey. These groups were (I) people with mental health problems; (II)

^{ix} The number of people these providers provided with domiciliary care could include people who have received domiciliary care from some of the other providers and therefore may have been counted twice.

people with learning difficulties; (III) people with sensory disabilities; and (IV) people with other physical disabilities.

Three of these four client groups were provided with domiciliary care by over three fifths of providers (See Figure 10): people with mental health problems (66%), people with learning difficulties (65%) and people with other physical disabilities (62%). Nearly two fifths (38%) of providers said they provided domiciliary care for people with sensory disabilities. Almost all (99%) providers reported providing domiciliary care to at least one of these client groups, three fifths (60%) to at least two of them, nearly half (46%) to at least three of them and a quarter (25%) provided care for all four groups.



Percentages add up to more than 100% as each provider can provide domiciliary care for more than one of these client groups

Prospective Service Users

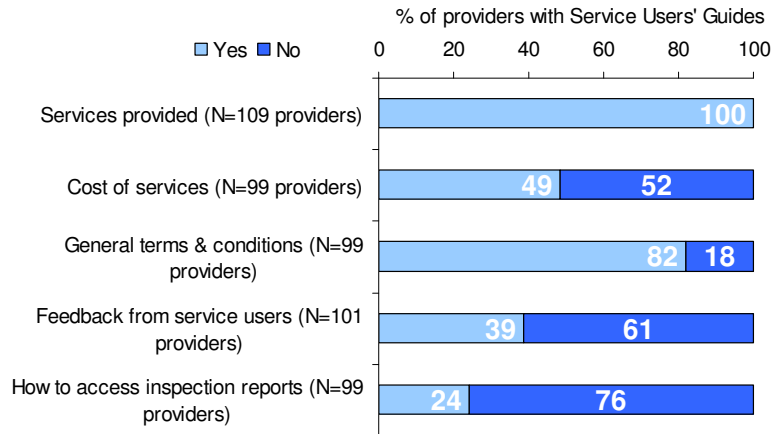
Service Users' Guides

Standard 2 states that “prospective service users are provided with information on the services provided”. Criterion 2.1 of Standard 2 states that “prospective service users and where appropriate, their carers / representatives are given a ‘Service User’s Guide’ that provides comprehensive up-to-date information about the agency and the services provided.” Criterion 2.2 specifies what information should be included in Service Users’ Guides.

The majority (78%) of providers said they had provided prospective service users or their representatives with a guide containing information about their organisation in the 12 months prior to the survey. Over a fifth (22%) had not provided such guides.

Those providers who said they did provide Service Users’ Guides were asked if their guides contained relevant information (See Figure 11). All (100%) of them reported including information in their Service Users’ Guides about services provided and more than four fifths (82%) said they gave details about general terms and conditions. However, less than half (49%) said they included information on the costs of services provided, less than two fifths (39%) said they gave feedback from service users or their representatives and less than a quarter (24%) said they explained to prospective service users how to access inspection reports e.g. RQIA reports. These findings indicate that many prospective service users are not informed in Service Users’ Guides by more than half of domiciliary care providers about the cost or the quality of services.

Figure 11 Information given in Service Users' Guides

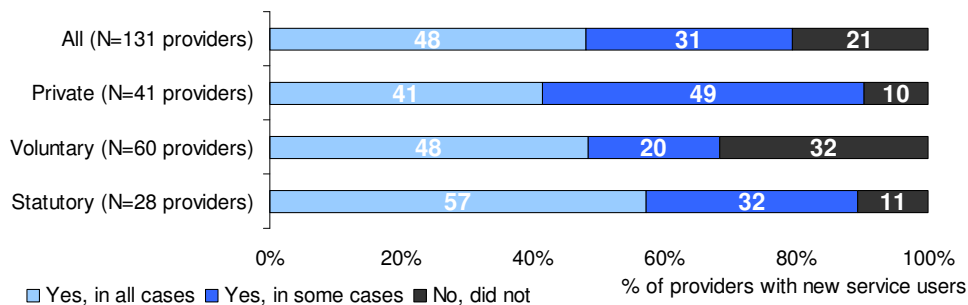


Home visits

Standard 3 states that “referral arrangements ensure the service user’s identified needs can be met by the agency”. This is clarified in Criterion 3.6 of Standard 3 which says that “to ensure that the service user’s identified needs can be met by the agency; an appropriately experienced or qualified member of staff from the agency visits the service user in their own home prior to the service user receiving the service.”

Nearly half (48%) the providers said a member of staff had visited new service users in their own homes in advance of service provision commencing in all cases in the 12 months prior to the survey. A further 31% said this had happened in some cases. However, just over a fifth (21%) said this had not happened^x (See Figure 12).

Figure 12 Whether, in the 12 months prior to the survey, a member of staff visited new service users before any domiciliary care services were provided, by sector



Nearly three fifths (57%)^{xi} of statutory providers said they were carrying out these visits in all cases compared to less than half the voluntary (48%) and private (41%) providers. These differences were not statistically significant. However, private providers (90%) were significantly more likely than voluntary providers (68%) to say they visited at least some new service users in their homes before providing them with services.

^x Not all providers had new service users in the 12 months prior to the survey making this question non applicable to 21 providers.

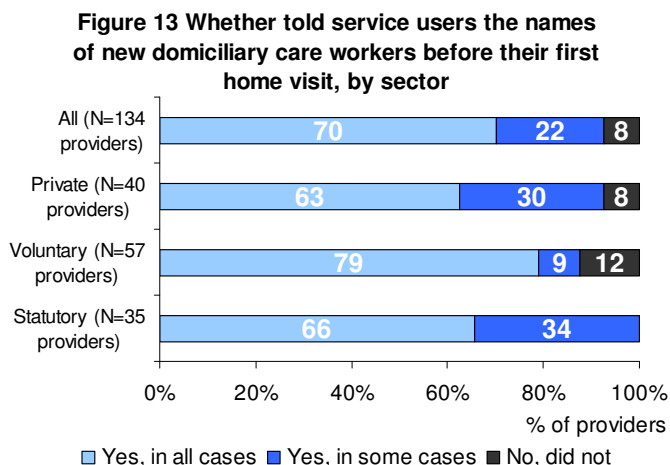
^{xi} This percentage should be treated with caution as the base number, 28, is small.

Introducing new domiciliary care workers

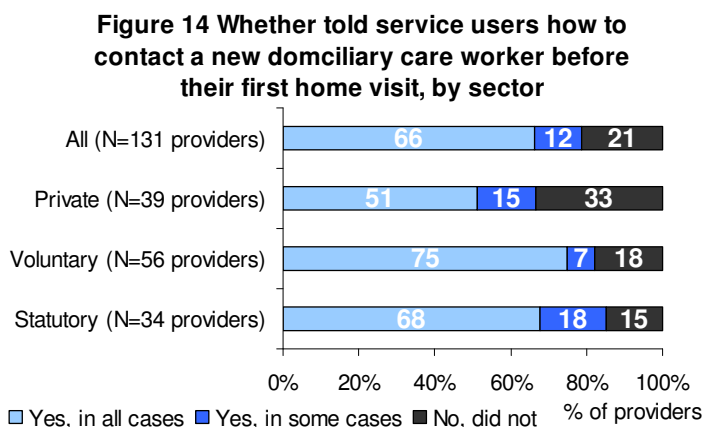
Regulation 18 states that before a domiciliary care worker is supplied, the service user is informed of

- “the name of the domiciliary care worker to be supplied, and the means of contacting him;
- the name of the member of staff of the agency who is responsible for the supply of that domiciliary care worker”

Seven in ten (70%) providers said they told service users the names of new domiciliary care workers before their first home visit in all cases. Less than one in ten (8%) said they did not do this at all in the 12 months prior to the survey^{xii} (See Figure 13). Significantly more statutory (100%) than voluntary (88%) providers reported having provided names in all or some cases.



Two thirds (66%) of providers said they had told service users how to contact a new domiciliary care worker before their first home visit in all cases^{xiii}. On the other hand, over a fifth (21%) said they had not done this at all (See Figure 14). A third (33%) of private providers said they had not provided these contact details, compared to less than a fifth of voluntary (18%) and statutory (15%) providers. These differences were not significantly different.



Nearly all (87%) providers said they gave service users the name of the staff member responsible for new domiciliary care workers before one visited in all cases and a further 8% said they did so in some cases^{xiv} (See Figure 15). However, 5% of providers did not give any service users this information. Nearly a tenth (9%) of

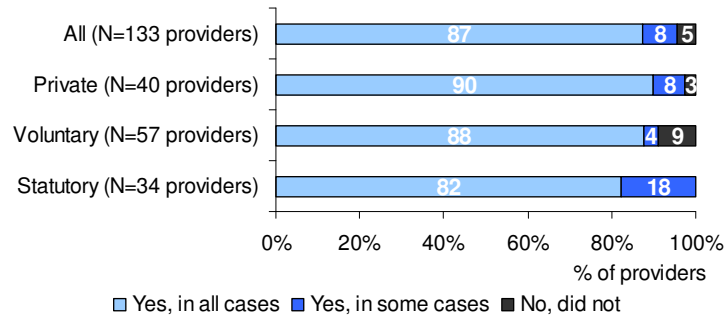
^{xii} This question had a high item non response rate. 20 of the 154 providers (13%) did not respond.

^{xiii} This question had a high item non response rate. 23 of the 154 providers (15%) did not respond.

^{xiv} This question had a high item non response rate. 21 of the 154 providers (14%) did not respond.

voluntary providers reported they did not do this in any instances. This compares to 3% of private providers and no (0%) statutory providers. Significantly fewer voluntary than statutory providers said they had adhered to this criterion in at least some cases.

Figure 15 Whether told service users the name of the member of staff responsible for a new domiciliary care worker before their first home visit, by sector



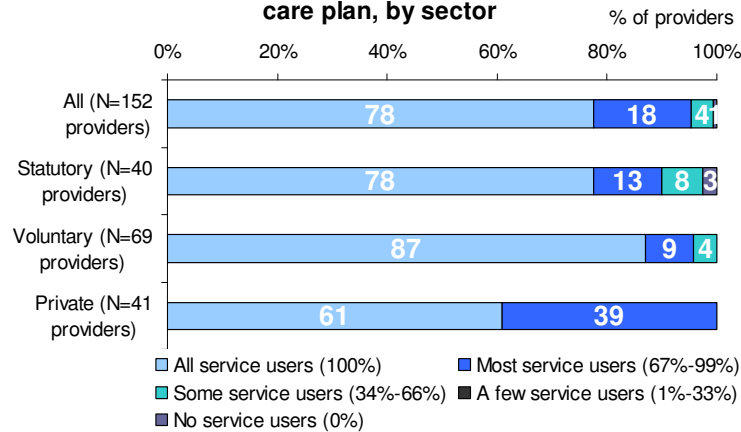
Written Care Plans

Proportion with care plans

Standard 4 states that “every service user has a written individual service agreement”. Nearly four fifths (78%) of providers said all their service users had care plans, nearly a fifth (18%) said most of their service users had care plans and less than a twentieth (4%) said some of them had. A small number (1%) said none of them had (see Figure 16).

