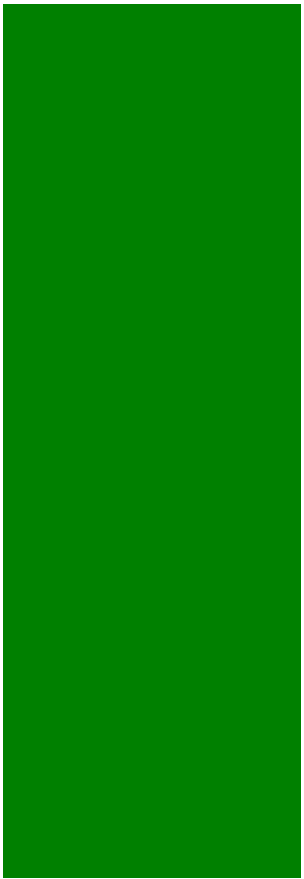




# Agenda

- Not about “Who We Are” – but “What We Do”
- Background and history
- Client stories
- Methodology
- Current Commissioning Challenges





# Home Instead Senior Care

- Founded in Omaha, Nebraska in 1994
  - 850 franchised offices world-wide
  - Launched in UK (Chester) February 2006
  - Provided 400,000 hours of care during last 12 months
  - Winner of the 2008 NW Dignity In Care Award
  - All our 22 offices have Good or Excellent CSCI Ratings
- Our services include
  - Personal Care
  - Companionship
  - Home Help Services
  - Local Transportation
  - Respite and Convalescence Care
  - Medication Reminders



# Client Stories

## - Individuals with Dementia

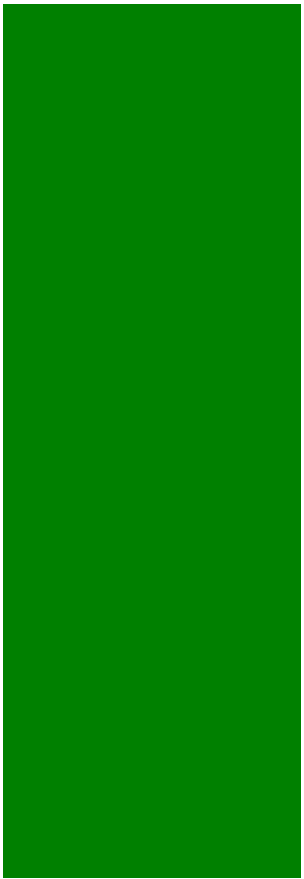
- Allowing a husband carer time off to play golf
- A very well educated lady
  - Very distressed at being wheeled in front of TV each day
  - Different carers caused particular issues
  - 15 minute visits also causing confusion and distress
  - We found two Caregivers with a very similar backgrounds
  - Huge increase in her well being
- A lady who was living in a nursing home
  - Very distressed at new surroundings
  - We brought her home and put in a combined care and telemonitoring package
  - Hugely positive impact (and lower cost)



# Client Stories

## - Individuals with Dementia

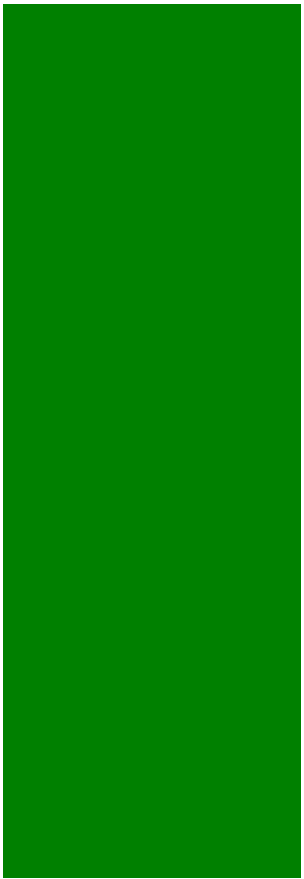
- A lady who wanted to maintain her independence
  - Capable of ironing but needed support
  - Prone to wandering
    - Wanted to continue with meeting friend for lunch
    - Visiting the bank
    - Visiting the Garden Centre each spring
- Lady Doctor with dementia who had a stroke
  - Her daughter took 6 weeks off work
  - Together we put a package together that
    - Gave her stimulation during the day
    - Regular meals, medication
  - Her daughter was able to return to work





