

Improving the recruitment and retention of Domiciliary Care workers in Wales

Consultation response form

Your name: Lisa Turnbull

Organisation (if applicable): Royal College of Nursing

Email: lisa.turnbull@rcn.org.uk (for correspondence only)

Address or postcode: Royal College of Nursing, CF14 4XZ

You can let us know about your views by answering one, a few or all of the questions below. Please send your response by 5 April 2016.

About your interest in domiciliary care

Please let us know if you are:

	Yes/no
Someone who uses domiciliary care and support	No
A carer, a friend or a family member of someone who uses domiciliary care and support	No

Someone who works in domiciliary care – please use the box below to tell us what job you do:

Someone who works in health or social care – please use the box below to tell us what job you do:

Someone who has an interest in health and social care, which is not included above - please use the box below to tell us what your interest is

The Royal College of Nursing is the world's largest professional union of nurses, representing 430,000 nurses, midwives, health visitors, health care support workers and nursing students, including over 25,000 members in Wales. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to

nursing practice, standards of care, and public policy as it affects health and nursing.

Your views on recruitment and retention

1. Why do you think it might be difficult to recruit domiciliary care workers?

Before responding to specific questions raised in the consultation, we would like to note that a definition of 'Domiciliary Care workers' would have provided helpful clarification of the scope of this consultation.

The Royal College of Nursing (Wales) believes that there are several key factors which might affect recruitment of domiciliary care workers. The first issue is pay: at present, many care roles are not sufficiently remunerated to attract people to join the domiciliary care workforce. Low pay, in combination with reports of long working hours and difficult conditions of work, is likely to have a negative effect in recruitment.

Another issue relates to the fact that domiciliary care workers are drawn from a limited pool of labour that also provides the workforce for other care support roles, such as healthcare support workers. The jobs are often offered by employers with more favourable terms and conditions of employment (e.g. the NHS).

2. Why do you think it might be difficult to retain domiciliary care workers?

The main issues affecting recruitment - pay, working hours and conditions - are also important considerations relating to the retention of domiciliary care workers. In addition, improvements are needed in continuous professional development (CPD) to allow care workers to progress within their role. Once an employee has gained some experience as a domiciliary care worker, they are in a better position to move on to more favourable employment or educational opportunities (e.g. nurse training).

3. What do you think we can we do to improve the recruitment of domiciliary care workers?

RCN Wales would recommend several steps to improve the recruitment of domiciliary care workers. Firstly, employers across the sector must ensure that pay better reflects responsibilities. The RCN notes the need for a coordinated approach to pay and conditions to deliver fairness across the wider health and social care workforce, and indeed the public sector workforce (acknowledging the ongoing work of the Public Services Staff Commission).

Another important consideration is the need to improve access to continuous professional development; this would encourage a perception of domiciliary care work as a long-term career option with opportunities for learning and progression.

The overall offer in terms of pay and conditions should take account of the extra hours often worked by staff in community healthcare settings, ensure that appropriate time is given for breaks, and make allowances for extra demands such as travel time.

4. What do you think we can we do to improve the retention of domiciliary care workers?

Please see answer 3 above; it is our assessment that addressing these issues would improve both recruitment *and* retention, and that it is therefore difficult to extricate suggestions that would advance one aim and not the other.

Your views on our ideas to limit the use of zero hours contracts

5. Which, if any, of our ideas below do you think would work in reducing the negative impacts of zero hours contracts on the quality of domiciliary care

	Yes/no
i. Making domiciliary care providers publish the number of hours of care delivered by care workers on zero hours contracts	Yes
ii. Giving all domiciliary care workers the choice about whether they are employed on a zero hours contract or a contract with guaranteed hours	Yes
OR	OR
iii. Converting all zero hour contracts to guaranteed hours contracts after a domiciliary care worker has been employed for a specific period of time.	No
What period of time?	