More than three quarters of statutory (78%) and voluntary (87%) providers said all their service users had care plans. This compares to just over three fifths (61%) of private providers. Significantly more voluntary than private providers said they had adhered to this standard for all their service users.

Figure 16 Proportion of service users who had a care plan, by sector

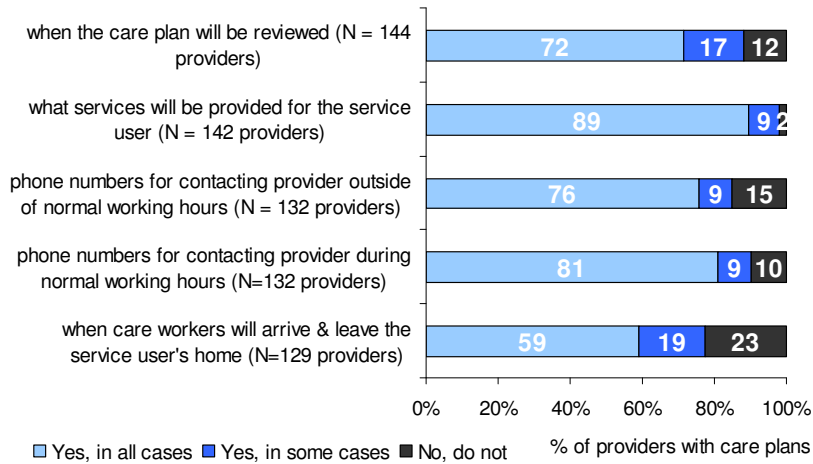


Information in care plans

Criterion 4.2 of Standard 4 specifies what information should be given in these agreements between the service user and the service provider. The majority (89%) of providers with care plans said they specified what services would be provided for the service user in all their care plans. Approximately three in four said they specified when the care plans would be reviewed (72%) and the telephone numbers that could be used to contact them

during normal working hours^{xv} (81%) and outside of normal working hours^{xvi} (76%) in all their care plans. A lower proportion (59%) said they specified in all their care plans when the domiciliary care workers would arrive and leave the service users' homes^{xvii}. According to nearly a quarter (23%) of providers with care plans this information was absent in all their care plans. Whereas one in fifty (2%) said they did not specify in any of their care plans what services would be provided (See Figure 17). Just over a third (35%) of providers said they had specified all five things they were asked about in all their care plans.^{xviii}

Figure 17 Proportion of providers with care plans that specify in their care plans ...



Significantly more voluntary (82%) than private (55%) providers with care plans said they specified in the care plans when they would be reviewed in all cases. However, significantly more private (94%) than voluntary (72%) providers with care plans said they specified contact numbers for outside normal working hours in at least some of their care plans. Also significantly more private (100%) than voluntary (71%) or statutory (63%) providers said they specified in at least some of their care plans when care workers would arrive and leave service users' homes.

Communication with the service user

Regulation 15 states that a care plan should be prepared after consultation with the service user, or if consultation with the service user is not possible, after consultation with the service user's representative. More than four fifths (81%) of providers with care plans reported having consulted service users or their representatives in all cases and 16% said they had in some cases. A small number (3%) said they did not do this in any instances (See Figure 18). Significantly more voluntary (93%) than statutory (68%) or private (71%) providers said they prepared their care plans in consultation with the service users or their representative in all cases.

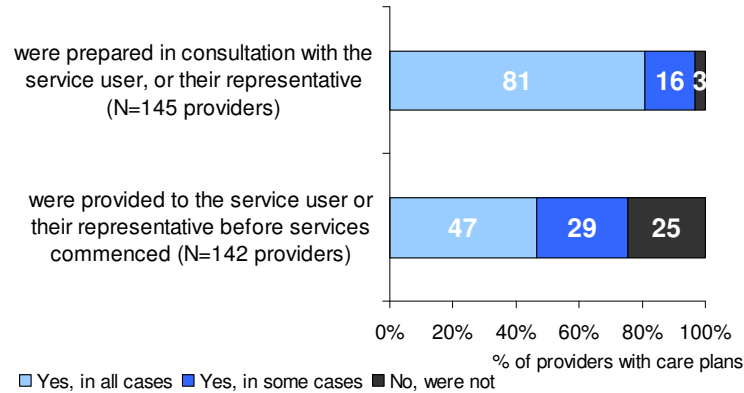
^{xv} This question had a high item non response rate. 21 of the 154 providers (14%) did not respond.

^{xvi} This question had a high item non response rate. 21 of the 154 providers (14%) did not respond.

^{xvii} This question had a high item non response rate 24 of the 154 providers (16%) did not respond.

^{xviii} This series of questions had a high non response rate, 35 of the 154 providers (23%) did not respond to all 5 questions.

Figure 18 Aspects of care plans



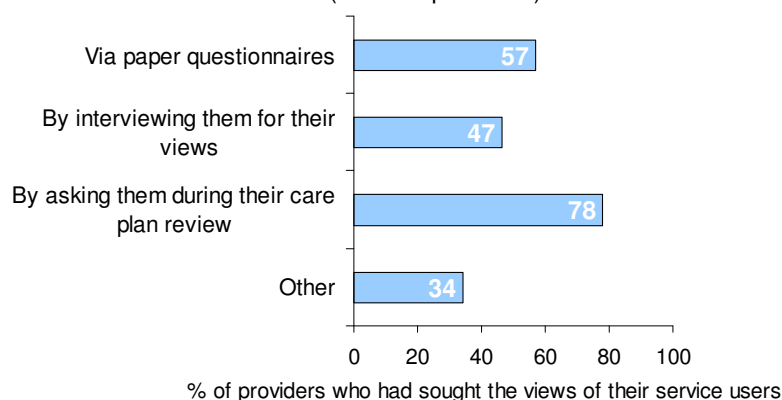
Criterion 4.1 of Standard 4 states that services users are provided with care plans “before the commencement of the service” or if that is not possible they should be given one within 5 working days of commencing services. Less than half (47%) the providers with care plans said they had provided service users or their representatives with their care plans before commencing services in all cases and a quarter (25%) said they had never provided them before commencing services (See Figure 18). Significantly more voluntary (37%) than private (5%) providers said they had not provided care plans to any of their service users or their representatives before providing them with any services. A quarter (25%) of statutory providers said they had not provided these beforehand but this sector did not significantly differ from either of the other two.

Service Users’ Involvement

Seeking service users’ views

Standard 1 states that “the views of service users and their representatives should shape the quality of services provided by the agency”. Criterion 1.8 of Standard 1 states that the views of service users and those of their carers or representatives should be formally sought at least once a year and “preferably by a person or provider independent of the agency”. Almost all (95%) providers said they had, in the 12 months prior to the survey, sought the views of their service users or their representatives about the domiciliary care services they receive. Figure 19 shows the methods used to obtain service users’ views. Nearly four in five (78%) providers who said they had sought service users’ views described asking them during their care plan reviews, nearly three fifths (57%) said they asked for them via paper questionnaires, almost half (47%) said they interviewed service users for their views and more than a third (34%) reported using ‘other’ means to obtain feedback. These ‘other’ methods of obtaining service users’ views included talking to carers’ groups, exit interviews, focus groups, informal chats and internet blogs.

Figure 19 Methods used to obtain service users' views (N = 146 providers)



Percentages add up to more than 100% as each of the providers can use one or more methods of obtaining service users' views

The sectors differed in how they had sought service users' views. Significantly more voluntary (71%) than statutory (31%) providers who said they had sought service users' views reported having used paper questionnaires to do this and significantly more private (78%) than voluntary (35%) and statutory (33%) providers said they had used interviews.

Less than a fifth (19%) of providers said they had asked an independent provider or person to seek service users' views in the 12 months before the survey: Nearly a third (30%) of voluntary providers and approximately a tenth of statutory (13%) and private (7%) providers. Significantly more voluntary than private providers reported having done this.

Changes made in response to service users' views

Criterion 1.4 of Standard 1 states that "action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service". Providers who said they had gathered the views of their service users were asked if, in the 12 months prior to the survey, they had made any changes to their domiciliary care services in response to comments, requests or suggestions for improvements. Nearly three quarters (72%) of those who had received feedback said they had made changes in response and over a quarter (28%) said they had not^{xix}.

The ways providers reported having made changes in response to comments, requests and suggestions for improvements were wide ranging and included; changing the times of visits, providing different types of support, having a service user group interview prospective staff, having more involvement with service users' families, carrying out risk assessments, having domiciliary care workers who provide holiday cover shadow the regular visits beforehand, and changing domiciliary care workers at the request of individual service users. Changes in medication times, changes in preparation of food, reductions in the number of different domiciliary care workers who visit a home, help and support with social life and setting up informal carers' groups were also made in response to users views.

^{xix} Almost a fifth of providers (17%) said this question did not apply to them as they had not received any comments, requests or suggestions in the 12 months prior to the survey.

Records of service users' comments

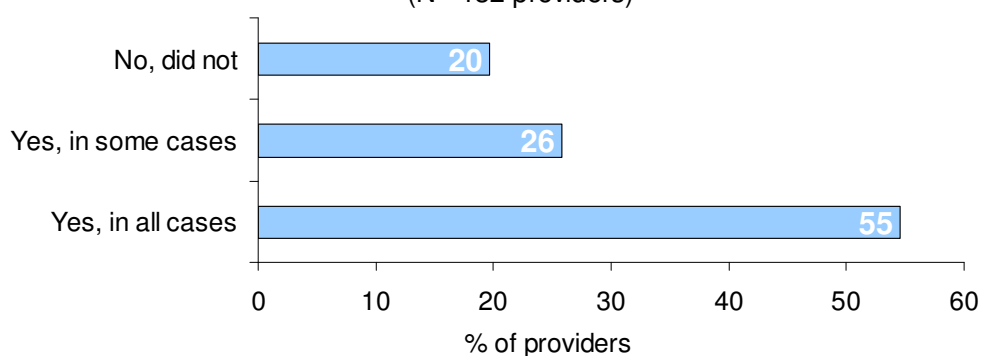
Criterion 1.3 of Standard 1 states that “records are kept of comments made by service users and their carers / representatives regarding the quality of care delivered”. The vast majority (94%) of providers who had received feedback in the 12 months prior to being surveyed reported keeping such a written record of feedback.

Service users' involvement in planning services

Providers were asked if, in the 12 months prior to the survey, whilst planning services they had asked service users when would be the most convenient time for domiciliary care workers to visit their homes. More than half (55%) said they had asked this in all cases and a further 26% said they had in some cases^{xx}. A fifth (20%) said they had not asked this (see Figure 20).

