



Performance audit report

## Home-based support services for older people





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# Home-based support services for older people

This is the report of a performance  
audit we carried out under section  
16 of the Public Audit Act 2001

July 2011

ISBN 978-0-478-38308-9 (print)  
ISBN 978-0-478-38309-6 (online)

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## Auditor-General's overview

Many of us have older parents, relatives, or friends who benefit from care and support services provided in their homes (such as help with their personal care or help with household chores). These home-based support services can be critical to the continued health and well-being of older people. Assurance about the quality and adequacy of those services is important for the older people receiving them and for those of us who care about people receiving the services.

This report discusses how effectively the Ministry of Health (the Ministry) and district health boards (DHBs) are ensuring that, where appropriate, older people get the care and support they need to remain living independently at home. It follows on from my December 2009 report – *Effectiveness of arrangements to check the standard of services provided by rest homes*.

DHBs' forecasts indicate that they will collectively spend \$232.2 million on home-based support services in 2010/11. It costs DHBs significantly less to provide home-based support services than it costs to support older people in rest homes, making it vital that home-based support services are effective and efficient.

I have formed the view that, generally, services appear to be delivered adequately. However, this is a qualified view because the Ministry and DHBs do not have reliable information to confirm an assessment. For example, spending on home-based support services increased by 70% during the four years to 2008/09. However, because of the lack of reliable performance information, it is not clear to us whether this means simply that more older people received services, or whether they received better services. The Ministry and DHBs need to address the current deficiencies in performance information about home-based support services.

There is no mandatory standard for home-support service providers and DHBs do not have a consistent and robust approach to managing quality. I am therefore unable to give positive assurance about the quality and consistency of services throughout the country, although the limited information that is available does not point to widespread problems, and the small number of older people interviewed by my staff expressed the view that services were responsive and met their needs.

The stories of some of the older people my staff talked to appear as case studies throughout this report. They felt that their support workers and the services they received were essential and helped them to live independent lives.

There were very few recorded complaints about home-based support services, but no-one knows whether that is because there are very few problems or whether

it reflects the vulnerability of older people – they may not feel safe or able to complain or make suggestions.

Generally, older people have access to home-based support services, and their needs are assessed and services are delivered in a timely way. I note that there is evidence of some inconsistency and inequity in how home-based support services are assessed and allocated. The methods that DHBs use to assess the needs of older people are becoming more consistent through the introduction of an internationally accredited assessment tool, InterRAI. However, its effectiveness will need to be reviewed.

### **Risks to the quality of home-based support services**

The combination of increased demand, more complex support needs, and financial pressures presents a significant risk to future delivery of home-based support services.

DHBs have recognised that one of the biggest risks they need to manage is the ability of their service providers to supply a suitably qualified and well-supervised workforce. To meet this challenge, DHBs will need to work collaboratively with providers to ensure that providers will continue to have the staff they need to deliver services. Stronger contract management by DHBs would also help ensure that quality standards are met.

I have made five recommendations to help the Ministry and DHBs manage and support the delivery of effective and efficient home-based support services.

I thank the staff of the Ministry, DHBs, and other organisations for their help and co-operation. I also extend special thanks to the recipients of home-based support services who kindly allowed my staff into their homes and shared their experiences with them.



Lyn Provost  
Controller and Auditor-General

5 July 2011

## Our recommendations

We recommend that the Ministry of Health:

1. collect and use meaningful and reliable information to ensure ongoing service quality and value for money of home-based support services by:
  - specifying a set of national key performance indicators for district health boards to measure service performance;
  - working with district health boards on mechanisms to ensure that performance data is reliable and meaningful;
  - using performance data to inform policies and strategies that will help district health boards deliver high quality services; and
  - sharing with district health boards good practice and benchmarks to drive continuous improvement;
2. through district health boards, evaluate by June 2013 whether the use of a standard approach to assessment and reassessment is improving the way needs are assessed and home-based support services are allocated; and
3. consider making NZS 8158:2003 *Home and Community Support Sector Standard* mandatory for the provision of home-based support services to older people.

We recommend that district health boards:

4. work collaboratively with others in the aged care sector to develop a complaints system that enables older people to confidently raise any concerns about their home-based support services; and
5. strengthen management contracts to ensure that home-based support staff provide high-quality services and are well trained and supervised.

**Paul**

Paul is 91 years old and has been receiving home-based support services for three years. He lives alone in his own home. A support worker visits every day to help Paul with his personal care and household tasks. Paul receives nine hours of home-based support services each week.

***Accessing services***

Paul had a stroke three years ago and spent about two months recovering in hospital. Paul recalls a social worker keeping in close contact about his progress while he was in hospital. Before he went home, she visited his house to suggest some alterations to make it safer. Paul also recalls that the home-based support services started fairly promptly after he left hospital.

***Changes to services***

After a few months, Paul received a letter saying that his service was being reduced. He did not recall having his needs reassessed then, and described this news as “just shattering”. With the help of his general practitioner, Paul was able to show a need for his support to continue at the same level. He thinks he might have then been assessed, and his home-based support services were reinstated.

***Improving services***

Overall, Paul is very happy with his support worker and the support he receives. If he did have a problem, he would approach his care co-ordinator. One improvement he suggests is better communication in co-ordinating services. He experienced one (now resolved) incident of miscommunication about the days that a support worker should visit.

***Being independent***

Paul admitted that he needs help and said that receiving home-based support services helps him to live in a relaxed way and not to worry about anything. He is happy with his life, and living in his own home of 30 years is important to him. He commented that it is a good thing home-based support services make this possible and enable him to be independent. Paul considers that he has the right level of support to meet his needs.

# Part 1

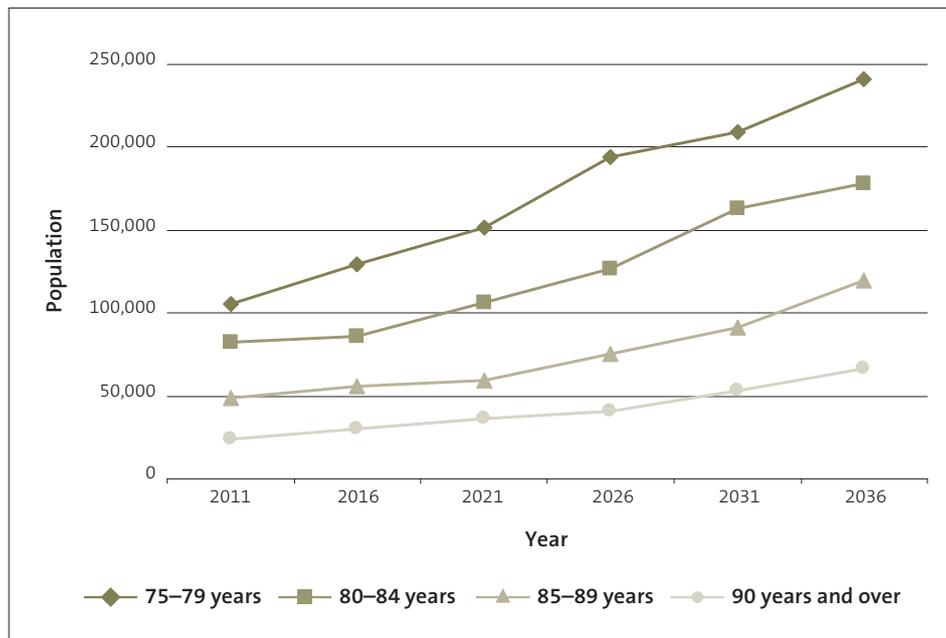
## Introduction

- 1.1 In this Part, we describe:
- why we carried out our audit;
  - what home-based support services are;
  - the roles of the Ministry of Health and district health boards;
  - our previous audit on residential care;
  - how we carried out our audit;
  - what we did not audit; and
  - the structure of this report.