# Importantly

- What we have done is not rocket science
- Want to focus on how this has been achieved





# Promoting Dignity and Respect Methodology

- Find the right owners for our businesses
  - Mix of business skills and passion for serving older people
- Help them to recruit the best possible office team
- High calibre CAREGivers
  - Each provides 6 references
  - Induction and ongoing training
  - Far exceeds minimum standards
  - We do not use agency staff – ever!
- We recognise we can teach someone care skills but not empathy



# Promoting Dignity and Respect

## How do we do this?

- Training
  - NVQ
  - Focus on Cognitive Skills, alongside “task” driven skills – Assist, Stimulate and Encourage
  - Example; Meal Preparation engages the Client
  - Optional extra training, eg Alzheimer's
- Caregivers encouraged to come into office as often as possible
- Very low CAREGiver turnover
  - Crucial factor in continuity of care
  - We focus significant management effort and funds on this
    - (Not normally included in Social Service / CSCI assessments)



# Promoting Dignity and Respect

## How do we do this?

(continued)

- Different operational model
  - Appears subtly different - but actually very different
- 1 hour minimum call (usually)
  - Allows time to build rapport
- Focus on client rather than “logistics” of staffing shifts
- Care Plan focuses on supporting the individual - as well as the task

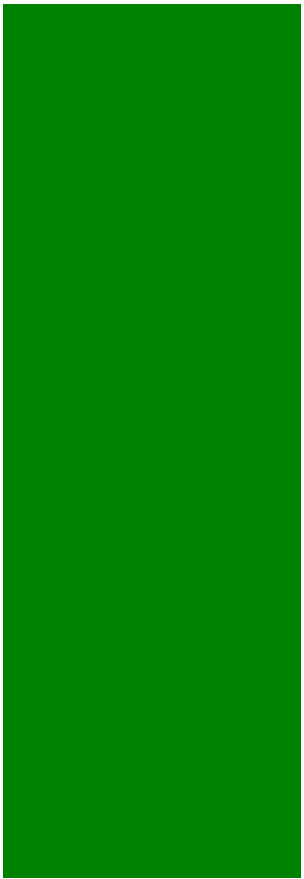


# Promoting Dignity and Respect

## How do we do this?

(continued)

- “Matching” Clients and CAREGivers
  - Personalities, hobbies, backgrounds, interests etc.
- Continuity of CAREGivers
- We arrive on time and stay for the time allocated – every time
- Personal Client / CAREGiver introductions
  - Never a stranger at the clients door
- We offer Client’s the flexibility to change their requirements
  - No notice period, just a phone call





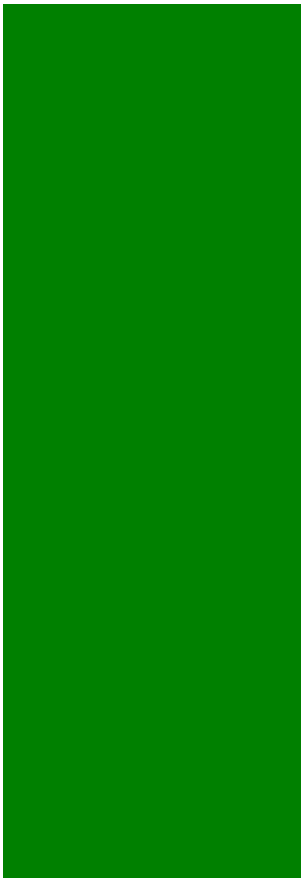
# Quality Assurance

- Quality Assurance
  - Incorporates 10 point Dignity Challenge
  - We implement significantly greater levels of QA than the minimum standards requires
- We survey
  - Clients (& their families)
  - CAREGivers
- We inspect our franchised offices frequently
- Ensures consistency and reliability of care delivery