<p>OR</p> <p>iv. Restricting the number of care hours or the percentage of care hours which domiciliary care providers can deliver by zero hours contracts.</p> <p>What you do think should be the maximum number of hours or maximum percentage of care hours?</p>	<p>OR</p>
	<p>No</p>

6. Which, if any, of the following ways could be used to make sure the changes set out above happen?

Yes/no

<p>i. As part of the inspection process, the Care and Social Services Inspectorate Wales will make sure domiciliary care providers are keeping to the rules about the maximum use of zero hours contracts</p>	<p>Yes</p>
<p>ii. As part of the inspection process, the Care and Social Services Inspectorate Wales will make sure domiciliary care providers are not using exclusivity clauses in zero hours contracts.</p>	<p>Yes</p>

7. What do you think would be the impact of restricting the use of zero hours contracts?

Please include any views you have on how restricting zero hours contracts may have a good or bad effect on the quality of care for service users

Non-guaranteed hours contracts are necessary to facilitate the use of staffing banks and agencies. Scrapping such contracts could impact on the ability of care commissioners/providers employing bank and agency staff.

Notwithstanding, if good workforce planning were in place (minimising if not negating the need for the use of non-guaranteed hours contracts) and progressive flexible working policies were implemented a more stable and better quality domiciliary care workforce would be enabled.

8. If you have any other ideas on how we can reduce zero hour contracts having a negative impact on the quality of care please let us know in the box below

See above.

Your views on National Minimum Wage and travelling time

9. Which, if any, of our ideas below do you think would work in making sure employers pay domiciliary care workers National Minimum Wage?

	Yes/no
i. Provide information to employers and workers on how National Minimum Wage works in practice.	Yes
ii. Make employers keep records on rates of pay, hours worked (including travelling, training and sleepovers) and deductions (including uniforms).	Yes
iii. Local authority contracts with domiciliary care service providers should have a requirement for providers to show how they make sure they pay National Minimum Wage.	Yes
iv. Local authority contracts should be clear about the time allowed for being with the client and the time allowed for travelling.	No

10. Which, if any, of our ideas below do you think would work to check employers pay domiciliary care workers National Minimum Wage?

	Yes/no
i. Make the Care and Social Services Inspectorate Wales include payment of National Minimum Wage as part of the inspection process	Yes
ii. Make the Care and Social Services Inspectorate Wales inform HMRC where domiciliary care providers are not, or they suspect they are not, paying National Minimum Wage	Yes
iii. As part of contract monitoring processes, local authorities should make providers demonstrate ongoing compliance with National Minimum Wage	Yes

11. Which, if any, of our ideas below do you think would work to check domiciliary care providers are giving, and paying for, enough time for domiciliary care workers to travel between calls?

Yes/no

i. Local authorities should check domiciliary care providers are allowing, and paying for, sufficient time for care workers to travel between calls	Yes
ii. The inspector - CSSIW - should include time allowed for travelling as part of the inspection process.	Yes

12. Please use the box below to let us know about any other ideas or comments on National Minimum Wage or travelling time:

We believe that domiciliary care workers should be paid a “Living Wage” not the minimum wage.

They should be paid for travelling time. Travel time should not “eat into” the domiciliary care workers available time for delivering services.

The time that domiciliary care workers spend with their clients should be based on their client’s needs, not arbitrary time slots.