### Why we carried out our audit

- 1.2 We carried out a performance audit to establish how effective the Ministry of Health (the Ministry) and district health boards (DHBs) are in ensuring that, where appropriate, people aged 65 and over (older people) get the care and support they need to remain living independently at home.
- 1.3 Older people prefer to live at home for as long as possible because doing so improves their quality of life. It is also better for taxpayers that older people live at home for as long as possible, because home-based support services are much less expensive than residential or hospital care.
- 1.4 In 2009/10, DHBs collectively spent about \$224 million on home-based support services, funding an estimated 9.2 million hours of support for about 75,000 older people. DHBs' forecasts indicate that, in 2010/11, they will collectively spend about \$232 million on home-based support services.
- 1.5 We wanted to know whether the current processes used to manage and deliver home-based support services ensure that services are available to those who need them, are of an appropriate quality, and are able to meet current and future demand. Most users of home-based support services are aged over 75, and in the next 20 years New Zealand is expecting marked increases in the number of people aged 75 and over (see Figure 1).

**Figure 1**  
**Mid-range projections of the number of people aged 75 and over, from 2011 to 2036**



Source: Department of Statistics.

- 1.6 Home-based support services are not formally regulated, and any self-regulation occurs through a voluntary code of practice. We wanted to know whether this approach limits DHBs' ability to regulate services and ensure that high-quality services are delivered equitably throughout the country and are integrated with other health services.
- 1.7 Given the ageing population and the current economic climate, we also wanted to know whether the Ministry and DHBs were using performance information to identify risks to future service delivery and plan to mitigate them.

### About home-based support services

- 1.8 In this report, we use the term "home-based support services" specifically to mean services funded by DHBs and provided to older people so that those older people can live more independently and avoid or postpone living in residential care (rest homes and hospitals).
- 1.9 People of any age can receive home-based support services for a short term as part of the post-operative support provided by their DHB. This sort of support is outside the scope of our audit (see paragraph 1.29).

- 1.10 Most older people are fit and healthy. However, the likelihood of becoming disabled in some way increases with age. Around 36% of all people aged 75 and over have a moderate disability (requiring some assistance or special equipment, but not daily assistance) and 18% have a severe disability (requiring daily assistance).
- 1.11 Most people aged between 65 and 74 years (74%) live at home without any assistance. However, the proportion of people needing assistance increases with age. Most older people receiving home-based support services are older than 75 years. Around half the population aged 85 years and over live at home with assistance, and 28% live in residential care. Other older people do not require any help to live independently at home, are supported informally by family and friends, or pay for support services privately.
- 1.12 Older people, even those with considerable disability, generally prefer to live at home (this includes living in retirement villages) rather than in residential care. Staying at home lets an older person maintain their social networks and continue to be part of the community.
- 1.13 As well as these social advantages for older people, there are clear financial advantages for DHBs in providing support to people who cannot receive the care they need from their friends and family. Effective home-based support services can delay or avoid a person's admission to a rest home. The average annual government subsidy for a person in a rest home is about \$37,000. In contrast, the needs of someone living at home are often much lower, and the average annual cost to DHBs for a person receiving home-based support services is about \$3,000.
- 1.14 The types of home-based support services provided to an older person depend on that person's needs. People assessed as having "low-level" needs can get help with household tasks, such as housecleaning, preparing meals, shopping, and laundry.
- 1.15 Some older people require more intensive personal care services, such as help with dressing, toileting, and bathing. These are described as "medium-level" needs. Other older people are assessed as having "complex" or "high" needs, which usually means that the older person has several health, functional, and/or social problems. The needs of older people with complex needs are comprehensively assessed and an ongoing treatment, rehabilitation, and care plan is developed with the older person. This care plan can include various services, such as occupational therapy, physiotherapy, support for informal carers (including respite care), care provided at a centre for older people, socialisation services, and rehabilitation.

## Roles of the Ministry of Health and district health boards

- 1.16 The Ministry is the principal advisor to the Government on health and disability matters, and is responsible for leading and supporting the health and disability sector.
- 1.17 The Ministry published the *New Zealand Health of Older People Strategy* (the Strategy) in 2002. The primary aim of the Strategy is to develop an integrated approach to health and disability support services that responds to older people's varied and changing needs.
- 1.18 One of the objectives of the Strategy relating to home-based support services is that people with high and complex health and disability support needs will have equitable access to flexible, timely, and co-ordinated services and living options that take account of the needs of family and whānau carers. This includes developing a comprehensive range of service options and accommodation to enable older people with long-term health and support needs to live at home for as long as possible.
- 1.19 The Strategy provides guidance and sets the delivery of services for older people in context. The Ministry's work programme has focused on developing home-based support services for older people.
- 1.20 The Operational Policy Framework also sets out requirements for home-based support services. The Operational Policy Framework is a set of business rules, policy, and principles issued annually by the Ministry, which describes the operating functions of DHBs (and sets out their accountability requirements). When DHBs sign their Crown Funding Agreement (which provides funding for DHBs in exchange for DHBs providing the services specified in the agreement), they are effectively agreeing to the Operational Policy Framework.
- 1.21 The Ministry's Operational Policy Framework does not prescribe how DHBs should determine access thresholds for allocating services, how they are to prioritise the services, or at what level these services should be provided. DHBs decide these matters according to their financial resources, the needs of their population, their strategic priorities, and service availability. However, there is an expectation in the Strategy that access to services will be equitable – that is, that older people with similar needs will receive similar services, regardless of where they live.
- 1.22 DHBs use contract specifications to describe and define the services that they will fund and that providers must deliver. These specifications set out service aims, identify the eligible service users and how services are accessed, describe what the service components are, and set out the quality and reporting requirements.

## Our previous audit

- 1.23 This audit follows on from our performance audit of the effectiveness of the arrangements to check the standards of services provided by rest homes. That audit examined the monitoring of residential facilities that care for older people who are no longer able to live independently at home.
- 1.24 We reported our findings on rest home monitoring in December 2009.<sup>1</sup> Overall, we found that the certification of rest homes (introduced in October 2002) had not provided adequate assurance that rest homes were meeting criteria in the published Standards that applied to rest home care. Also, the Ministry had not responded quickly enough to address weaknesses and risks in the arrangements that it had known about since 2004.