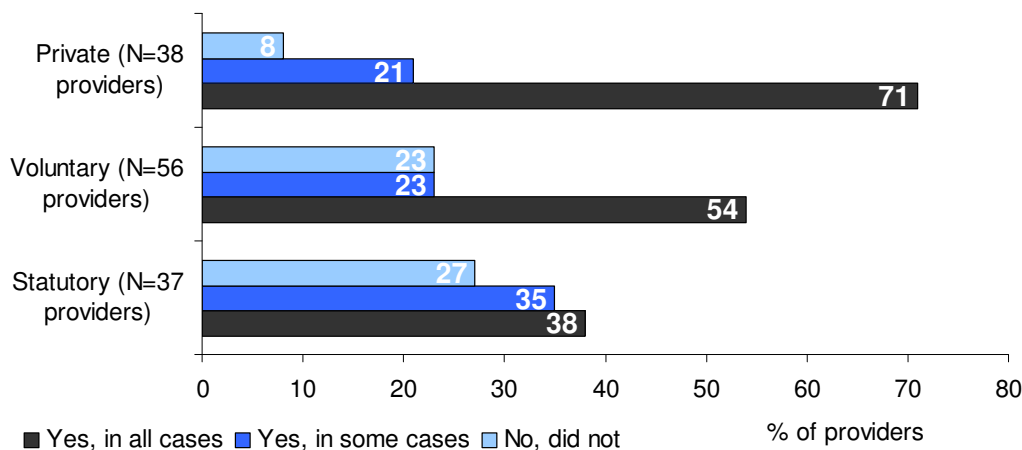
Figure 20 Whether asked service users when would be the most convenient time for care workers to visit

(N= 132 providers)



Approximately seven in ten private providers (71%) said they had involved all their service users in planning services in this way compared to just over half (54%) the voluntary providers and less than two in five (38%) statutory providers (See Figure 21). Private providers were significantly more likely than statutory providers to say they had asked service users when would be the most convenient time for them to have their domiciliary care visits.

Figure 21 Whether asked service users when would be the most convenient time for care workers to visit, by sector



^{xx} This question had a high item non response rate. 22 of the 154 providers (14%) did not respond.

Policies and Procedures

Handling Finances

Regulation 15.6d states that providers will “specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.” Nearly a fifth (17%) of providers said the management of money was not applicable to them as none of their domiciliary care workers help service users with financial matters or handle their money. Nearly all (98%) the other 126 providers reported having formal procedures for domiciliary care workers to follow when helping service users with financial matters or handling their money. A small number (2%) said they had not.

Managing Medicines

Standard 7 states that the provider “has arrangements in place to ensure that care workers manage medicines safely and securely” and Criterion 7.5 of Standard 7 states that “the policy and procedures cover each of the activities concerned with the management of medicines”. A number of providers (8%) said their domiciliary care workers did not administer or assist service users with medication. Almost all (99%) the other 140 providers reported having formal procedures for their staff to follow when helping service users with medicines.

Protecting service users from abuse

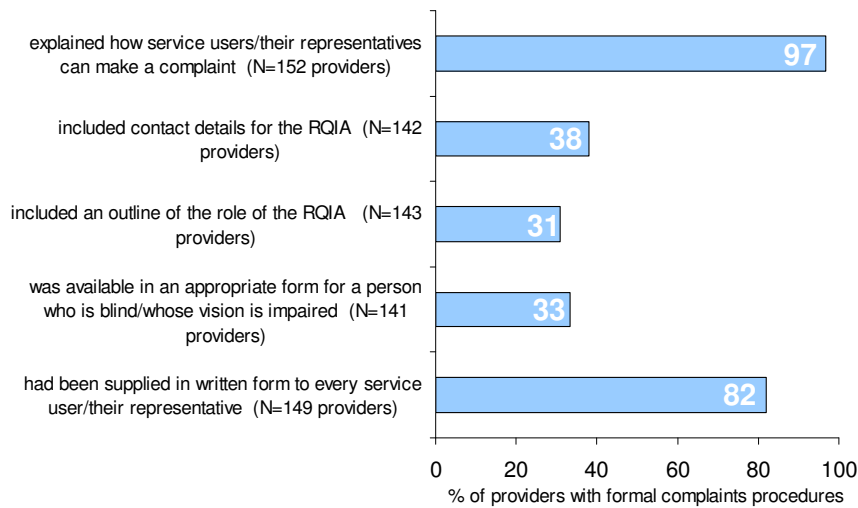
Criterion 14.7 of Standard 14 states that “written records are kept of suspected, alleged or actual incidents of abuse and include details of the investigation, the outcome and action taken by the agency.” Just over two fifths of providers (41%) said there had been no allegations of abuse, neglect or other harm reported in the 12 months prior to the survey. Of the remaining 90 providers, the vast majority (98%) said they had kept a written record of any such allegations or reports. All providers (100%) said they had a formal procedure to be followed after an allegation or report has been made of suspected abuse, neglect or other harm towards service users.

Complaints

Almost all (99%) providers indicated they had a formal complaints procedure for considering complaints made by service users or their representatives. Criterion 15.10 of Standard 15 states that “records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.” More than one in four providers (28%) said they had not received any complaints from service users or their representatives in the 12 months prior to the survey. The vast majority (99%) of the remaining 110 providers said they had kept a written record of any complaints from service users or their representatives.

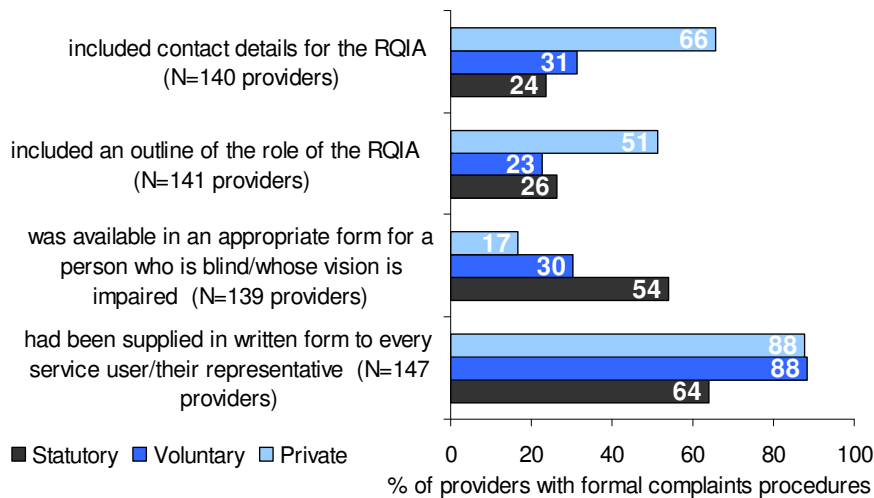
The proportions of providers who reported meeting the criteria of Standard 15 varied across criteria (See Figure 22). Most providers with a formal complaints procedure said they supplied this in written form to every service user or their representative (82%) and explained how service users or their representatives could make a complaint (97%). However, less than two in five (38%) said they included details of how to contact the RQIA. Approximately one in three providers with a formal complaints procedure said they included an outline of the role of the RQIA (31%) in the procedure and a similar number said their complaints procedure was available in an appropriate form for a person who is blind or whose vision is impaired (33%). Just over one in ten (11%) providers reported fulfilling all these Criteria. The other nine in ten (89%) providers said they did not meet at least one of these Criteria.

Figure 22 Proportion of providers whose formal complaints procedure ...



Significantly more voluntary (88%) than statutory providers (64%) said they had supplied their formal complaints procedure in written form to every service user or their representatives and significantly more private (66%) than voluntary (31%) and statutory (24%) providers said they included the RQIA’s contact details in their complaints procedure. Furthermore, private providers (51%) were significantly more likely than voluntary providers (23%) to say they included an outline of the RQIA’s role in their complaints procedure. However, significantly more statutory (54%) than private (17%) providers said their formal complaints procedure was available in an appropriate form for a person who is blind or whose vision is impaired (See Figure 23).

Figure 23 Aspects of formal complaints procedures, by sector



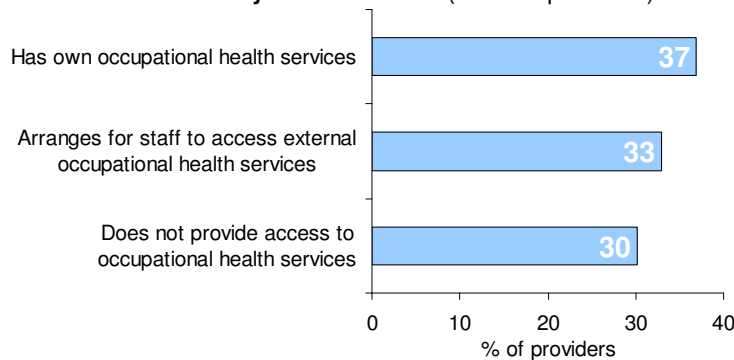
Criterion 15.9 of Standard 15 states that “complaints are investigated and responded to within 28 days”. Three in five (60%) providers said no complaints had been made by service users or their representatives under the complaints procedure in the 12 months prior to the survey. Nine in ten (90%) providers who reported having received complaints said they had responded to all of these within 28 days of receipt.

Staff, Training and Development

Occupational Health Services

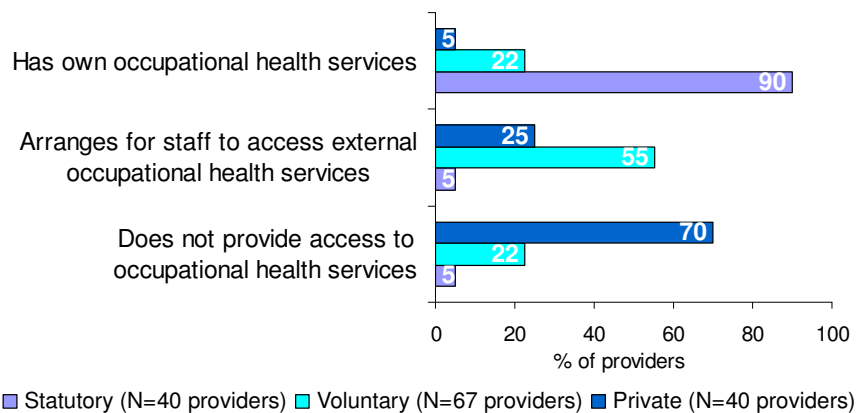
Criterion 16.7 of Standard 16 states that providers have “arrangements in place to provide staff with access to occupational health services when necessary”. For the purposes of the survey, occupational health services were defined as including services such as advice and counselling on well being and healthy living, return to work strategies and monitoring the health of employees. Just over a third (37%) of providers said they had their own occupational health services. A similar number (33%) said they arranged for staff to access external occupational health services and the other third (30%) said they did not provide their domiciliary care workers with any access to occupational health services (See Figure 24).

