

Review of Home Care Service Provision

Task & Finish Working Group

Background

At the Health and Wellbeing Review Committee meeting held on 3rd December 2008 Councillor D Wilson, supported by seven members of the Council, requested that consideration be given to the standard of Home Care Services provided by the Local Authority and Outside Agencies. The request also asked that the Health and Wellbeing Review Committee look into concerns over the standard of Home Care Services on a citywide basis including the training given to Home Care Service staff including qualifications and performance monitoring.

The Health, Housing and Adult Services Directorate in providing a response at the 3rd December meeting answered the issues relating to local authority home care services but issues still remain around outsourcing of care provision to the private sector and there is the potential to look into this further. A number of issues were raised around private home care provision including contracts and conditions of employment for staff, monitoring of service provision and training of employees.

Task and Finish Working Group

At the review committee meeting held on 14th January 2009 it was agreed that a task and finish group be established to look into home care service provision further. The work undertaken by the task and finish group into this area could help provide additional information to compliment the quality assurance processes already being undertaken by the Directorate and to provide the Health and Wellbeing Review Committee with the opportunity to contribute to the annual report on Home Care services.

The review committee also agreed to the task and finish group establishing its own terms of reference and to provide progress reports back to the Health and Wellbeing Review Committee as appropriate.

The Task and Finish working method for this piece of work was seen to have advantages of:

- being able to progress quicker outside the confines of the formal meeting
- not slowing down business in formal meetings
- allowing for greater investigation of issues by members
- providing a detailed response to the request made by the Elected Member.

Objectives of the Task and Finish Working Group

To identify and highlight current home care service provision in Sunderland.

To look at the quality of provision provided by private home care services in Sunderland.

To look at the major issues for home care services from service user, service provider, service employee and local authority perspectives.

To look at the current monitoring mechanisms for all home care services.

To look at the financial implications of in-house and out-sourced home care services.

To provide a concise report to the Health and Wellbeing Review Committee and the Health, Housing and Adult Services Directorate on their findings.

Consultation for the Task and Finish Group

The review has gathered evidence from a variety of sources. The main evidence being provided by information from council officers and external partners including the following:

- Desktop research
- Evidence presented by key stakeholders
- Site visits
- Council Officers
- Home Care Service Providers
- Home Care Service Users & Carers.

SUMMARY OF FINDINGS

There is an increasing demand for homecare services in the borough due to an ageing population and Central Government emphasis on providing care in the home rather than in hospitals or residential services. Care work is becoming increasingly complex as agencies focus on delivering personal care to clients with 'critical' or 'substantial' needs.

The task and finish working group has focused on elements of homecare services that are very important to service users when reviewing the quality of homecare. These elements include reliability of services, continuity of care, care worker skills, attitudes and competence, flexibility of services, knowledge and experience of the needs and wishes of the service users, and communication.

The working group would like to acknowledge the excellent care provided by many care workers and agency support staff across the city. The committee has received many positive comments about the homecare services provided,

particularly about the skills and qualities of individual care workers. Service users highly value care workers who consistently demonstrate kindness, understanding, empathy and flexibility.

Worryingly however, throughout the investigations the task and finish working group investigations have been informed of instances where service users have received a very poor service. The committee is also particularly concerned about:

- health and safety issues and levels of support for care workers
- insufficient care worker training in some areas (for example: using hoists, providing care to diverse clients and clients with complex needs)
- the issue of effective monitoring of home care services
- the continuity of care
- the expectations of service users and home care workers.

Summary of Recommendations

TO BE COMPLETED

What is Home Care Provision?

Home care or domiciliary care helps people to stay at home and be as independent as possible through personal care and some of the practical household tasks. There are many types of domiciliary care to support people who have different needs for ongoing help, short term help, or help from time-to-time.

Domiciliary care agencies provide care services to support people in their own homes; they do not give specialist nursing care. Care workers visit and provide help with daily tasks such as:

- Getting out of bed and dressing
- Undressing and going to bed
- Washing
- Assistance to the toilet
- Cleaning, laundry or other domestic tasks
- Meal preparation
- Shopping
- Sitting with or accompanying to appointments/outings
- Supervision of medication
- Night care.