## How we carried out our audit

- 1.25 We reviewed what the Ministry and DHBs had done to implement the aspects of the Strategy that were relevant to home-based support services. We recognise that the Strategy was published in 2002 and that priorities can change over time. However, the Strategy provided the main framework for the delivery of home-based services, so we concentrated on DHBs' progress towards implementing it.
- 1.26 We also examined DHBs' processes for providing older people with home-based support services. We included the processes currently used and implementation of standardised needs assessment through the use of a single nationwide tool (InterRAI, discussed in Part 3). We surveyed all 20 DHBs and discussed the effectiveness of the assessment process with the Ministry and other stakeholders. We analysed audit and service review information from DHBs and information from the Ministry, and looked at a sample of 100 files from three DHBs about older people who receive home-based support services. We also reviewed printed and electronic information provided by DHBs about home-based support services.
- 1.27 To assess the delivery of home-based support services, we analysed information from our survey of DHBs and carried out fieldwork at five DHBs. We looked at performance information from providers, DHBs, and the Ministry. We reviewed documents and reports from the Ministry and DHBs. We discussed service delivery with other stakeholders and assessed the quality and consistency of contract arrangements between DHBs and providers. We also talked to several older people about their experiences of home-based support services. Their stories appear as case studies throughout this report.
- 1.28 To assess how effectively the Ministry and DHBs monitor the quality of services and use this information to drive improvements, we reviewed audit information

<sup>1</sup> *Effectiveness of arrangements to check the standard of services provided by rest homes.*

made available by DHBs' shared service agencies.<sup>2</sup> We also analysed data provided by the Ministry and DHBs, including the number and types of complaints made by older people about home-based support services.

### What we did not audit

- 1.29 We did not audit any health and support services for people younger than 65 years, or health and support services for older people other than home-based support services. We also did not look at any related services funded by DHBs, such as services provided to support an older person's carer or low-level post-operative care.

### Structure of this report

- 1.30 In Part 2, we examine:
- how well the Strategy has guided the delivery of home-based support services since it was published in 2002;
  - what overall progress has been made under the Strategy; and
  - some of the challenges the Ministry and DHBs face in continuing to manage and support the delivery of home-based support services.
- 1.31 In Part 3, we examine how well older people are able to access home-based support services. We look at whether:
- information on services is accessible;
  - assessments of need are effective and consistent; and
  - assessments and reassessments of need are timely.
- 1.32 In Part 4, we examine whether the quality of home-based support services supports the needs of the older population. We look at whether:
- the Ministry and DHBs have adequately specified the quality of services;
  - services are of the required quality; and
  - the Ministry and DHBs are adequately monitoring the quality of services.
- 1.33 In Part 5, we examine how well the Ministry and DHBs are managing the risks to the quality of services by:
- collecting and using performance information; and
  - working with providers to manage the risks to service delivery.

<sup>2</sup> Shared service agencies are owned by groups of DHBs to carry out work that all DHBs require (including audits to check whether service providers are meeting their contractual obligations).

## Part 2

# Strategy to guide the delivery of home-based support services

- 2.1 In this Part, we examine:
- how well the Strategy has guided the delivery of home-based support services since it was published in 2002;
  - what overall progress has been made under the Strategy; and
  - some of the challenges the Ministry and DHBs face in continuing to manage and support the delivery of home-based support services.

### Summary of our findings

- 2.2 The current Strategy has been in place for nine years. Although it provides a clear direction for DHBs, not all DHBs are clear about how to achieve some of its objectives. Supplementary policies are also not clear about how their objectives should be achieved. As a result, the strategic and policy framework is unclear.
- 2.3 Progress in implementing the objectives in the Strategy appears to vary between DHBs. However, a lack of performance information prevents us from forming a firm view of the progress that has been made throughout the country.
- 2.4 Delivering quality services that meet people's needs and provide value for money requires clear strategies and policies. In our view, the absence of complete, reliable, and comparable performance information on the delivery of services will make it harder for the Ministry and DHBs to prepare effective policies and strategies to support service delivery.

### *Health of Older People Strategy* to guide the delivery of home-based support services

#### **DHBs are receiving mixed messages from the Ministry about the status of the Strategy and what they ought to be doing.**

- 2.5 The Strategy was published in 2002 to implement the objectives of the *New Zealand Positive Ageing Strategy* (April 2001). That strategy included objectives that services should support older people to live independently at home and should be provided to those in need in a consistent way. Therefore, one of the main aims of the Strategy is to develop an integrated approach to health and disability support services that responds to older people's varied and changing needs.
- 2.6 Through the Strategy, the Ministry and DHBs aim to deliver home-based support services that, in summary:
- support older people living at home where sustainable;
  - respond to older people's varied and changing needs;

- are provided in a consistent way; and
- are integrated and co-ordinated with other health services.

- 2.7 These policy objectives have provided a clear direction for the delivery of home-based support services. However, in our view, the Ministry has not provided DHBs with enough guidance and direction on how to implement improvements under the Strategy. There has been some confusion about how DHBs are to implement the policy objectives.
- 2.8 For example, the Operational Policy Framework 2010/11, which is one of the main documents setting out the Ministry's requirements of DHBs, required DHBs to work towards implementing a restorative care approach. Restorative care is a model of care focused on, where possible and appropriate, restoring an individual's capability after an illness or other health setback and therefore restoring their quality of life. A more traditional approach would involve providing support to an individual to perform daily living tasks. A restorative care model aims to rehabilitate an older person so that they can return to carrying out those daily tasks themselves. In some instances, restorative care can minimise costs by reducing the need for home-based support services or expensive residential care.
- 2.9 In our view, the Ministry does not have a clear mechanism for ensuring that DHBs consistently implement a restorative care approach when it would be appropriate to do so. It is not clear how DHBs are supposed to implement a restorative care approach or what difference it would make if all DHBs fully implemented this approach.
- 2.10 The annual Operational Policy Framework gives DHBs a certain amount of autonomy in how they deliver services to meet their community needs but still requires them to follow government policy. The Strategy took this into account and provided more direction than prescription in how policy objectives should be achieved. This has given DHBs flexibility in how they deliver home-based support services to meet local needs.
- 2.11 Also, the incoming Government in 2008 pledged changes in line with the National Party's Aged Care Discussion Paper, *Choice not Chance for Older New Zealanders*. In our view, the Ministry needs to consider how best to integrate government policy with existing priorities and provide DHBs with more clarity about this.

## Overall progress made under the *Health of Older People Strategy*

**It is difficult to assess DHBs' progress under the Strategy because the information collected is not complete, reliable, or comparable.**

- 2.12 There is not enough information available to form a view on how well home-based support services are achieving each of the objectives listed in paragraph 2.6. The Ministry collects some performance information. However, this information, as with performance information generally, is not complete, reliable, or comparable. The limited information collected does not appear to be effectively analysed by the Ministry to provide national information. There is little information available on the quality of services or whether services are providing value for money.
- 2.13 While we were writing this report, the Ministry released a “stocktake” of information about DHBs' administrative arrangements for home-based support services. Although this “stocktake” gathered information about monetary arrangements – which might provide a basis for assessing the efficiency and consistency of arrangements – it did not assess DHBs' progress with achieving the Strategy's objectives. The “stocktake” has resulted in the Ministry planning a programme of work that includes reviewing audit activity, performance monitoring, and complaints management.