Figure 24 Occupational health services provided for domiciliary care workers (N = 149 providers)



The proportion of providers with their own occupational health services varied widely with sector (See Figure 25). Nine in ten (90%) statutory providers said they had their own occupational health services compared to just over one in five (22%) voluntary providers and one in twenty (5%) private providers. Significantly more statutory than voluntary and private providers said they had their own occupational health services. Furthermore, significantly more voluntary than private providers said they had these. The findings therefore indicate that private providers were significantly less likely than both voluntary and statutory providers to have their own occupational health services.

Figure 25 Occupational health services provided for domiciliary care workers, by sector



Significantly more voluntary (55%) than private (25%) and statutory (5%) providers said they offered access to external occupational health services. Private providers (70%) were significantly more likely than both voluntary (22%) and statutory providers (5%) to say they provided no form of occupational health services for their domiciliary care workers to use.

Providers with their own occupational health services said their services included facilities such as access to doctors, nurses and physiotherapists, confidential counselling, occupational health assessments, having an occupational health department and welfare visits. Those who arranged for staff to access external occupational health services said the services they gave them external access to included resources like counselling, advice lines, consultants, nurses and return to work assessments.

Other staff and development issues

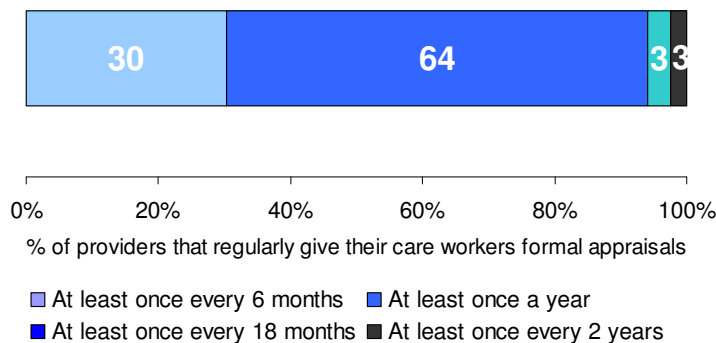
Criterion 16.4 of Standard 16 states that “there is a designated member of staff to receive and act on health and safety information”. The majority (91%) of providers said they had at least one member of staff designated to do this.

Standard 11 states that “staff are recruited and employed in accordance with relevant statutory employment legislation” with Criterion 11.5 of Standard 11 stating that “job descriptions are issued to staff on appointment”. The vast majority (97%) of providers said they had provided all the domiciliary care workers they employed at the time of the survey with job descriptions outlining their responsibilities. The other 3% said they had provided them in some cases.

Standard 13 states that “staff are supervised and their performance appraised to promote the delivery of quality care and services”. Nearly all (94%) providers said the domiciliary care workers they employed were formally appraised by a suitably qualified person^{xxi}. Four in five (80%) providers said they did this on a regular basis and 14% on an irregular basis. The other 6% said they did not have their domiciliary care workers formally appraised by a suitably qualified person at all.

Nearly all (94%) providers who reported formally appraising their domiciliary care workers on a regular basis said they did so at least once every 6 months or at least once a year (See Figure 26).

Figure 26 How often providers that regularly give their domiciliary care workers formal appraisals do so (N= 119 providers)



Staff Qualifications

Criterion 12.5 of Standard 12 states that providers should be “aware of DHSSPS strategic targets for the training of, and attainment of NVQ qualifications by, care assistants”. Furthermore, Regulation 16.2 parts (a) and (b)

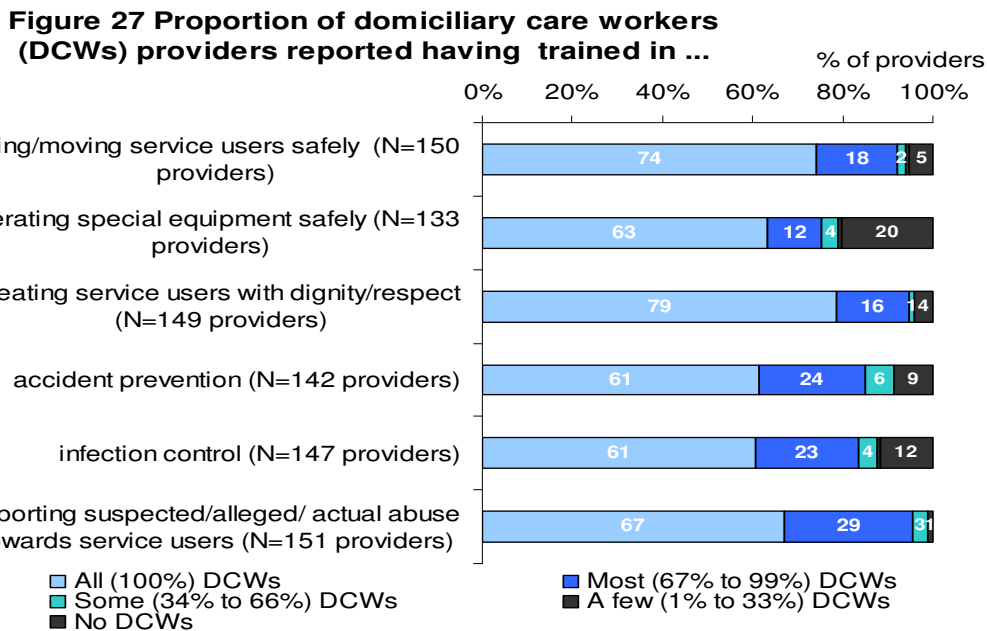
^{xxi} A suitably qualified person was defined in the questionnaire as ‘one in a supervisory position who holds a minimum qualification in Health & Social Care (HSC) at NVQ Level 3, or with at least 2 years experience in any HSC setting with one or more of the client groups supported by your provider.’

state that each employee “receives training and appraisal which are appropriate to the work he is to perform” and “receives suitable assistance, including time off, for the purpose of obtaining qualifications appropriate to such work”.

More than a quarter of providers (27%) said none of their domiciliary care workers had been, in the 12 months prior to the survey, working towards qualifications appropriate to domiciliary care work whilst employed by them. There were no significant differences between the sectors in this respect. Half (50%) of those providers who said they employed domiciliary care workers who were working towards appropriate qualifications indicated they had given them paid time off, during the 12 months prior to the survey, in order to work towards these qualifications. Significantly more voluntary and statutory than private providers said they had done this. The majority of statutory providers (69%^{xxii}), more than half (54%) the voluntary providers and a fifth (20%^{xxiii}) of private providers with domiciliary care workers who were studying said they had given at least one of them paid study leave. The vast majority (90%) of providers who said they had given any of their employees paid leave to study said they had given this to all those who were working towards qualifications appropriate to domiciliary care.

Training

The majority of providers said they had trained “most (67% to 99%)” or “all (100%)” of their domiciliary care workers in each of the areas they were asked about: reporting suspected, alleged or actual abuse towards service users (95%), treating service users with dignity or respect (95%), lifting / moving service users safely (92%), accident prevention (85%), infection control (84%) and operating special equipment safely (75%) (See Figure 27).



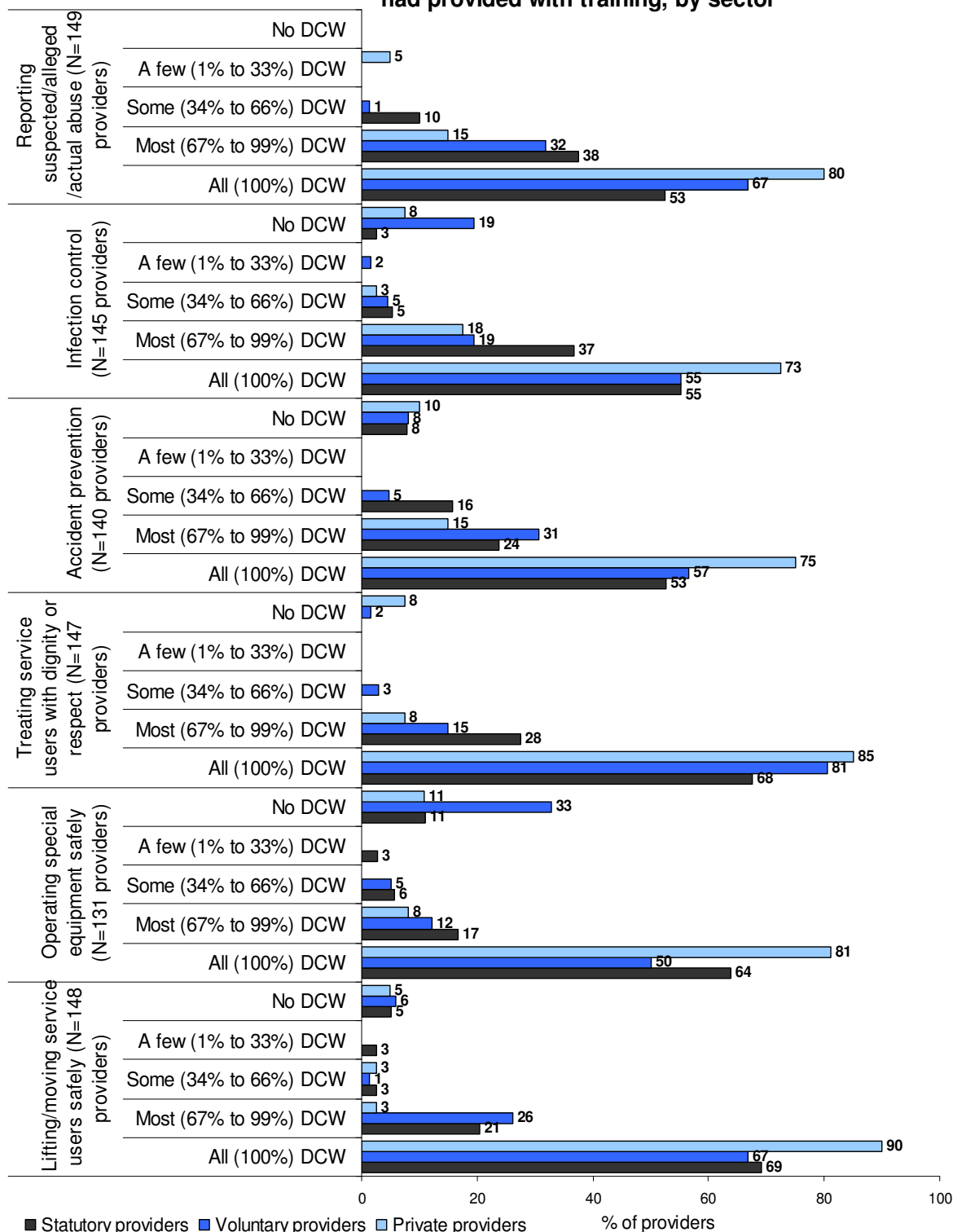
Over a third (36%) of providers said they had trained “all (100%)” their domiciliary care workers in all six areas. The area in which the largest proportion of providers said they had provided no training was in operating special equipment safely^{xxiv} (20%). However, it is possible that some providers did not have any service users who required the operation of special equipment. Figure 28 shows the proportions of domiciliary care workers

^{xxii} This percentage should be treated with caution as the base number, 26, is small.