All agencies that provide domiciliary care that includes:

- assistance with bodily functions such as feeding, bathing and toileting
- care falling just short of assistance with bodily functions, but still involving physical and intimate touching, including activities such as helping a person get out of a bath and helping them get dressed

must be registered with the Commission for Social Care Inspection (CSCI). All care workers employed through an agency must be checked with the Criminal Records Bureau to ensure suitability to carry out this type of work.

The Local Authority

Over recent years there has been a move away from 100% homecare provision provided by the Local Authority to more provision by the independent sector. Sunderland City Council has helped some of these homecare providers, within Sunderland, to grow and develop and this has fostered many good and positive relationships. The working group acknowledged that by 31st March 2009 the Local Authority would not provide any of the traditional less-complex homecare services.

The Local Authority is not removing itself totally from the homecare service environment and have in fact created a number of specialist teams to look after complex care e.g. dementia cases and those that require more intensive care. The Council has also created a number of intermediate care at home teams and is also developing palliative care teams.

The private sector is not, as yet, developed enough to handle these complex and intensive needs, and the Local Authority is currently best placed to provide for this. Also there are greater requirements for advanced and specialist training in these specific areas. Homecare in the Local Authority sector was identified as a career pathway with an emphasis on the standard and quality of care that is being delivered.

It was noted that many of the home care providers do not have a similar workforce (approx. 300) or the extensive resources that are available to the local authority. Members were also informed that the NHS commissioned all continuing healthcare services from the local authority and members acknowledged that this spoke for itself and was an indication of the high level of training and resources that the council had.

The Tyne and Wear Alliance, a consortium based in the North East, helps to provide training for the independent sector. Members were also advised that there were a number of mandatory training courses that all service providers must take and that further additional training is available. From next year at least 50% of Home Care Service staff must be qualified to NVQ level 2.

The General Manager for Older People's Services highlighted the difficulties in monitoring home care provision as the actual care takes place in peoples homes. The Home Care Plan (HCP), a yellow file, contains the majority of information required and these files are located in a service user's home. Monitoring depends on individual cases and can be yearly, 6-monthly, 3-monthly, monthly or weekly and the local authority also conducts spot checks.

Home Care Worker

Members from the task and finish group received evidence from a former employee of a Home Care Service provider within the city. The main points from this evidence were as follows:

- Training was 3 days unpaid observation.
- Provided with 1 overall and informed could always buy another if needed.
- CRB check (£60) was paid for by employee not employer. £20 paid up front and the remainder deducted from first salary.
- What was expected of a worker with clients was often practically impossible. Client's expectations were not achievable and led to disappointment at best.
- Often walk in 'cold' to client unaware of what to expect.
- Paid £6 per hour and £7 per hour on weekends.
- No travelling time or expenses and often impossible to get from one call to next in time.
- Had to use own mobile phone on many occasions no additional expenses for this.
- Anecdotal evidence included of a client who required a colostomy bag changing employee had no idea this was the case. Also client with dementia no HCP in sight employee running late no evidence that call had been made – how can this be proved?
- Need perhaps to give realistic expectations of what the service is and what is going to happen. Give set of standards that are realistic and achievable.
- Clients get very attached to carers and also build relationships and if keep swapping and changing creates confusion and lack of continuity.
- The work was relentless and so many people either leave or phone in sick which just puts added pressure on the remaining staff.
- Never informed if I was a permanent member of staff.
- Was not informed of employment conditions. Very basic information given. Provided with contract of employment 2 days after left the job.
- No times for breaks or lunch built into rota.

Home Care Service Manager

Members also received evidence from a former Home Care Service Manager in the Independent Sector who now works within the private sector.

The Home Care Manager highlighted the problems inherent in many home care service provisions including that many providers will pay the minimum wage and due to such poor rates of pay often get poor quality of staff being employed in the service. The Commission for Social Care Inspection (CSCI) do check service providers but most checks are announced inspections and very few random spot checks were conducted.

Home Care providers will take every care package they can often regardless of capacity issues and most have a rolling recruitment programme. Most care workers are casual staff who are paid only for the work they do.

Members were informed that the local authority were looking to enhance the current CSCI standards in Sunderland with Gold, Silver and bronze ratings for service providers offering the best quality of care.