### Indicators that progress might have been made

- 2.14 Through our survey of DHBs, we have obtained a limited view of DHBs' progress with integrating and co-ordinating home-based support services with other health services. Some DHBs are taking a more co-ordinated approach to service delivery, considering hospitals, care, and support services together when planning how an older person will receive those services.
- 2.15 Also, the Ministry has actively required DHBs to improve some aspects of home-based support services. For example, the Ministry has required progress in implementing a consistent approach to needs assessment by introducing a standard nationwide assessment tool (InterRAI). We discuss DHBs' progress with introducing InterRAI in Part 3.

### Indicators that progress might have been lacking

- 2.16 The Ministry produced information about implementation of the Strategy which shows that progress has generally been slow, with many DHBs at different stages of implementation. Many DHBs have missed a 2010 deadline set out in the Strategy, and services are not yet fully integrated or co-ordinated.

- 2.17 The Strategy provided a framework for DHBs to develop an integrated approach to providing support services for older people. The recent Ministry “stocktake” of home-based support services shows that this has not yet been achieved.
- 2.18 One of the requirements specified in the Strategy was for DHBs to record, in their annual plans, the progress being made towards implementation of the Strategy. A report published in August 2008 by the University of Auckland’s HOPE Foundation for Research on Ageing reviewed DHBs’ progress in implementing the Strategy. The study found that most DHBs showed minimal evidence of planning for the implementation of the Strategy. The study also found that the barriers to implementation included shortages in both funding and workforce.
- 2.19 The Government has clearly stated that it wants DHBs to provide consistent support for older people to live independently at home. Based on feedback from the Ministry, DHBs, and others we spoke with, DHBs have made variable progress in implementing a restorative care approach and in delivering services in a consistent and equitable way.
- 2.20 Spending on home-based support services has been increasing. There was an increase of 70% during the four years to 2008/09 (to \$211 million). This compares to a 35% increase in residential care spending during the same period. However, it is not clear to us whether this increased funding has helped DHBs to implement the Strategy.
- 2.21 DHBs indicated in response to our survey that the amount of funding from the Ministry is an important issue for them in implementing actions in the Strategy. Also, in our view, the lack of complete, reliable, and comparable performance information is making it more difficult for the Ministry to target resources to ensure greater value for money.

## Challenges in continuing to manage and support the delivery of home-based support services

**An increasingly older population, economic downturn, lack of a clear strategy, and poor performance information combine to put the effectiveness of home-based support services at risk.**

- 2.22 As noted earlier, the numbers and proportions of older people are increasing and the economic downturn has put public spending under pressure. The combination of increased demand, more complex support needs, and financial pressures presents a significant risk to the future delivery of home-based support services.
- 2.23 Added to this, the Ministry has not updated or emphasised the importance of the Strategy to ensure that DHBs have clear plans to achieve the desired

improvements. The Ministry acknowledges that comprehensive and clear information is required to support DHBs in delivering the Strategy's objectives.

- 2.24 Without such clarity, there is a risk that home-based support services will not be effective and/or consistently delivered to a growing and vulnerable group of people. In our view, the Ministry needs to provide DHBs with clearer guidance to ensure that DHBs fully understand the improvements required to meet the changing needs of older people and deliver services that meet them effectively. The Ministry agrees with our view.
- 2.25 To properly inform and develop policies and strategies, performance information needs to be meaningful and reliable. The Ministry does not have the complete, reliable, and comparable performance information it needs to write better and more targeted policies and strategies. Again, the Ministry acknowledges that this is a significant issue.
- 2.26 The Ministry is in the early stages of developing a more effective approach to collecting and analysing performance information. It expects that information gathered recently from DHBs through InterRAI will support the preparation of policies and processes for collecting comparable performance information.
- 2.27 In our view, the absence of a set of clear key performance indicators prevents the Ministry from effectively monitoring and improving service delivery. In Part 5, we examine some of the ways that information can be used to improve the quality of service delivered.
- 2.28 We also discuss in Part 5 how the Ministry, DHBs, and providers are working together to address some of the providers' workforce challenges associated with continuing to deliver home-based support services.

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### **Recommendation 1**

We recommend that the Ministry of Health collect and use meaningful and reliable information to ensure ongoing service quality and value for money of home-based support services by:

- specifying a set of national key performance indicators for district health boards to measure service performance;
  - working with district health boards on mechanisms to ensure that performance data is reliable and meaningful;
  - using performance data to inform policies and strategies that will help district health boards deliver high quality services; and
  - sharing with district health boards good practice and benchmarks to drive continuous improvement.
-

**Ruth**

Ruth is 82 and has been living in her home for 58 years. She lives alone and is able to do most things for herself. Ruth has received home-based support services for about three years. Currently, Ruth receives three hours of support each week for help with personal care and household tasks.

***Accessing and receiving services***

Ruth's services were arranged while she was in hospital for an operation on her legs. Services started promptly after she left hospital and she thought this worked quite well.

Ruth has a copy of her care plan, which is updated occasionally. Someone visits to check how she is and what she might need for the coming year. Ruth finds it good to have a plan so she knows what to expect. She has not had any problems with the services she gets but if she did, she would call the organiser named in her care plan.

Ruth's provider usually calls if a different support worker will be working. She recalls one instance when two workers arrived on the same day, but mostly the service works well.

***Reducing services***

Ruth's support was reduced a while ago. Before this happened, someone visited her to discuss how she was coping. After this visit, some housework support was cut because Ruth was able to do more herself. Reducing support did not worry Ruth because she felt she had improved and did not need more support. She felt involved in the decision to reduce her services and thinks the change in her support was managed quite nicely. If her needs were to change, or if she felt like she needed more, she would probably talk to her doctor or her provider. She would ask for help if she was getting worse.

***Being independent***

Ruth's goal is to live at home and be independent. Ruth said, "This is definitely what I want to do." She considered that she could look after herself but needed a little help with some tasks that she cannot manage. While she is like this, Ruth wants to stay in her home. Getting home-based support services means she can have a routine, doing things when she wants to do them and in the way she wants to do them. She can be at home, relax a bit, and get some help with the things she cannot do.

## Part 3

# Accessing home-based support services

- 3.1 In this Part, we examine how well older people are able to access home-based support services when needed. We look at whether:
- information on services is accessible;
  - assessments of need are effective and consistent; and
  - assessments and reassessments of need are timely.