^{xxiii} This percentage should be treated with caution as the base number, 25, is small.

^{xxiv} This question had a high item non response rate. 21 of the 154 providers (14%) did not respond

Figure 28 Proportions of domiciliary care workers (DCWs) providers had provided with training, by sector



provided with training by sector. The only statistically significant differences are for training in lifting and moving service users safely and in operating special equipment. Nine in ten (90%) private providers and just over two thirds of statutory (69%) and voluntary (67%) providers indicated they had provided training for all their domiciliary care workers in lifting and moving their service users safely. Over four fifths (81%) of private providers and less than two thirds of statutory (64%) and voluntary (50%) providers said they had provided

training for all their domiciliary care workers in operating special equipment safely. In both types of training significantly more private than voluntary providers said they had provided training for all their domiciliary care workers. A significantly higher proportion of private (56%) than voluntary (23%) providers said they had trained “all (100%)” their domiciliary care workers in all six areas.

Dealing with newly appointed staff

Standard 12 states that “staff are trained for their roles and responsibilities”. Criterion 12.1 of Standard 12 states that “newly appointed staff are required to complete structured orientation and induction”. A tenth (10%) of providers said they had not had any domiciliary care workers starting in their employment in the 12 months prior to the survey. Nearly all (96%) the providers that had employed new domiciliary care workers said they had provided all of them with structured induction training. A further 2% said they had provided it in some cases. A small number (2%) said they had not provided it for any new domiciliary care workers.

Regulation 16.5 (b.i) states that “during induction training the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person.” Just over three quarters (76%) of providers with new domiciliary care workers said they had not supplied them to any service users, unaccompanied by an experienced domiciliary care worker, before they had completed their structured induction training. A small number (7%) said they had done so in some cases and nearly a fifth (17%) said they had done this in all cases.

Regulation 16.5 (b.ii) states that “a member of staff who is suitably qualified and experienced is appointed to supervise the new worker”. Nine in ten (90%) providers with domiciliary care workers who had started in the 12 months before the survey said they had appointed all of them with suitably qualified staff members^{xxv} to supervise them. Nearly a tenth (8%) said they had appointed appropriate supervisors in some cases and 2% reported not doing this for any new domiciliary care workers.

Regulation 16.5 (b.iv) states that “subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties”. More than four in five (85%) providers with newly recruited domiciliary care workers said they had an experienced staff member observe all of them carrying out their duties on at least one occasion. More than one in ten (14%) said they had done this in some cases and 1% said they had not done this at all.

^{xxv}A suitably qualified person was defined in the questionnaire as ‘one in a supervisory position who holds a minimum qualification in Health & Social Care (HSC) at NVQ Level 3, or with at least 2 years experience in any HSC setting with one or more of the client groups supported by your provider.’

Recording and Reporting

The Northern Ireland Audit Office's *Older People and Domiciliary Care* report (2007) raised concerns that not all domiciliary care workers were providing the number of hours of domiciliary care they had been contracted to. Providers were asked if, in the 12 months prior to the survey, they had checked whether domiciliary care workers were providing the number of hours of domiciliary care they had been contracted to. Nearly all (94%) providers said they had and were subsequently asked how they had done this. Each provider was free to mention whatever they thought was most pertinent to the question. These responses were then coded to give a picture of how providers checked domiciliary care workers were providing service users with the number of hours of domiciliary care they were supposed to. These figures are exploratory and must be treated with caution. Just because a provider did not mention in their response that they do something does not mean they do not. For instance, a provider may not have pointed out that they have their service users sign a timesheet for the hours worked by staff but it does not follow that they do not do this.

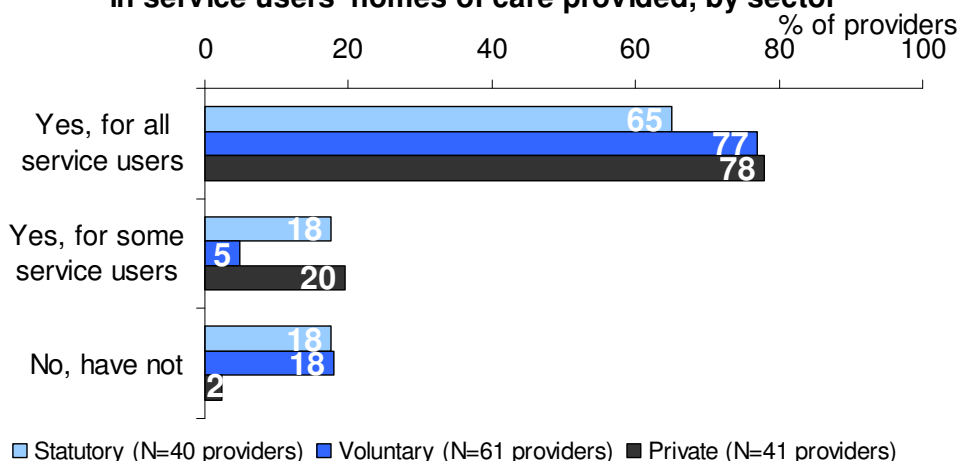
More than two fifths (41%) of providers who said they checked the hours of domiciliary care provided reported auditing rotas, timesheets, books and records of hours. More than a tenth (12%) said all their service users signed timesheets for the hours worked by staff and over a third (36%) said their domiciliary care managers visited service users' homes or carried out spot checks.

Written records

Standard 5 states that "all activities undertaken in relation to the service user's care plan are recorded". Nearly three quarters (74%) of providers said they kept a written record in all their service users' homes of the care provided. A further 13% said they kept such a record for some service users and one in seven (14%) said they did not keep these records.

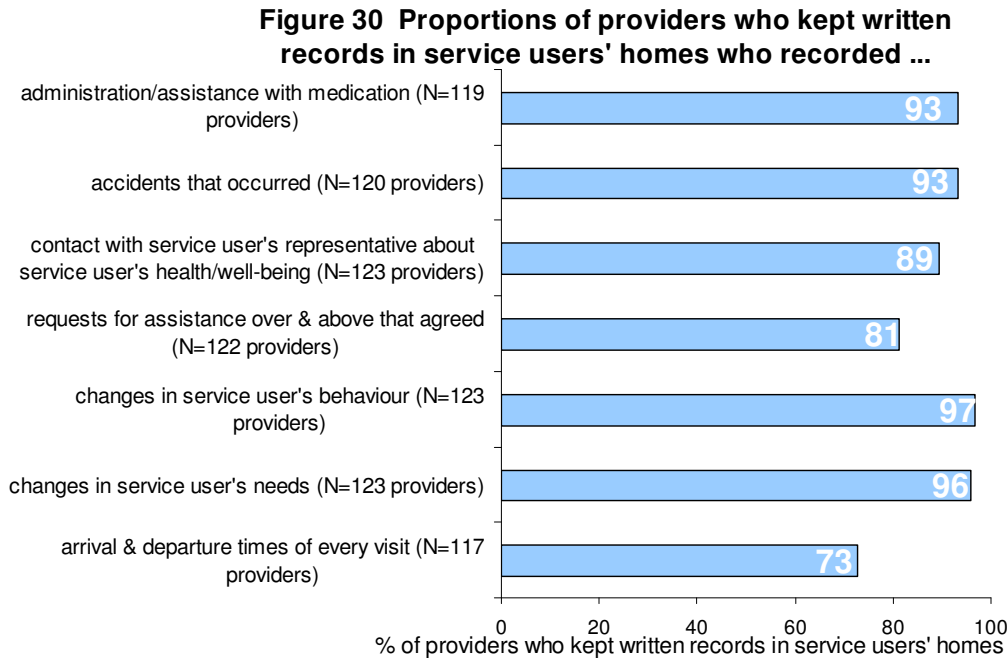
Significantly more voluntary (18%) than private (2%) providers said they did not keep these records in any service users' homes (See Figure 29).

Figure 29 Whether providers have kept written records in service users' homes of care provided, by sector



Criterion 5.2 of Standard 5 specifies what information should be kept in these records. Most providers who kept records said they routinely recorded most of the relevant information (See Figure 30). However, more than a quarter (27%) said they were not recording the arrival and departure times of every care worker's visit and nearly

a fifth (19%) said they were not recording any requests from the service user for assistance over and above that agreed in the care plan.



Differences between statutory, voluntary & private providers

This section summarises differences in the responses given by statutory, voluntary and private providers.

New or prospective service users

The sectors did not differ significantly in how they said they treated new or prospective service users in all aspects other than whether a member of staff visited new service users in their own homes before they were provided with any domiciliary care services. Significantly more voluntary (32%) than private (10%) providers said they had not visited any new service users before commencing services in the 12 months before the survey.

Introducing new domiciliary care workers

When introducing service users to domiciliary care workers for the first time significantly more statutory than voluntary providers reported providing at least some service users with the names of the new domiciliary care workers and with the names of the staff members responsible for the new domiciliary care workers before the first home visit. All (100%) statutory providers said they gave their service users the names of new domiciliary care workers in at least some cases compared to less than nine in ten (88%) voluntary providers. All (100%) statutory providers indicated they had provided the names of staff members responsible for new domiciliary care workers in at least some cases. Whereas, nearly a tenth (9%) of voluntary providers said they had not provided these names in any instances.

Care plans

Significantly more voluntary (87%) than private providers (61%) said all their current service users had a written care plan. Furthermore, significantly more voluntary (82%) than private providers (55%) said they had specified in all their care plans when the care plans would be reviewed. Nearly all voluntary providers (93%) said they had

prepared their care plans in consultation with all their current service users or their representatives. This was significantly more than for both statutory (68%) and private (71%) providers.

On the other hand, significantly more private (95%) than voluntary (63%) providers said they had provided at least some of their service users with their care plans before they provided them with services. In addition, significantly more private (94%) than voluntary providers (72%) stated they had specified telephone numbers that could be used to contact them outside of normal working hours in at least some of the care plans. Furthermore, significantly more private (100%) than voluntary (71%) or statutory (63%) providers said they specified in at least some of their care plans when care workers would arrive and leave service users' homes.

Service users' views

The sectors did not significantly differ in the proportion of providers who said they had sought the views of service users or their representatives about the domiciliary care services they received. However, they did differ in how they described attempting to obtain these views. Voluntary providers (71%) were significantly more likely than statutory providers (31%) to say they had asked for service users' views through the use of paper questionnaires in the 12 months prior to the survey. Private providers (78%) were significantly more likely than both voluntary (35%) and statutory (33%) providers to say they had tried to ascertain service users' views by interviewing them or their representatives for their views.

Significantly more voluntary (30%) than private providers (7%) said they had asked an independent provider or person to seek service users' views for them.

Significantly more private than statutory providers said they had allowed their service users input whilst planning their services. Just over seven in ten (71%) private providers reported having asked all service users when would be the most convenient time for domiciliary care workers to visit their homes, whereas, less than two in five (38%) statutory providers said they did this.