Hetton Home Care

As part of the task and finish working groups evidence gathering members visited Hetton Home Care (HHC) on Monday 16 March 2009. HHC are based at the Hetton Centre has been in operation since 1994 and has worked successfully under contract to the City of Sunderland Social Services Department. The agency now contracts 4 services with the City including domiciliary services and employs approximately 100 staff across Sunderland and Washington. HCC is rated as excellent by CSCI.

Question: What training do you provide for staff?

Answer: Minimum training requirements are set down in the DoH's Domiciliary Care National Minimum Standards regulations. We also operate a common induction standard but this can vary depending on the level of experience of the individual and we also use external trainers to provide statutory training including first aid and health and safety. Ultimately we look to train our staff to NVQ Level 2 in Social Care. Training is provided at our expense and we aspire to have 100% of our staff trained to this level.

Question: How are home care visits arranged/organised?

Answer: We aim to employ people to work but within a local area it is not cost effective to have people working in geographical extremes. The service also uses a computerised service, Carefree, for arranging and amending rotas and this is very helpful. Rotas are produced weekly on Wednesdays for the following week and are either emailed, posted or collected from the office.

Question: What are the rates of pay?

Answer: After 12 weeks service with the company staff are paid £6.12 per hour on weekdays and £7.03 per hour at weekends and in the initial 12 week period it is £5.73 and 5.97 respectively. Staff are only paid for work they do if a call is cancelled then they are not paid. However if they call and are unable to gain access a payment for half an hour is made. Also care managers and HCC would follow up a no access call and investigate to find out what is happening and ensure client is okay. We also pay travel costs of approximately 0.30p for every visit.

Question: How do you deal with difficult service users?

Answer: HCC has never returned a client and we generally work with care managers to devise a strategy to suit both care workers and service users.

Question: What contracts are staff on?

Answer: All staff have a zero hours contract as we are unable to offer anyone a full time contract. Although the new evening service will allow for staff to have contracted hours on an evening.

Question: How do you monitor services?

Answer: Looking to use a computerised system, Easy Tracker but currently use a manual system. We use time sheets which are signed by service user after each visit but as stated looking to move towards an electronic monitoring system. We also do spot checks but realise there has to be a lot of trust.

Question: Do employees get travelling costs or mobile phone costs etc?

Answer: There are no petrol costs other than the 0.30p charge already explained unless an employee works outside of their area. However these costs can be claimed back through the Inland Revenue at the end of the year. All carers receive a mobile phone when employed which has the office numbers and on-call numbers already programmed in.

All staff are issued with a free uniform (tunic) as well as protective equipment such as gloves, aprons, masks and fleece jackets.

Question: Do you pay for employees CRB check?

Answer: A CRB check is not portable from one job to the next and this must be completed and returned before someone can start work with the company. Staff must pay this cost initially and it is refunded to them on completion of 6 months with the company.

Question: How do you advertise for staff?

Answer: Through the usual channels of the job centre, leaflet drops, local papers and word of mouth from existing staff. Staff turnover in comparison to other similar service providers is fairly good.

Members thanked the Home Care Manager for her time and input into the review process.

Thompson Park Home Care

As part of the task and finish working groups evidence gathering members also visited Thompson Park Home Care (TPHC) on Monday 16 March 2009. TPHC is run by a management team and is situated at the Sunderland Enterprise Park in Sunderland. There is a 24 hour call system for emergencies and the majority of referrals are from the Local Authority who regularly monitors the service. Approximately 150 service users are registered with the organisation and receive care and support in their own homes. This includes various ages and a range of different needs. The agency covers all of the Sunderland area including Washington and is currently rated as adequate by CSCI.

Question: What are the rates of pay?

Answer: Mon-Fri 9am-6pm £6.30per hour
Mon-Fri 6pm-9am £6.80per hour
Sat-Sun 9am-6pm £7.20per hour
Sat-Sun 6pm-9am £7.50per hour

Question: What training do you provide for staff?

Answer: We have an in-house trainer who provides training every week on a variety of core skills including induction training, first aid, moving & handling, health & safety, food hygiene and support for vulnerable adults. All staff are required to complete a basic training programme including these elements before going into a service users home. All training is paid for by the company. We also use distance learning and have also devised our own distance learning programmes as a company and actively encourage staff to take up training.