### Summary of our findings

- 3.2 Information that DHBs produce about home-based support services is generally in plain English, comprehensive enough, and available in a range of places. Services appear to be available for older people who are referred and assessed as requiring support. The level of unmet needs – of older people who are not aware of the services available to them or are not referred to have their needs assessed after accessing health services – is not known.
- 3.3 Our review of the limited information available suggests that needs assessments are improving in timeliness and broadly adequate. However, further improvements are required to ensure that all older people receive effective and consistent assessments. Progress with the introduction of a consistent needs assessment tool (InterRAI) in all DHBs is on target. However, the allocation of services to needs once they are assessed can still be inequitable. The Ministry and DHBs need to do more work to ensure that services are appropriately allocated based on need. The Ministry is developing a framework that it expects will ensure a more consistent process for allocating services according to need and provide information to improve value for money.
- 3.4 Contact with older people, assessment, service delivery, and reassessment appear to be largely carried out in a timely way.

### Accessibility of information about home-based support services

**DHBs appear to be effectively informing older people about the availability of home-based support services.**

- 3.5 Older people can access home-based support services through various means. Most older people are referred to the DHB's needs assessment service (which could be within the DHB or funded by it) by their general practitioner (GP) or another health professional. Older people can refer themselves to the needs

assessment service, and can also be referred to the service by staff in their local council or in organisations such as Grey Power or Age Concern.<sup>3</sup>

### Written information about home-based support services

- 3.6 In our view, DHBs have produced useful written information about home-based support services. Pamphlets and the other written material we looked at were generally written in plain English and gave a good overview of the referral and assessment processes and range of services available. The information was available in several places, including GPs' practices and public libraries.
- 3.7 However, feedback we received from one stakeholder suggested that a small number of DHBs needed to improve the quality and accessibility of this information. Providing useful and up-to-date information in places where older people can easily find it is important; it increases the ability of older people to make informed choices about the type and level of services they might need.

### Website information about home-based support services

- 3.8 We reviewed the information available on most DHBs' websites about how to access home-based support services and what those services were. Generally, the web-based information was helpful, but several DHBs could improve the information they provide. Most websites had appropriate links to other services, and the information was easy to find and easy to read. However, several DHBs were redeveloping their websites and a small number had information on home-based support services that was not very easy to find.
- 3.9 In our view, some DHBs need to improve their web-based information. Access to information through the Internet is increasing and is particularly important for older people living in rural areas.
- 3.10 It appears that, when older people know about the availability of home-based support services and are assessed as needing support, their access to services is generally timely. Overall, healthcare professionals we spoke with were satisfied that services were effectively and quickly delivered to these people. Our review of a selection of provider audit results and DHBs' files supports this view.

<sup>3</sup> Grey Power is a lobbying organisation that promotes the welfare and well-being of New Zealanders aged over 50. Age Concern He Manaakitanga Kaumātua is a registered charitable organisation. A national office (Age Concern New Zealand He Manaakitanga Kaumātua Aotearoa) and a network of 34 member councils, branches, and associates provide information and advocacy services to older people.

### Not enough clarity about the extent of unmet need

- 3.11 Although DHBs have plans and strategies that include some analysis of gaps in their service provision, it is not entirely clear whether there are older people who need home-based support services but are not able to access them or are unaware of the services' availability.
- 3.12 DHBs have tried to estimate the level of need for home-based support services by comparing their level of service provision with that of other DHBs. There is a national client-level data collection, but it has been managed primarily as a payment system. In the view of at least one DHB, it provides only limited data that is neither nationally consistent nor reliable, particularly for non-residential services.
- 3.13 In our view, wider use of the InterRAI assessment tool (see paragraph 3.18) should produce a nationally consistent set of data about needs assessment. This will enable DHBs to more accurately compare the level of services provided and the extent to which there may be unmet need in their community. However, it will not provide DHBs with any better information about the needs of older people who remain outside the primary health care system.

### Effectiveness and consistency of needs assessments

#### **The Ministry and DHBs are making progress with ensuring that needs assessments are carried out consistently.**

- 3.14 DHBs have a degree of autonomy in how they allocate services to older people. Any older person wishing to receive home-based support services funded by a DHB must first have their needs assessed by the DHB's Needs Assessment Service Co-ordination agency (NASC).
- 3.15 Generally, assessment involves the following steps. After a person is referred to it, the NASC carries out an initial screening assessment, either by telephone or face to face. If appropriate, the NASC then carries out a detailed assessment, normally face to face. After this assessment, and if the older person qualifies for support, the NASC plans a support package. Ideally, this support is co-ordinated with any other health care the older person is receiving to ensure an integrated approach.
- 3.16 Different DHBs have been using different assessment systems. The Ministry's view is that these were non-specialist, non-validated, and opinion based. Older people have sometimes been subject to multiple assessments, which duplicated the information gathered. Also, there was no mechanism for detecting risks to an older person's health early. InterRAI could introduce a more rigorous and standardised approach, which could include detecting health risks at an earlier stage.

- 3.17 There are also differences in how DHBs allocate services to individuals after their needs have been assessed. It is likely that the differences in allocation will mean some inequity in older people's access to services. The scale of inequity is largely unknown because there is a lack of national information about the level of services provided. That said, the Ministry is concerned about inequity. DHBs will need to have ways to assess equity as demand for services increases as the population ages and as budgets become more strained as a result of pressures on public spending.
- 3.18 The Ministry and DHBs are implementing a more consistent assessment process. In 2003, the Ministry and DHBs began work to introduce InterRAI, an assessment tool for older people likely to require home-based support services. The intention is to have, in all DHBs, a single approach that consistently assesses the needs of older people. This is expected to provide a basis for effective and equitable allocation of services to meet needs. The InterRAI assessment covers matters such as mobility, personal care, health conditions, and nutrition.
- 3.19 The Government has supported the introduction of InterRAI with \$19 million in additional capital and operating funding for DHBs. The Ministry recognised that DHBs had differences in their progress with implementation and their capacity to fully implement the system. As a result, DHBs had a staggered timeframe for implementing InterRAI. The funding was spread over four years, from 2008/09 to 2011/12, with the expectation that all DHBs would be fully using InterRAI within the four years.
- 3.20 The Ministry is confident that all DHBs will be using InterRAI to achieve nationally consistent needs assessment by 2012. In our view, the Ministry needs to use the information it will produce about the level of need and service allocation to guide further policy development.
- 3.21 Although Ministry data and our interviews with DHBs indicate that further training is needed, progress is being made. This is an improvement on the previous widely varied approaches to needs assessment.

### Timeliness of assessments and reassessments

**The information available about assessments suggests that they are timely and responsive to older people's needs. The information about reassessments is less clear, but DHBs recognise the importance of reassessments and this aspect of home-based support services appears to be improving.**

- 3.22 Health services can involve a period of waiting. We wanted to check that older people did not have to wait an overly long time after applying for home-based support services.