Complaints procedures

Significantly more voluntary (88%) than statutory providers (64%) said they had supplied their formal complaints procedure in written form to every service user or their representative. However, private providers (51%) were significantly more likely than voluntary providers (23%) to say they had included an outline of the role of the RQIA in their complaints procedure. Additionally, significantly more private (66%) than voluntary (31%) or statutory (24%) providers said they included contact details for the RQIA.

Statutory providers (54%) were significantly more likely than private providers (17%) to say their complaints procedure was available in an appropriate form for people who were blind or had impaired vision.

Occupational Health

Statutory, voluntary and private providers differed in whether they provided their domiciliary care workers with access to occupational health services. Almost all (95%) statutory providers reported providing domiciliary care workers with access to occupational health services. This was significantly more than the 77% of voluntary providers who did the same. Furthermore, both statutory and voluntary providers were significantly more likely than private providers (30%) to report providing any type of access.

The sectors also differed in how they catered for their domiciliary care workers to access occupational health services. The vast majority (90%) of statutory providers said they had their own occupational health services. This is significantly more than the one in five (22%) voluntary providers and the one in twenty (5%) private

providers who said they had their own occupational health services. Significantly less private than voluntary providers reported having in house occupational health services.

Significantly more voluntary (55%) than statutory (5%) or private (25%) providers said they arranged for their domiciliary care workers to access external occupational health services.

Training

A fifth (20%) of private providers who had domiciliary care workers working towards relevant qualifications said they had given any of them paid time off to study during the 12 months prior to the survey. This was significantly less providers than in the voluntary (54%) and statutory (69%) sector.

Whilst private providers were the least likely to say they had given staff study leave, they were significantly more likely than voluntary providers to report having provided their employees with training. Almost all (90%) private providers and two thirds (67%) of voluntary providers said they had provided all their domiciliary care workers with training in lifting and moving service users safely. More than four fifths (81%) of private providers and one in two (50%) voluntary providers said they had provided all their employees with training in operating special equipment safely.

Written Records

Almost all (98%) private providers said they had kept written records of care provided in at least some of their service users' homes. Significantly less voluntary providers (82%) said they did this.

Differences between small and large providers

This section details differences in the responses given by providers with up to 50 service users (small providers) and those with 51 or more (large providers).

Care Plans

Significantly more small (92%) than large providers (52%) said all their service users had care plans. Small providers were also significantly more likely to say they prepared their care plans in consultation with the service users or their representatives. More than nine tenths (91%) of small providers reported having consulted service users in all cases compared to just over three fifths (62%) of large providers.

However, large providers were significantly more likely to provide their service users with their care plans before they commenced delivery of services. Nine in ten (90%) large providers said they had provided care plans to service users or their representatives before providing them with any services in at least some cases compared to two in three (67%) small providers.

The information included in all care plans varied with the size of the provider. Small providers were more likely than their larger counterparts to say they had specified in the care plans when the care plans would be reviewed. The vast majority (86%) of them said they included a review date in all care plans compared to less than half (46%) of the large providers. On the other hand, large providers were more likely than smaller ones to say they had specified when domiciliary care workers would arrive and leave the service user's home. Nearly all (92%) large providers indicated they had included these times in at least some of their care plans compared to just over two thirds (68%) of small providers. Larger providers were also more likely to say they had specified the telephone numbers that could be used to contact them outside of normal working hours. Almost all (96%) large

providers stated they had included these telephone numbers in at least some of their care plans compared to just over three quarters (77%) of small providers.

Introducing new domiciliary care workers

Small and large providers differed in how they said they introduced domiciliary care workers to service users for the first time. Small providers were significantly more likely to say they had provided the name of the domiciliary care worker and information on how service users could contact the domiciliary care worker before the first home visit. More than four fifths of small providers said they gave service users the names of new domiciliary care workers (88%) and information on how they could contact new domiciliary care workers (81%) in all cases. In contrast, approximately two fifths of large providers reported having provided relevant names (43%) and contact information (44%) to all their service users.

Occupational Health

Small providers were significantly more likely to say they provided the domiciliary care workers they employed with access to occupational health services. Four fifths (80%) of small providers reported either having their own occupational health services or arranging for staff to access external occupational health services compared to just over half (52%) of large providers.

Training

Whether providers provided their domiciliary care workers with training varied with size. The vast majority (91%) of large providers said they had provided all their domiciliary care workers with training in lifting and moving service users safely compared to less than two thirds (64%) of small providers. Additionally, more than four in five (83%) large providers compared to one in two (51%) small providers said they had provided training in operating special equipment safely to all of their domiciliary care workers.

Written records of care

Small and large providers did not differ significantly on whether they kept a written record in service users' homes of the care that had been provided. Nevertheless, small providers were significantly more likely than large providers to record any contact with the service user's representative or carer about matters regarding the health or well-being of the service user in these written records. Almost all (96%) small providers said they did this as standard practice compared to nearly four fifths (79%) of large providers. Conversely, large providers were more likely to say they recorded the arrival and departure times of every visit by domiciliary care workers. Most (86%) of them said they recorded these comings and goings as standard practice whilst just over three fifths (63%) of small providers said they did this.

Conclusions

Self reported information returned by domiciliary care providers suggests that the majority of them are of the opinion that most minimum standards and domiciliary care regulations are being met. The extent to which this is the case is a matter for the Regulation and Quality Improvement Authority to determine. However, providers reported performing better in some areas than in others. For instance, almost all said they had formal procedures in place to be followed when service users' or their representatives made complaints about their care (99%), when abuse towards a service user was reported (100%), and, where applicable, when domiciliary care workers were handling money (98%) and medicines (99%) for service users. High proportions also said they sought feedback on their services from service users (95%), formally appraised their staff (94%) and provided all their staff with job descriptions (97%) and all their new staff with induction training (96%). On the other hand, a small proportion of providers said they had informed service users about the RQIA (31%) or how to contact them

(38%). Additionally, a low proportion said they had asked independent bodies to collect service users' views on their services (19%), informed prospective service users how to access inspection reports (24%) or made their complaints procedure available in a suitable format for service users who are blind or who have impaired vision (33%).

Results indicate there may be areas in which there are differences in the quality of domiciliary care delivered by voluntary, statutory and private providers. These differences are summarised in the section entitled *Differences between statutory, voluntary & private providers*. The majority of voluntary (84%) and statutory (59%) providers were small and the majority (62%) of private providers were large (See Figure 6 in the section entitled *General Information about Providers*). It is, therefore, feasible that some of the differences between the sectors may be explained by the differences displayed between small and large providers. These are summarised in the section entitled *Differences between small and large providers*. Thus size may be compounded by sector and the sample size is not sufficient to disentangle this effect.

Further work

The current report presents information given by providers registered with the RQIA, and reflects the extent to which providers consider that they comply with the various regulations and standards. The extent to which this is true is a judgement the RQIA will determine. In order to gain another perspective and to give a fuller picture of domiciliary care in Northern Ireland, Community Information Branch is supplementing this survey with other work. As previously mentioned, the Public Accounts Committee stated that "a system of regular, confidential and independent surveys of users would be helpful within the care system to identify any underlying causes of dissatisfaction and to provide assurance that decision making is informed by the views of the user" (Recommendation 14). Consequently, 10,000 domiciliary care service users in Northern Ireland were randomly selected and surveyed at the beginning of 2009. This postal questionnaire aimed to investigate how services could be improved from a service user's perspective by asking them about their experiences of services. It also evaluated current services by asking service users whether particular standards and regulations were being met in the delivery of their care, for example; whether they were getting the help they required, whether they had a care plan and whether the timings of their visits were convenient for them. It also asked about other aspects of their experiences such as whether their domiciliary care workers chatted with them during their visits, arrived punctually and treated them with dignity and respect. The large sample size will allow for a meaningful analysis by HSC Trust. This was not possible in the current survey of domiciliary care providers as the numbers involved were too small. The results of the users survey will also be set against those reported in the provider's survey and will give a different perspective on domiciliary care provision in Northern Ireland.

CIB also collected information on service users' experiences of domiciliary care on the Continuous Household Survey (CHS). This is a face-to-face general population survey of 4,500 households across Northern Ireland carried out by Central Survey Unit (CSU) of the Northern Ireland Statistics and Research Agency (NISRA). The domiciliary care questions CIB commissioned ran on the CHS from 1st April 2008 until 31st March 2009. This survey will also provide information on why some people who could make use of domiciliary care services do not.

It is hoped that findings from the three surveys will provide DHSSPS and other interested parties with a comprehensive view of the quality of domiciliary care in Northern Ireland and indicate how it can be improved for service users. A summary will be published that will take into account all the findings. This will highlight any discrepancies between the reported experiences of service users and the claims of providers and affirm any agreements between the two.

Appendix 1: Technical notes

Minimum Standards and Regulations

Throughout the report references to standards and regulations refer to the DHSSPS's Domiciliary Care Agencies' Minimum Standards and Domiciliary Care Agencies' Regulations (Northern Ireland) 2007 respectively, unless stated otherwise. The findings have been discussed in relation to these policies in order to gauge where providers were in relation to the basic requirements around the second quarter (July to September) of 2008. The final version of the standards was published in July 2008 and therefore, was not available to domiciliary care providers at the time of the survey. This survey, therefore, uses the standards to assess the quality of domiciliary care in Northern Ireland before these standards had the opportunity to influence the operation of providers. The regulations had been in effect from April 2007 so had had more than a year to establish an affect.

Rounding

All percentages quoted in the main body of the report are rounded to the nearest whole number and, therefore, may not sum exactly to 100%, e.g. they may sum up to 99%, 101%.

Confidence intervals

Any achieved sample is unlikely to reflect precisely the characteristics of the population from which it is drawn because it is a sample and not an entire population. An estimate of the amount of error due to this can be calculated. For a simple random sample design, in which every member of the sampled population has an equal and independent chance of inclusion in the sample, the confidence interval of any percentage can be calculated.

Table 4 provides example confidence intervals for a range of questions in the survey and can be used to indicate the nature of the confidence intervals for the survey. For example, the survey estimates that 78% of providers provided prospective service users or their representatives with a Service Users' Guide. The confidence interval of plus or minus 6.83 means there can be 95% confidence that the true population value lies within the range 70.77% to 84.43%. In other words, if 100 samples were repeatedly drawn from the population, an interval worked out in this way should include the true population value in 95 of the samples.