# National Dementia Strategy

- We believe our approach is aligned to the approach highlighted in the National Dementia Strategy
- For example the consultation paper states:
- Specifying tasks rather than outcomes, not having the time or continuity to develop relationships between individuals and care workers, and care workers being rushed and only visiting for short (15-minute) periods are all particular problems for people with dementia.





# Current Commissioning Challenges

- We are typically told for us we need to be on the approved list of providers 'the list' to receive client referrals
- Where the list is closed some Local Authorities will not speak to us until the contract is being renewed (could be several years)
- In most areas to be on 'the list' we need to be a block contract provider
  - However we do not do 15 minute calls
  - This is typically a requirement to be a block provider
- Consequently despite our offering being virtually identical across the country in some areas we do virtually no work with Local Authorities, in other areas we do a significant amount





# Direct Payments

- We know some Service Users would rather use Direct Payments to pay our services than use a personal assistant.
- Their reasons include:

Security	Employment issues
Holiday and sickness cover	'Risk'
Flexibility	Insurance
Training	Mgmt team support
- In our experience this is particularly true when dementia is involved
- But this is proving to be a challenge for us....



# Direct Payments

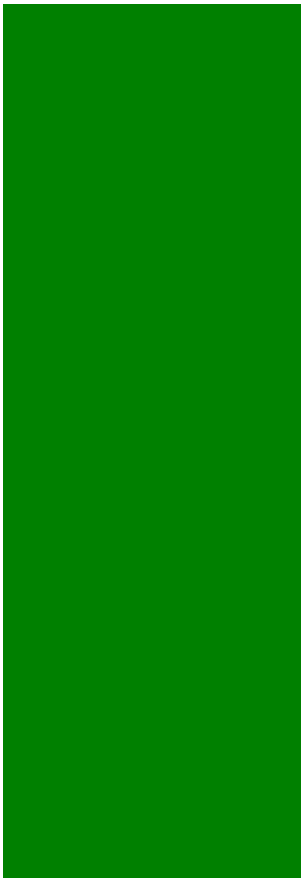
(continued)

- We know Social Workers who encourage their clients to take direct payments so they can use our services, but
- Some Direct Payment Units insist they must use PA's
- Some Direct Payment Units will only refer to providers on 'the list'
  - Especially when the DPU has been outsourced
- In other areas the Direct Payment rate is below what it costs us to employ a carer even on minimum wage



# Charges

- We know from our experiences with Direct Payments Service Users and their families will pay a higher hourly rate for our specialist Caregivers
- There is no differentiation in rate paid by Local Authorities for experienced and trained Caregivers
- Recent reductions in rates remove ability for Providers to invest in training and pay higher rates to more experienced carers





# Cost Savings

- There is also a significant cost saving opportunity
- Early intervention can reduce the need for high dependency care
- Specialist care at home can remove the need for a service user to be placed in residential care
- We have enabled service users to return home from residential care
- Support through Direct Payments etc. has enabled the service user to be predominately cared for by family members reducing significantly the need for Local Authority Funding
- Specific examples and financial projections are included in the National Dementia Consultation Paper



# Conclusion

- We recognise our services are not right for everyone
- The sector needs a range of care providers with different specialities
- Whilst we recognise the need for 15 minute calls, we cannot provide our type of care in this manner and they are not suitable for service users with Dementia
- Need to incorporate Specialist measurements / selection criteria
  - E.g. Carer retention levels, specialist training
- Need tiered rate payments based on experience and training
- Not just about dignity and respect
- Costs savings can exceed increased costs
- We believe this is a win / win for all parties