- 3.23 We reviewed 100 randomly chosen files from three DHBs. Our review showed that, in most instances, older people received services that were timely and responsive to their needs. Adjustments were made to services to reflect changing needs. It was more difficult to assess whether reviews and reassessments were done in a timely way.
- 3.24 It appears that most older people are contacted within five days after they have been referred to an NASC to have their needs assessed. Most contracts between DHBs and providers, and standards outlined in the Ministry's Operational Policy Framework 2010/11, require providers to contact older people within five working days of a referral. Providers are required to report to DHBs on their performance against criteria and standards, including reporting on the time taken to contact people. We reviewed a sample of provider reports for a six-month period in 2010 to check compliance with this requirement. In all instances, providers reported that the assessments were completed within five working days.
- 3.25 Some DHBs have specified higher levels of performance. For example, some contracts require providers to contact people within two working days of a referral. Again, we found that these requirements appear to have been met in the sample of reports that we looked at.
- 3.26 Although assessments are generally timely, there is some duplication in the assessment process. After an assessment by the NASC, older people are referred to a provider. The provider creates an individual support plan for the person and a health and safety plan for the home. The provider will repeat much of the NASC assessment. Some DHBs have recognised this and have reduced duplication in the initial assessment process, which makes the process easier for the older person.<sup>4</sup>

### Reassessing the needs of older people

- 3.27 The needs of individuals change over time. To ensure that the services delivered match these changing needs, DHBs need to ensure that older people are reassessed at least every 12 months. In the past, DHBs have struggled to ensure that older people have been regularly reassessed. In the view of the Ministry, this was partly because of co-ordination difficulties between health care support and home-based support, particularly when older people were discharged from hospital. DHBs also started to deliver support for more complex cases, which took up more resources and put more strain on the DHBs' ability to reassess people in a timely way.

4 For example, at one DHB, older people are referred to a central assessment facility before their needs are formally assessed. Based on information about the person's circumstances, people likely to have low- or medium-level needs are referred to a provider who will assess the person in their home. Because providers are legally responsible for the safety of their workers, the assessment can take place at the same time as the assessment of any safety issues for the support worker.

- 3.28 We note that reassessments can be carried out by the NASC or by the provider of the home-based support service, who has an apparent conflict of interest.
- 3.29 Overall, DHBs recognise the importance of regular reassessments. The regularity of reassessments has improved in recent years, according to our limited review of DHBs' audit reports and the views of DHBs. Improvements in the reassessment of older people can be attributed to several factors, including DHBs recognising that they need to use resources more effectively to ensure value for money and that resources are available for more complex care cases. DHBs also recognise that people's needs change and that reassessment is essential to appropriately meet those needs.
- 3.30 There were problems in recent years with untrained staff in some DHBs using telephone reassessments to reduce or remove services for "business" rather than health or service co-ordination reasons, and without telling the older person what the purpose of the telephone call was. The Ministry has written to all DHBs to remind them of the appropriate use of telephone reassessments.

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### Recommendation 2

We recommend that the Ministry of Health, through district health boards, evaluate by June 2013 whether the use of a standard approach to assessment and reassessment is improving the way needs are assessed and home-based support services are allocated.

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#### **Ngaire**

Ngaire is 88 and lives alone in her own home. Her mobility is fairly limited and she uses a walker to help her move around. She has used home-based support services for about three and a half years. She receives three and a half hours of support each week to help her with household tasks. This time is split so that a support worker visits her twice a week.

#### *Support to remain at home*

Overall, Ngaire is very happy with the support she gets. The DHB provided a ramp for better access to her house, which she says is excellent for her. The people who provide her services are hard workers and are very good. Ngaire enjoys having her support worker sometimes sit and have a cup of coffee and a chat with her. Socialising is important.

Ngaire's aim is to live at home safely and independently. Home-based support services are important to her because the support helps her to do this. Ngaire felt she could not stay in her home without the support she gets.

## Part 4

# Quality of home-based support services

- 4.1 In this Part, we look at whether the quality of home-based support services is appropriate. We discuss:
- whether the Ministry and DHBs have adequately specified the quality of services required to be delivered;
  - information about the quality of the services delivered; and
  - whether the Ministry and DHBs are adequately monitoring the quality of services delivered.

### Summary of our findings

- 4.2 Although the Ministry has set standards for timeliness and the range of home-based support services, there are no mandatory standards about quality or the level of services. Without standards on the quality of services expected, it is difficult for DHBs to implement a nationally consistent and equitable approach to service delivery.
- 4.3 Our limited examination of the results of audits that DHBs have carried out, and their reviews of providers' services, indicate that services delivered are broadly in keeping with contractual requirements. Our review of a sample of older people's files and our interviews with older people also indicate that services are broadly meeting people's needs. However, the Ministry does not collect complete, comparable, and reliable data to provide information on the quality of services nationally. The Ministry is aware of this and is in the early stages of developing a process to get better quality performance information.

### Specifying the quality of services to be delivered

**There are no mandatory standards for the quality of home-based support services.**

- 4.4 Unlike the provision of residential care for older people, there are no mandatory standards requiring DHBs to deliver home-based support services of a specified quality. There are very broad aspirational standards in the Ministry's Operational Policy Framework 2010/11. They include that DHBs must ensure that they can provide home-based support services and specify the range of services that must be available. However, a DHB can decide how it delivers its services and carries out assessments, and decide on the quality of those services. This can lead to differences in how services are delivered by different DHBs, and differences in their quality.

- 4.5 The Ministry told us that it is considering how to preserve local flexibility and innovation while increasing consistency between DHBs. DHBs are increasingly working within four regional groups, and the Ministry expects that this will reduce service differences between DHBs.
- 4.6 Standards New Zealand produced a Standard in 2003 that can be applied to home-based support services (NZS 8158:2003 *Home and Community Support Sector Standard*).<sup>5</sup> Ten DHBs make compliance with this Standard a requirement of their contracts with providers, but the other DHBs do not. The Ministry told us that it is working with DHBs to consider the implications of requiring all providers to comply with the Standard.
- 4.7 The quality of services is managed through contracts between DHBs and providers of home-based support services. DHBs have specific contracts with providers for the delivery of services, and most DHBs have had these contracts for several years. The contracts largely follow a similar model, based on guidance from the Ministry. Contracts typically include service specifications, sector and employee standards, quality plans, management of risks, and contract reporting.
- 4.8 DHBs will negotiate contracts with providers based on market forces and specific requirements from the provider. DHBs can pay different amounts to different providers to carry out similar services. In our view, there could be good reasons for paying different amounts to providers for similar services – but this could lead to differences in the level and quality of services provided.

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### Recommendation 3

We recommend that the Ministry of Health consider making NZS 8158:2003 *Home and Community Support Sector Standard* mandatory for the provision of home-based support services to older people.

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5 This Standard “establishes the minimum requirements that should be attained by providers. It is limited to health and disability services provided in the environment of a person’s home or in their community, by individuals working as support workers accountable to a home and/or community support service provider.” An updated version of this Standard is expected to be released in March 2012.