Table 4 Example confidence intervals

	% (p)	95% Confidence Interval +/-	95% Confidence interval
Had provided Service Users' Guides to prospective service users/their representatives (N = 143 providers)	78	6.83	70.77 to 84.43
All service users have a care plan – for statutory providers (N = 40 providers)	78	12.84	65.16 to 90.84
Have provided care workers with job descriptions outlining their responsibilities (N = 149 providers)	97	2.60	94.70 to 99.90

In general, the confidence intervals for questions asked of all providers are narrower than those for questions asked of a sub-sample. For example, the survey estimates that 78% of statutory providers had provided all their service users with a care plan. This estimate is calculated from a small base of 40 responses which produces a wide confidence interval of plus or minus 12.84. Therefore, a wider range (65.16 to 90.84%) than in the previous example is created even though the estimate of 78% is the same. This means the precision of the estimates for sub groups such as for voluntary, statutory or private providers will be less than the precision of the estimates for all providers surveyed.

These confidence intervals have been worked out as though a simple random sample had been selected. In this survey all domiciliary care providers who had registered with the RQIA were surveyed. However, the process for registering providers was still ongoing as not all providers had registered on time. Therefore, these confidence intervals will provide broad (but not absolutely precise) indications of the precision of estimates. All confidence intervals quoted are 95% confidence intervals.

Use of confidence intervals to indicate differences between groups

Confidence intervals can indicate whether or not there is a statistically significant difference between groups. As previously discussed, these 95% confidence intervals indicate there can be 95% confidence that the true population value lies within their range. If the confidence intervals for two groups do not overlap this indicates that there can be 95% confidence that the true population values of the two subgroups are significantly different. However, if the confidence intervals for two groups overlap we cannot be 95% confident of this and must reject the hypothesis that the two true values differ significantly. For example, 87% of voluntary providers, 78% of statutory providers and 61% of private providers said all their service users had a care plan. Taken on face value these numbers indicate that all service users have a care plan in a higher proportion of voluntary than statutory or private providers. However, the confidence intervals (shown in Table 5) tell a different story.

Table 5 Example of confidence intervals indicating differences between groups

Providers	% said all users had a care plan	Lower confidence interval	Upper confidence interval	Range
Statutory	78	65.2%	90.8%	65.2 – 90.8%
Voluntary	87	79.1%	94.9%	79.1 – 94.9%
Private	61	46.1%	75.9%	46.1 – 75.9%

Table 5 shows how there can be 95% confidence that the true population value for voluntary providers lies between 79.1% and 94.9%. This interval overlaps with that of the statutory sector which is of the range 65.2% to 90.8% as both intervals contain the figures from 79.1% to 90.8%. Therefore the two true population values could be the same and do not differ significantly. However, the interval of the voluntary sector does not overlap with that of the private sector which ranges from 46.1% to 75.9%. This indicates that these two population values differ significantly.

All references in the text to ‘significant’ differences describe statistically significant differences determined with confidence intervals in the manner described above. Any differences between the responses of statutory, voluntary and private providers that were statistically significant are reported in the main body of the text and discussed in the section entitled *Differences between statutory, voluntary & private providers*. Differences between small and large providers were also tested for. These are presented in the section entitled *Differences between small and large providers*. Unfortunately a breakdown by HSC Trust would not be meaningful as the numbers involved are too small.

Appendix 2: References

Department of Health, Social Services and Public Safety (2007), *The Domiciliary Care Agencies Regulations (Northern Ireland) 2007*. Available online at: http://www.England-legislation.hmso.gov.uk/sr/sr2007/nisr_20070235_en_1 (accessed on 30 June 2009).

Department of Health, Social Services and Public Safety (2009), *Domiciliary Care Services for Adults in Northern Ireland (2008)*. Available online at: http://www.dhsspsni.gov.uk/cc7b_report_2008.pdf (accessed on 30 June 2009).

Department of Health, Social Services and Public Safety (2008), *Domiciliary Care Agencies: Minimum Standards*. Available online at: http://www.dhsspsni.gov.uk/domiciliary_care_standards (accessed on 26 March 2009).

Health and Personal Social Services (2007). *The Health and Personal Social Services (Quality, Improvement and Regulation) (2003 Order) (Commencement No. 4 and Transitional Provisions) Order (Northern Ireland) 2007 (No. 220 (C.13))*. Available online at: http://www.opsi.gov.uk/sr/sr2007/nisr_20070220_en_1 (accessed on 13 May 2009).

Health and Personal Social Services (2005). *The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005*. Available online at: <http://www.opsi.gov.uk/sr/sr2005/20050099.htm> (accessed on 13 May 2009).

Northern Ireland Audit Office (2007). *Older People and Domiciliary Care*. Available online at: www.niauditoffice.gov.uk/pubs/DOMICILIARYCARE/FullReport.pdf (accessed on 05 March 2009).

**Community Information Branch,
DHSSPSNI**

**Survey of Domiciliary Care
Providers**

2008

Contact details of the person responsible for the completion of this Survey of Domiciliary Care Providers

Name

Job title

Telephone

Fax

Email

For help or information please contact:

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This questionnaire should take about 20-30 minutes to complete.

**Please answer as many of the questions as you can and return in
the pre-paid envelope provided**

The questions refer to:

- **'domiciliary care'**. By 'domiciliary care' we mean the range of services put in place to support an individual in their own home. Include personal care and the associated domestic services that are necessary to maintain an individual in a mutually agreed measure of health, hygiene, dignity, safety and ease in their home.
- **'organisation'**. By 'organisation' we mean the establishment at the address on the letter that accompanied this questionnaire. Your organisation may be part of a larger one that may have more establishments at other locations. Please answer for this establishment only. Please **EXCLUDE** any service users or domiciliary care workers who are managed at other locations. Only **INCLUDE** the domiciliary care workers and service users who are managed at this location.
- a service user's **'representative'**. By a service user's 'representative' we mean someone who takes an interest in the service user's health and welfare with the service user's express or implied consent. This is usually a family member or a friend.

Completing the questionnaire

You will be asked to tick boxes. Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Some questions will ask you to tick only one box, others will ask you to tick every box that applies to you. Each question will state clearly what you have to do.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.



Department of

**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

Your Organisation and its Users

Please ensure you have read the instructions on page 1 before proceeding

Q1. Which sector is your organisation part of?

(Tick ONE box only)

- Statutory 1 ---→ Go to Q2b
- Voluntary 2 ---→ Continue to Q2a
- Private 3 ---→ Continue to Q2a

Q2 a. In the last 7 days, has your organisation provided any domiciliary care services under contract by a Health and Social Care Trust(s)?

(Tick ONE box only)

- Yes, they contracted **all** the hours we provided (100%) 1
- Yes, they contracted **most** of the hours we provided (67% to 99%) 2
- Yes, they contracted **some** of the hours we provided (34% to 66%) 3
- Yes, they contracted **a few** of the hours we provided (1% to 33%) 4
- No, they contracted **none** of the hours we provided (0%) 5

b. Please indicate which, if any, of the following Health and Social Care Trusts contract your organisation to provide domiciliary care services.

(Tick EVERY box that applies)

- Belfast Health & Social Care Trust 1
- South Eastern Health & Social Care Trust 2
- Northern Health & Social Care Trust 3
- Southern Health & Social Care Trust 4
- Western Health & Social Care Trust 5
- No Health & Social Care Trusts contract us to provide domiciliary care 6

Q3 a. In the last 7 days, how many people did your organisation provide with domiciliary care services?

(Enter a number in the box

Please do not leave blank - If none enter '0')

--	--	--	--

b. and, how many of these people were aged 65 years or over?

(Enter a number in the box

Please do not leave blank - If none enter '0')

--	--	--	--

Q4 a. Thinking about the time spent providing domiciliary care during the last 7 days, how many people did your organisation provide with domiciliary care for a total of ...

(Enter the number of people in EACH category.
Please do not leave blank - If none enter '0')

less than 5 hours?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 hours or more but less than 10 hours?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 hours or more but less than 20 hours?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20 hours or more?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

b. and how many people in the last 7 days did your organisation provide with domiciliary care on

(Enter the number of people in EACH box.
Please do not leave blank - If none enter '0')

1 occasion?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 to 5 occasions?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 or more occasions?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q5. In the last 12 months, which of the following client groups did your organisation provide with domiciliary care services?

(Tick EVERY box that applies)

- People with mental health problems 1
- People with learning difficulties 2
- People with sensory disabilities 3
- People with other physical disabilities (other than sensory) 4
- People with none of these problems 5

Prospective Service Users

Q6. In the last 12 months, has your organisation provided prospective service users or their representatives with a guide that contains information about your organisation?

(Tick ONE box only)

- Yes 1---→ Continue to Q7
- No 2--→ Go to Q8
- Non applicable (no prospective service users in last 12 months) 3--→ Go to Q8

Q7. Did this guide contain information about ...

(Tick ONE box in EACH row)

	Yes	No
the services your organisation provides?	<input type="checkbox"/>	<input type="checkbox"/>
the cost of the services your organisation provides?	<input type="checkbox"/>	<input type="checkbox"/>
your organisation's general terms and conditions?	<input type="checkbox"/>	<input type="checkbox"/>
feedback on your organisation from service users or their representatives?	<input type="checkbox"/>	<input type="checkbox"/>
how to access inspection reports on your organisation e.g. The Regulation and Quality Improvement Authority reports?	<input type="checkbox"/>	<input type="checkbox"/>

Q8. In the last 12 months, did a member of staff from your organisation visit new service users in their own homes before they were provided with any domiciliary care services?

(Tick ONE box only)

Yes, in all cases 1

Yes, in some cases 2

No 3

Non applicable (no new service users in last 12 months) 4

Q9. In the last 12 months, did your organisation provide the following information to service users before a domiciliary care worker they hadn't had before visited their home ...

(Tick ONE box in EACH row)

	Yes, in all cases	Yes, in some cases	No
the name of the domiciliary care worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how they could contact the domiciliary care worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the name of the member of staff responsible for the domiciliary care worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written Care Plans

Q10. A care plan is a written agreement that sets out the needs of the service user and how these needs will be met.

Thinking about the number of people your organisation provided with domiciliary care in the last 7 days (See Question Q3a), how many of these people have a care plan?

(Tick ONE box only)

All of them (100%) 1

Most of them (67% to 99%) 2

Some of them (34% to 66%) 3

A few of them (1% to 33%) 4

None of them (0%) 5

Q11. Please indicate whether these care plans ...

(Tick ONE box in EACH row)

	Yes, in all cases	Yes, in some cases	No
were provided to the service user or their representative before your organisation provided them with any services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
specify when the domiciliary care worker(s) will arrive and leave the service user's home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
specify the telephone number/s that can be used to contact your organisation <u>during</u> normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
specify the telephone number/s that can be used to contact your organisation <u>outside</u> of normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
specify what domiciliary care services will be provided for the service user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
specify when the care plan will be reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
were prepared in consultation with the service user, or their representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Users' Involvement

Q12 a. In the last 12 months, has your organisation sought the views of service users or their representatives about the domiciliary care services they receive?

(Tick ONE box only)

Yes 1----> *Continue to part b*

No 2----> *Go to Q14a*

b. In the last 12 months, how has your organisation sought the views of service users or their representatives about the domiciliary care services they receive?
(Tick EVERY box that applies)

Via paper questionnaires 1

By interviewing them for their views 2

By asking them during the review of their service user's care plan 3

_____ Other (please write in) 4

Q13. In the last 12 months, has your organisation asked an independent organisation or person to seek the views of its domiciliary care service users or their representatives?