The end of the training process is shadowing an experienced care worker and this is done once mandatory training and CRB checks are complete. The experienced care worker would observe them in the role and provide an assessment on their work.

Everyone within the organisation either has is working towards an NVQ level 2 in Social Care.

Question: Why was your latest CSCI rating only adequate?

Answer: Our other company in South Tyneside has recently moved from adequate to good and we are hoping the same happens in Sunderland. The previous inspection was in February 2008 and another inspection is due.

Question: How are services monitored?

Answer: Trying to change the way services are monitored and we are currently looking into electronic monitoring systems. We also have an out of hours system in place which provides contact for care staff and families. The senior carers are responsible for the care teams and we do also carry out spot checks not just on the work of employee but on things such as appropriate uniform, shoes and trousers.

Question: How are home care visits arranged/organised?

Answer: We operate a zonal working system for care workers. When rotas are devised we are very mindful of travelling times and also that many care workers we employ are on foot or use public transport.

Important that management and organisation of rotas is efficient to ensure continuity of care for service users. We look to introduce service users to more than 1 care worker at the initial setup stage as we are aware that expectations from service users and providers can be very different. Important that we manage expectation and this is not just an agency's responsibility but also a local authority's. There needs to be a balance between over familiarity and service provision.

Question: Do you pay for employees CRB check?

Answer: Yes we do pay for the CRB check but ask for a £10 administration fee from prospective employees as often by the time the CRB check has been completed people have another job.

Question: Do employees get travelling costs or mobile phone costs etc?

Answer: No travelling expenses are made as such these are incorporated within the hourly rate paid. We do not provide mobile phones and any calls to office are made at own expense although we will ring employees back rather than incurring lengthy call costs.

All staff are issued with a free uniform (tunic) as well as protective equipment such as gloves, aprons and masks.

Question: What contracts are staff on?

Answer: All staff have a zero hours contract as we are unable to offer anyone a full time contract. Although it is important that staff have the work they need as we have invested heavily in them and want to retain staff. Always overtime available due to holidays/sickness.

Home Care Providers – Focus Group

Members met with representatives from Care at Home, Hendon Care, Care UK and Sunderland Home Care Associates on Tuesday 24 March 2009 to gather further evidence and discuss issues around home care services. A variety of issues were discussed that centred around the principal themes of home care.

Training

The providers clearly stated that training was provided to all employees using a variety of methods including in-house trainers, Tyne and Wear Alliance, Houghall College and other external trainers. Employees are given an induction which covers the core policy and values of home care along with food hygiene and moving & assistance training and it was acknowledged that within 6 months of employment carers must be registered for an NVQ course.

Members were also informed that part of the induction training included job shadowing and that this varied in duration and intensity dependent on the individuals needs and experience. Often at this stage people who are unsuitable or not right for this line of work can be identified and also can realise themselves that the work is not for them.

One care home provider provides a robust screening and training process as well as an automatic 2 week job shadowing element (which may go to 3 or 4 weeks if required) to ensure right people are employed as carers.

All providers paid employees while undergoing training with the company at the minimum wage.

Contracts

Most providers offered zero hour contracts however one of the providers did offer guaranteed hours (16hrs) once an employee had been with the company for 3 months or more. However it was noted that if an employee refused a reasonable offer of work within these guaranteed hours then they would not be paid. Having invested so much time and resource into training of employees it was seen as important to retain staff.

Double time was paid by all providers for Christmas Day and New Years Day and time and a half on other public holidays despite no variation in contract rates.

Lots of care workers look for 16/20 hours work per week often due to child care commitments and working tax credit benefits.

The new late evening service would provide guaranteed hours for employees (3hrs per evening) as part of service development within the city. The current hourly rate is £10.70 per hour paid by the Local Authority the new evening service would be paid at the rate of £11.00 per hour. Providers stated that this 30p increase was not feasible for this service.

CRB Checks and other additional costs

All providers present funded the cost of the CRB check with one organisation charging up front and then refunding the costs after 6 months continuous employment. Members enquired if there was not an obligation on employees to inform their employers of any changes that may affect their CRB rating and none of the providers were aware of any such requirement.