Your views on call clipping

13. Which, if any, of the ideas set out below do you think will help prevent call clipping?

Yes/no

i. Introduce clarity into the system by making it clear to providers, care workers and clients how much time should be spent travelling to a client and how much should be spent with the client	Yes
ii. Make sure domiciliary care workers rotas allow enough time to travel to each call and complete each call	Yes
iii. Make sure domiciliary care providers pay domiciliary care workers for the time spent travelling to the client and the time spent with the client	Yes

14. Which, if any, of the ideas below do you think would work to check call clipping does not happen and calls under 30 minutes do not take place unless they meet conditions set out in the Regulation and Inspections of Social Care (Wales) Act 2016

Yes/no

i. Make providers keep a record of how long care workers are with clients and how much time is spent travelling so they know if enough time has been allocated for the call and enough time has been allocated for travelling between calls.	Yes
ii. As part of the inspection process, check the time given for calls is enough for care workers to provide the required care and the travel time is long enough to allow the domiciliary care worker to travel between calls.	Yes
iii. As part of the inspection process check any calls which last less than 30 minutes meet the conditions set out in the act.	Yes

15. Please use the box below to tell us about call clipping and about any ideas you may have to prevent it from happening

RCN Wales is currently running its 2016 'Time to Care' campaign, which aims to communicate the concerns of RCN members to Welsh politicians. One of our priority campaigning issues is to 'achieve dignity and quality in personal care'. The Welsh Government must take action to ensure that care visits are not given too short a time limit.

In principle we support the proposals contained within this consultation, which aim to ensure that the actual amount of time given to care would be identified. We would appreciate further detail on these suggestions should they be progressed further.

However, caution should be advised to ensure that any changes do not have unintended consequences. For example, neither the care giver nor the recipient of care should be overburdened with paperwork; in this regard, the use of IT systems similar to those being introduced by the NHS Wales Informatics Service (NWIS) for community nurses may be beneficial.

Your views on career structure and development and training

16. Which, if any, of the ideas set out below do you think will offer domiciliary care workers more opportunities for training, development and progression?

Yes/no

<p>i. As part of the registration process, require all domiciliary care workers to achieve a qualification such as a Level 2 or Level 3 Diploma in Health and Social Care and require domiciliary care workers to demonstrate they have taken part in ongoing training and development.</p>	
<p>ii. Develop a 'career pathway' for domiciliary care workers. This would be similar to the career pathway for social workers. The career pathway would support the development of domiciliary care workers throughout their careers.</p>	
<p>iii. Introduce diversity and specialisms into the role of domiciliary care work through providing training and development to care workers to enable them to specialise in working with, for example, people with dementia, to take on appropriate health tasks or support roles for adults with drug and alcohol dependency.</p>	Yes

17. Please use the box below to leave your views about training, development and progression within domiciliary care

RCN Wales believes that improvements are needed on training, development and progression for the domiciliary care workforce. As discussed previously, a programme of Continuous Professional development would have a positive impact on recruitment and retention.

Registration the Nursing and Midwifery Council would facilitate opportunities for training and development by establishing links between domiciliary care staff and an orchestrated training programme. We believe that access to this core training agenda would benefit workers and ensure that domiciliary care workers in Wales can access the same standards of training and development as their peers working in other parts of the UK.

Your views on the occupational status of domiciliary care work

18. We are doing a number of things to raise the professional status of domiciliary care workers. Please use the box below to let us know of any other ways we can improve the status of domiciliary care work

In addition to the educational benefits outlined in section 17, RCN Wales believes that the occupational status of domiciliary care work would be improved by introducing a requirement for registration with the NMC. This would enhance the occupational status of domiciliary care by publicly committing to established standards of education, training, conduct and performance.

Your views on the health and safety of domiciliary care workers

19. Which, if any, of our ideas below do you think would work in making sure domiciliary care workers are safe when they work

	Yes/no
I. Domiciliary care providers must have policies in place – such as lone worker policies, communication and mobile phone policies, health and safety policies	Yes
II. As part of the inspection process, the inspector will make sure the policies are in place and will check domiciliary care workers are safe when working	Yes

20. Please use the box below to tell us about health and safety issues for domiciliary care workers and any ideas which you think will help keep domiciliary care workers safe at work

The introduction of a mandatory regime of minimum health and safety training might be beneficial. Such a programme might include:

- General Health & Safety Awareness
- Lone Working
- Safe Driving
- Infection Control

--

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here

--