## Information about the quality of services that are delivered

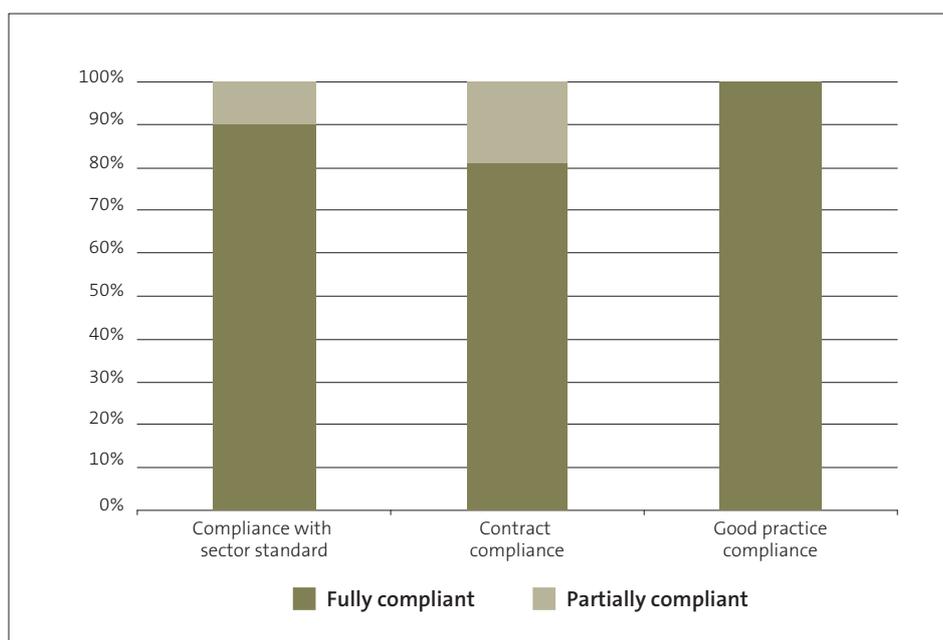
**Information about the quality of services is patchy and incomplete. Providers seem to be meeting their contractual obligations, service coverage appears adequate, and older people make few complaints.**

- 4.9 A wide range of providers deliver home-based support services to older people. There are about 50 providers, ranging from large national organisations to smaller providers operating locally. Some of these providers are profit-making organisations, and others are non-profit organisations. The number and range of providers means that services are available in all parts of New Zealand.
- 4.10 The Ministry and DHBs collect some information on the quality of services in the form of reports from providers, direct contact with providers, and audits of providers carried out by, or on behalf of, DHBs. However, different data requirements and different contracts mean that it is difficult to compare providers and DHBs. More data is needed to give DHBs and the Ministry certainty that services consistently meet requirements.
- 4.11 We were able to:
- examine a small sample of reports from audits of providers, which look mainly at contract compliance;
  - examine a small sample of reports from service reviews and other reviews commissioned by DHBs, which look at whether home-based support services are operating as intended and delivering the expected outcomes;
  - review 100 files about older people who receive home-based support services, selected at random from providers contracted by three DHBs, to examine how well home-based support services were delivered to older people;
  - interview a small number of older people; and
  - examine the process for older people to make complaints, and the number and types of complaints received by several DHBs.

### What audits of providers find about the quality of services

- 4.12 We reviewed four audit reports from one audit agency that audits the providers contracted to several DHBs. The audit report summarised in Figure 2 presented findings that are typical of the reports produced by this agency. The audit checked compliance with 185 criteria and found a high level of compliance, with no instances of non-compliance.

**Figure 2**  
Compliance with criteria for services

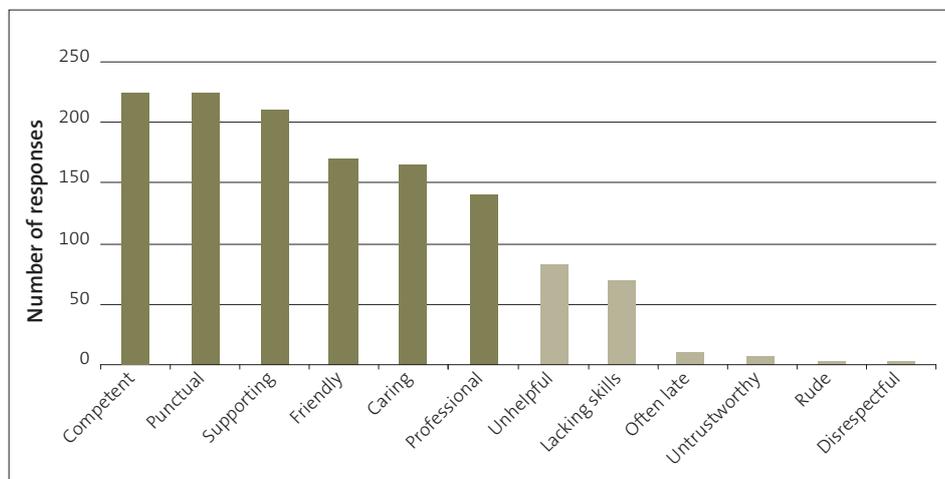


Source: Audit agency's report.

- 4.13 Another audit identified several matters that the provider needed to improve, including that the provider's reporting to the DHB did not include information on how effective the service had been in achieving the goals set out in older people's support plans. The audit report said that:
- ... the omission of this information prevents analysis of whether the needs are being met and whether the organisation delivers a client focused service.*
- 4.14 A further audit report checked a sample of the provider's staff files, which showed that only half of the files indicated that Police checks of support workers had been carried out. Only half of the files had documented reference checks. The auditors considered that the failure to carry out such checks exposed older people and the provider to risk.
- 4.15 We reviewed the audit reports of another audit agency that had audited home-based support services provided to older people. The provider was audited against the requirements in its contract with the DHB, the Home and Community Support Sector Standard, and against good practice models. The Home and Community Support Sector Standard is not mandatory but does ensure that some aspects of the quality of services are checked. These audits found a high level of compliance.

- 4.16 For each provider audit, the auditors survey the recipients of the service to obtain their views on the service provided to them. Over a two-year period, one audit agency had surveyed people receiving services from seven home-based support service providers in six DHBs. The audit agency amalgamated the results of these surveys to produce regional results. The survey questionnaire had been sent to 571 people and there was a 52% response rate. The survey asked several questions about the service, including the person's views of their support worker. Figure 3 sets out the results of the question about support workers.

**Figure 3**  
Results of question about older people's views of their support workers



Source: Audit agency's survey.

- 4.17 These results for the six DHBs and seven providers indicate a competent and caring workforce. The negative responses were almost all about one provider. The DHB concerned has started a process with that provider to improve their performance. Based on the results of the surveys, the auditors concluded that:
- In an industry dominated by high staff turnover, low wages, and a lack of career advancement opportunities, providers should be commended on the positive responses by the majority of respondents, indicating that the support workers employed by these agencies are providing services that meet client expectations.*

### What service reviews and other reviews find about the quality of services

- 4.18 DHBs use service reviews and other reviews to try to ensure that services are operating as intended and delivering expected outcomes. These reviews do not specifically look at the quality of services. For example, one review commissioned

by two DHBs found there were significant differences in the average hours of service allocated to people receiving home-based support services. In one DHB, the hours allocated were almost double the number allocated in another DHB, even though the people receiving the home-based support services had been assessed as having the same level of need. Reviews like this provide useful information to help DHBs identify where improvements need to be made.