All the companies provided uniforms and protective equipment as standard, but mobile phones were not issued and most operated a policy of ringing employees straight back once a call had been made to the office.

In relation to travel costs the providers at the focus group included a fee within the basic rate of pay and also employees applied to the Inland Revenue at the end of each tax year to reclaim mileage accrued. In exceptional circumstances, such as staff illness that needs covering quickly, providers indicated may use taxis or pay mileage to ensure service delivery.

Monitoring of Care Staff

All providers operated monitoring procedures including spot checks, user satisfaction surveys and supervised checks. All providers also have supervisors out in the community checking on staff but to a large extent these organisations need to work on trust. It would be impractical and impossible to monitor the daily activities of the entire workforce. The providers acknowledged that some workers were brilliant carers and others were poorer and it was important to find the poor carers and improve them or weed them out.

All providers had a complaints procedure which was available to all service users and their families and this was highlighted as an important mechanism for providers to learn about poor practice in the field. If providers know about issues then they would deal with them and resolve the issue. It was important from an organisational viewpoint to send a clear message to employees that poor workmanship is not tolerated.

One provider had taken part in a pilot scheme for Easy Tracker which allowed the organisation to know the location of staff at any given time during the working day. There was an issue around the possibility of moving to the system and

workers being paid by the minute which had brought up a number of concerns for providers.

CSCI and Ratings

Providers reported that rating was very dependent on inspector allocated and each inspector had their own methods of working. There are 17 core standards which Home Care providers are measured against and there appears to be no set method as to how these are rated. It was felt important by the providers that there was a degree of standardisation in the current inspection procedure. Providers also reported that no company could move up more than one rating following an inspection.

Area of Work

Most providers operated systems of zoned working for employees purely because this was the most efficient and practical way to organise a workforce. All rotas are discussed with staff so everyone knows what is expected of them.

Important to note that most of a carers work, 94%, is a roll over from one week to the next with the other 6% constituting new packages and covering sickness etc. It is important that continuity of care is maintained for service users.

Staff Turnover

Most providers cited examples of staff who had been long serving members of the organisation but there was no one real reason why people left the care industry but a number of varying factors including moving into other careers, unsuitability to the role etc. The national average for staff turnover in the home care sector is approximately 35%.

The Local Authority

Providers indicated that Sunderland was by no means the worst local authority but by the same token was not the best. The hourly rate of £10.70 per hour was seen as a pretty low sum but providers acknowledged that they would say this. Relationships with the Local Authority have always been cordial and providers have always received a fair hearing regarding their concerns. Providers felt that sometimes initiatives or developments were imposed on them rather than introduced.

Previously care manager would make the assessment for care needs and contact a provider directly to arrange a care package, however this has changed and now the assessment is passed through to providers via the Local Authority's Social Care Resource Agency who arrange the package. Providers must make decisions there and then to take the care package on often with limited information.

The quality and volume of information received on potential service users has declined and providers felt 'put on the spot' to take a case that they could struggle to provide the levels of care required due to lack of initial information.

If providers believe extra provision is required after the care package is taken on then they must go back to the Resource Agency to outline the problems and reasons for extra provision who then discuss with the care manager who prepares the paperwork which goes back to the Resource Agency and then the provision is granted to the home care provider.

A Care Manager only deals with an individual case for a limited time before it is then dealt with by a Duty Officer at Adult Services. Providers informed the group that when contacting the Duty Officer with any issues involving care provision they are given an appointment time to phone back which can prove difficult and time consuming.

The Commission for Social Care Inspections - Meeting

Members of the Task and Finish Working Group met with a Regulation Manager from the Commission for Social Care Inspection (CSCI) on Wednesday 25th March 2009 as part of the group's evidence gathering process. The Regulation Manager is responsible for the regulation of registered social care services in Sunderland and most of County Durham and manages nine inspectors who access the quality outcomes for people who use these services.

Members were informed that with effect from 1st April 2009 CSCI would no longer exist and that it would merge with the Healthcare Commission and Mental Health Act Commission to form the Care Quality Commission (CQC). While currently the short-term and long-term plans of the new commission are unclear, over the transition phase it is a case of "business as usual" until decisions are made.