(Tick ONE box only)

Yes 1

No 2

Q14a. In the last 12 months, has your organisation made any changes to its domiciliary care services in response to comments, requests or suggestions for improvements from service users or their representatives?

(Tick ONE box only)

Yes 1----> *Continue to part b*

No 2----> *Go to Q15*

Non applicable (no comments, requests or suggestions received in the last 12 months) 3----> *Go to Q15*

b. Please provide an example of this

Q15. In the last 12 months, has your organisation kept a written record of the feedback from service users and their representatives regarding the quality of domiciliary care?

(Tick ONE box only)

Yes 1

No 2

Non applicable (No feedback received in last 12 months) 3

Q16. In the last 12 months, whilst planning services has your organisation asked service users when would be the most convenient time for domiciliary care workers to visit their homes?

(Tick ONE box only)

Yes, in all cases 1

Yes, in some cases 2

No 3

Policies and Procedures

Q17. Does your organisation have any formal procedures for domiciliary care workers to follow if helping a service user with financial matters or handling their money?

(Tick ONE box only)

Yes 1

No 2

Non applicable (no domiciliary care workers help service users with financial matters or handle their money) 3

Q18. Does your organisation have any formal procedures for domiciliary care workers to follow if administering or assisting a service user with medication?

(Tick ONE box only)

Yes 1

No 2

Non applicable (no domiciliary care workers administer or assist service users with medication) 3

Q19. During the last 12 months, has your organisation kept a written record of any allegations or reports of suspected abuse, neglect or other harm towards service users?

(Tick ONE box only)

Yes 1

No 2

Non applicable (No allegations of abuse, neglect or other harm in last 12 months) 3

Q20. Does your organisation have a formal procedure to be followed after an allegation or report has been made of suspected abuse, neglect or other harm towards service users?

(Tick ONE box only)

Yes 1

No 2

Complaints

Q21. During the last 12 months, has your organisation kept a written record of any complaints from service users or their representatives?

(Tick ONE box only)

Yes ₁

No ₂

Non applicable (No, ₃ complaints in last 12 months)

Q22. Does your organisation have a formal complaints procedure for considering complaints made by service users or their representatives?

(Tick ONE box only)

Yes ₁---→ *Continue to Q23*

No ₂---→ *Go to Q25a*

Q23. Please indicate whether the formal complaints procedure ...

(Tick ONE box in EACH row)

	Yes	No
has been supplied in written form to every service user or their representative?	<input type="checkbox"/>	<input type="checkbox"/>
is available in an appropriate form for a person who is blind or whose vision is impaired?	<input type="checkbox"/>	<input type="checkbox"/>
includes an outline of the role of the Regulation and Quality Improvement Authority?	<input type="checkbox"/>	<input type="checkbox"/>
includes contact details for the Regulation and Quality Improvement Authority?	<input type="checkbox"/>	<input type="checkbox"/>
explains how service users or their representatives can make a complaint?	<input type="checkbox"/>	<input type="checkbox"/>

Q24a. In the last 12 months, how many complaints were made by service users or their representatives under the complaints procedure?

(Enter a number in the box)

Please do not leave blank - If none enter '0')

--	--	--

---→ *If 1 or more continue to part b.
If '0' go to Q25a*

b. How many of these complaints did your organisation respond to within 28 days of receipt?

(Enter a number in the box)

Please do not leave blank - If none enter '0')

--	--	--

c. How many of the outstanding complaints were received in the last 28 days?

By outstanding we mean complaints that have not yet been responded to.

(Enter a number in the box

Please do not leave blank - If none enter '0')

--	--	--

Staff, Training and Development

Q25a. Occupational health services include services such as advice and counselling on well being and healthy living, return to work strategies, monitoring the health of employees.

Does your organisation provide the domiciliary care workers it employs with access to occupational health services?

(Tick ONE box only)

Yes, your organisation has its own occupational health services 1 ---→ *Continue to part b*

Yes, your organisation arranges for staff to access external occupational health services 2 ---→ *Continue to part b*

No 3 ---→ *Go to Q26*

b. Please give details of these arrangements for occupational health services

Q26. Does your organisation currently have at least one designated member of staff to receive and act on health and safety information?

e.g. information from the Northern Ireland Adverse Incident Centre

(Tick ONE box only)

Yes 1

No 2

Q27a. How many domiciliary care workers does your organisation currently employ?

(Include all those with a contract of employment. Do NOT include any Temporary Agency Workers who do not have a contract of employment with your organisation).

(Tick ONE box only)

- | | | | | | |
|----------|--------------------------|---|-------------|--------------------------|----|
| None | <input type="checkbox"/> | 1 | 50 to 59 | <input type="checkbox"/> | 7 |
| 1 to 9 | <input type="checkbox"/> | 2 | 60 to 69 | <input type="checkbox"/> | 8 |
| 10 to 19 | <input type="checkbox"/> | 3 | 70 to 79 | <input type="checkbox"/> | 9 |
| 20 to 29 | <input type="checkbox"/> | 4 | 80 to 89 | <input type="checkbox"/> | 10 |
| 30 to 39 | <input type="checkbox"/> | 5 | 90 to 99 | <input type="checkbox"/> | 11 |
| 40 to 49 | <input type="checkbox"/> | 6 | 100 or more | <input type="checkbox"/> | 12 |

b. Approximately how many Temporary Agency Workers are you presently using?

(Tick ONE box only)

- | | | | | | |
|----------|--------------------------|---|-------------|--------------------------|----|
| None | <input type="checkbox"/> | 1 | 50 to 59 | <input type="checkbox"/> | 7 |
| 1 to 9 | <input type="checkbox"/> | 2 | 60 to 69 | <input type="checkbox"/> | 8 |
| 10 to 19 | <input type="checkbox"/> | 3 | 70 to 79 | <input type="checkbox"/> | 9 |
| 20 to 29 | <input type="checkbox"/> | 4 | 80 to 89 | <input type="checkbox"/> | 10 |
| 30 to 39 | <input type="checkbox"/> | 5 | 90 to 99 | <input type="checkbox"/> | 11 |
| 40 to 49 | <input type="checkbox"/> | 6 | 100 or more | <input type="checkbox"/> | 12 |

Q28a. Are the domiciliary care workers employed by your organisation formally appraised by a suitably qualified person*?

***A suitably qualified person is one in a supervisory position who holds a minimum qualification in Health & Social Care (HSC) at NVQ Level 3, or with at least 2 years experience in any HSC setting with one or more of the client groups supported by your organisation.**

(Tick ONE box only)

- Yes, on a regular basis 1 ----> *Continue to part b*
- Yes, on an irregular basis 2 ----> *Go to Q29a*
- No 3 ----> *Go to Q29a*

b. How regularly are the domiciliary care workers employed by your organisation formally appraised by a suitably qualified person?

(Tick ONE box only)

- At least once every 6 months 1
- At least once a year 2
- At least once every 18 months 3
- At least once every 2 years 4
- _____ Other (Please write in) 5

Q29a. During the last 12 months, how many domiciliary care workers were working towards qualifications appropriate to domiciliary care work, e.g. Health & Social Care NVQ qualifications, whilst employed by your organisation?

(Enter a number in the box)

Please do not leave blank - If none enter '0')

--	--	--

---> If 1 or more continue to part b.
If '0' go to Q30

b. During the last 12 months, how many of them were given paid time off (do not include annual leave) in order to work towards these qualifications e.g. paid study leave?

(Enter a number in the box)

Please do not leave blank - If none enter '0')

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Q30. Thinking of the domiciliary care workers currently employed by your organisation (See Question Q27a), how many has your organisation provided with training in ...

(Tick ONE box in EACH row)

	All (100%)	Most (67% to 99%)	Some (34% to 66%)	A few (1% to 33%)	None (0%)
lifting / moving service users safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
operating special equipment safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
treating service users with dignity or respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
accident prevention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
infection control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reporting suspected, alleged or actual abuse towards service users?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q31. Has your organisation provided the domiciliary care workers it currently employs with job descriptions outlining their responsibilities?

(Tick ONE box only)

Yes, in all cases 1

Yes, in some cases 2

No 3

Q32. Thinking of the domiciliary care workers who began their employment with your organisation in the last 12 months?

(a) ...did they receive structured induction training from your organisation?

(Tick ONE box only)

Yes, in all cases 1---→ *Continue to part b*

Yes, in some cases 2---→ *Continue to part b*

No 3---→ *Continue to part b*

Non applicable (No domiciliary care workers began their employment with your organisation in last 12 months) 4---→ *Go to 33a*

(b) ...were they supplied to a service user, unaccompanied by an experienced domiciliary care worker, before completing structured induction training?

(Tick ONE box only)

Yes, in all cases 1

Yes, in some cases 2

No 3

(c) ... were they appointed a suitably qualified staff member* to supervise them?

***A suitably qualified person is one in a supervisory position who holds a minimum qualification in Health & Social Care (HSC) at NVQ Level 3, or with at least 2 years experience in any HSC setting with one or more of the client groups supported by your organisation.**

(Tick ONE box only)

Yes, in all cases 1

Yes, in some cases 2

No 3

(d) ... were they observed on at least one occasion carrying out their duties by an experienced staff member?

(Tick ONE box only)

Yes, in all cases 1

Yes, in some cases 2

No 3

Recording and Reporting

Q33a. In the last 12 months, has your organisation checked whether domiciliary care workers are actually providing the number of hours of domiciliary care that your organisation has contracted them to?

(Tick ONE box only)

Yes 1 ---→ *Continue to part b*

No 2 ---→ *Go to Q34*

b. and how have you done this?

Q34. During the last 12 months, has your organisation kept a written record in service users' homes of the care that has been provided?

(Tick ONE box only)

Yes, for all service users 1 ---→ *Continue to Q35*

Yes, for some service users 2 ---→ *Continue to Q35*

No 3 ---→ *Go to end of questionnaire*

Q35. Are the following recorded in these written records as standard practice...

(Tick ONE box in EACH row)

	Yes	No
the arrival and departure times of every visit by domiciliary care workers?	<input type="checkbox"/>	<input type="checkbox"/>
any changes in the service user's needs?	<input type="checkbox"/>	<input type="checkbox"/>
any changes in the service user's behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
any requests from the service user for assistance over and above that agreed in the care plan?	<input type="checkbox"/>	<input type="checkbox"/>
any contact with the service user's representative or carer about matters regarding the health or well-being of the service user?	<input type="checkbox"/>	<input type="checkbox"/>
any accidents that occur?	<input type="checkbox"/>	<input type="checkbox"/>
any administration or assistance with medication?	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

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Produced by:

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www.dhsspsni.gov.uk/index/stats_research/stats-cib.htm

Published 2 September 2009