Not all domiciliary care agencies require to be registered with CSCI and inspected, however it is a legal requirement of those organisations specifically providing intimate personal care, as outlined in the Department of Health's Domiciliary Care National Minimum Standards Regulations.

Each service is rated by CSCI and gains one of the following ratings, which reflects the overall quality outcomes for people using the service;

0 stars	Poor
1 star	Adequate
2 stars	Good
3 stars	Excellent.

The level of rating also dictates the frequency and number of future inspections, as CSCI operates a system of "proportionality" (frequency of inspection linked to risk) as follows:

0 stars	Poor	2 Key Inspection in following year
1 star	Adequate	1 Key Inspection in following year
2 stars	Good	1 Key Inspection in following 2 years
3 stars	Excellent	1 Key Inspection in following 3 years.

This is not rigid; if any issue arises that can have a potential negative impact on the welfare or safety of service users, the service can be inspected again. It is only through the key inspection that a provider's rating can be changed. CSCI generally carry out unannounced inspections of Home Care Providers, however there are instances when inspections are announced.

As a regulator, CSCI may at any time enter and inspect: premises which are registered to provide social care; or have reasonable cause to believe that they are being used to provide care which may require registration.

Furthermore for the "good" and "excellent" services, they will receive an "Annual Service Review" in the interim years between key inspections, to ensure CSCI maintains contact with these services.

The assessment of the quality of a service through the inspection is supported by a tool used by inspectors called the "Key Lines of Regulatory Assessment" (KLORA). It guides inspectors in the assessment of five outcome areas:

- User Focused Services
- **Personal Care**
- **Protection**
- Managers and Staff
- **Organisation and Running of the Business.**

Inspectors are provided with descriptors of what they should find in each outcome area for a 0-3 star service. Once each outcome area has been rated and overall rating is formulated. However there are three specific outcome areas, "safety and management" outcome areas (Personal Care; Protection and Organisation & Running of the Business) which are weighted heavily in the assessment process and can improve or reduce the quality rating, depending on the judgements for each of these three areas.

With poor performing services CSCI will look at the issues and areas of concern and send the provider a warning letter, as well as an improvement plan from which their progress will be monitored. If the service remains poor for 2 key inspections, then CSCI will seriously consider enforcement action. If there is a breach of regulations, then CSCI can issue a Statutory Notice, informing the provider of the failing(s) and the timescale to remedy this. If the provider fails to comply with the notice, this is a criminal offence. CSCI also has the power to cancel registrations which in effect means that the service ceases to operate.

CSCI receives information on home care services and providers from a variety of sources which includes commissioners, family members, service users, carers and local authorities. Inspectors amass a lot of information which is used in the assessment of the quality of care during inspections, or in the case of concerns being expressed, helps the Commission make appropriate decisions on what action to take to deal with the concerns. This is a very dynamic situation and only by gaining information can inspectors build a picture of a particular service or provider.

Generally providers welcome unannounced inspections and CSCI inspectors always endeavour as much as possible not to interfere with the routine running of a service.

Inspections usually last one day but can take longer if required, especially for home care services when home visits to people who use the service are carried out. On occasions two inspectors will do an inspection particularly if it is a problematic service.

At a previous focus group Members were informed by providers that following a CSCI inspection a service provider could only move up one rating category at a time. The Regulation Manager explained that this was not the case that a provider could move up or down as many rating categories as was warranted. The only exceptions to this are newly registered services, which require an inspection within the first 6 months of registration and cannot be rated as excellent, as there is no proven track record.

There is a lot of planning before an inspection is undertaken and inspections can change tack midway through if certain issues come to light. It is a very dynamic process. All inspectors are monitored by the Regulation Manager on a regular basis.

Conclusions

There is an increasing demand for homecare services in the borough due to an ageing population and Central Government emphasis on providing care in the home rather than in hospitals or residential services. Care work is becoming increasingly complex as agencies focus on delivering personal care to clients with 'critical' or 'substantial' needs.

The task and finish working group has focused on elements of homecare services that are very important to service users when reviewing the quality of homecare. These elements include reliability of services, continuity of care, care worker skills, attitudes and competence, flexibility of services, knowledge and experience of the needs and wishes of the service users, and communication.

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