- 4.19 Regular service reports from providers to DHBs show that there are sometimes delays with services provided to older people once an assessment has been made. However, based on the information we have analysed, we consider that, overall, assessment services are provided in a timely way and that support services start soon after an assessment is made.

### **What our files review showed about service quality**

- 4.20 We reviewed 100 files, selected at random from providers contracted by three DHBs, to examine how well home-based support services were delivered to older people. We were able to form a view about whether timely and appropriate processes were followed but were unable to assess the quality of a service or whether it met the needs of the older person.
- 4.21 Our observations from the review of these files include:
- Generally, there was an attentive relationship between care managers, support workers, older people, and their families.
  - Services appeared to be family-orientated and flexible.
  - Generally, there was a reasonable level of contact and consultation with the older people and family members in delivering care.
  - There were examples where support workers initiated a review of the older person's needs because they were concerned about how well the person was coping.
  - Although we noted some instances where services were less responsive, or where a person was not happy with their support worker, these instances were rare.
- 4.22 Some of the files we reviewed included service evaluations. Through these, many older people said that they were happy with the services provided and that the services were a valuable form of support for them.

## What complaints show about the quality of services

- 4.23 Providers and DHBs receive very few direct complaints about home-based support services. The number of recorded complaints ranged from 11 in one year for one DHB to one over a four-year period for another DHB. Given that there are about 75,000 people receiving home-based support services through DHBs, this number of complaints is lower than expected. We also looked at the number of complaints received by several DHBs through the complaints process that all providers must have. Again, low numbers of complaints are received.
- 4.24 Most complaints are about support workers not turning up or reductions in the level of service. There are few complaints about abuse, and groups representing older people also told us that cases of abuse or neglect were rare. Overall, when complaints are made, they appear to be acted on.
- 4.25 Although the low number of complaints could indicate that the quality of services is high, it could also indicate that older people are reluctant or find it difficult to make a complaint. We have seen audit reports of providers that suggest there may be problems with how complaints are reported. We discuss this further in paragraphs 4.38-4.44.

## Monitoring the quality of services delivered

**No mandatory standards for the quality of services means that information about quality is variable and incomplete. There is little national monitoring, and the patchy information that is available is not routinely shared.**

- 4.26 Overall, there is little national monitoring of home-based support services. What information is collected tends to be self-assessment information from DHBs and providers. There is no data checking, so the information cannot be validated.
- 4.27 DHBs carry out audits and service reviews, but these look mainly at contract compliance and are more quantitative than qualitative. They provide limited insight into the quality of the services and their effectiveness. Some information about older people's satisfaction with the services they receive is also collected. However, none of this information is shared routinely with the Ministry or other DHBs to help drive improvement or help the Ministry to assess the effectiveness of its policies and strategies.
- 4.28 Providers and DHBs have complaints processes, but the low number of complaints suggests to us that there could be barriers to older people accessing that complaints system. There is also evidence of under-reporting of complaints by providers.

- 4.29 The Ministry and DHBs accept that their performance information needs to improve. Once it does, the Ministry and DHBs can start to use the information to manage the performance of providers and deliver improvements.

### **How well services are monitored through provider audits**

- 4.30 Our review of provider audits established that most DHBs monitor how contracts operate in terms of cost, timeliness of services, risk, and compliance with the conditions specified within the contract. However, although quality requirements are normally specified in contracts, they do not appear to be monitored effectively by DHBs.
- 4.31 There is no consistent and robust approach from DHBs to manage quality. Some DHBs require providers to report on quality and customer satisfaction but not always. When quality and customer satisfaction information is reported, it is often based on a self-assessment by providers. Some DHBs conduct their own satisfaction and quality checking, which is a more robust approach to checking the quality of home-based support services delivered by providers.
- 4.32 DHBs can, but are not required to, commission audits of providers. There is inconsistency in what is audited and how often the audits occur. In total, DHBs commissioned or carried out 93 audits in the five years from 2005/06 to 2009/10. Two of the largest DHBs did not commission any audits of providers in those five years, and three other large DHBs commissioned a total of seven audits between them. Some of the smaller DHBs commissioned many audits, with one of the smaller DHBs commissioning 10 audits of providers in the five years.
- 4.33 Some DHBs told us that they have not audited providers because they already monitor financial and service use data or monitor admissions to residential care. Other DHBs told us that they have regular meetings with NASC staff to “keep on top of problems”, and one DHB explained that it could not afford the cost of auditing the providers of home-based support services.
- 4.34 Provider audits tend to examine the provider against:
- compliance with the DHB contract;
  - compliance with the sector standards; and
  - compliance with good practice for all aspects of service.
- 4.35 Some providers provide home-based support services that are funded by the Ministry and the Accident Compensation Corporation, as well as the services funded by DHBs. Each of these funders will audit the provider’s contracts, so providers can be audited by each funder within a short time frame. This increases compliance costs for providers. Providers, DHBs, and the Accident Compensation

Corporation have so far failed to agree on a common system of auditing to reduce the duplication that currently occurs.

- 4.36 We reviewed four audit reports from one audit agency that audits home-based support service providers in several DHBs. In our view, the audit reports were thorough and gave the DHB useful information about the strengths and weaknesses of the provider in complying with contract requirements. The audit reports covered the appropriate areas to ensure that services specified within contracts are provided. These audits included:
- observing the provision or delivery of services;
  - interviews or surveys of service users;
  - interviews or surveys of the provider's staff; and
  - examining the provider's records.

#### **How well services are monitored through service and other reviews**

- 4.37 Service and other reviews differ from audits because the reviews are less prescriptive. Some DHBs use service and other reviews to ensure that home-based support services are operating as intended. This can include DHBs commissioning service reviews to check that the expected outcomes are achieved. Service reviews are not regularly or consistently carried out.

#### **How well services are monitored through the complaints process**

- 4.38 Older people, or their representatives, can complain if they feel that the services they receive are not meeting their needs or if there are issues with the provider or support worker. A provider's complaints procedure must meet the Health and Disability Commissioner's Code requirements.<sup>6</sup> In effect, this means that the complaints processes used by all providers are essentially the same. Overall, the few complaints that are made appear to be acted on.
- 4.39 Although the complaints process itself does not appear to be a barrier to making a complaint, Some stakeholders told us that older people do not like to complain, particularly about a support worker they rely on or may have been seeing for a number of years.
- 4.40 We have also seen audit reports about providers that suggest there may be problems with how providers report the complaints. In an audit of one provider, the auditors reviewed complaints over a 17-month period. There were five complaints. The audit report said that "This was a lower number of complaints than expected based on the volume of service users and the time period." The complaints were reviewed in detail. Of the five complaints, two were not recorded

<sup>6</sup> The code includes provisions such as who to complain to, and the need for the provider to facilitate a fair, simple, and speedy resolution of the complaint.

in the complaints register maintained by the provider. Three complaints were recorded in a different register. Only one complaint had been recorded in keeping with the procedures established for recording a complaint.

- 4.41 The manager of the service, when interviewed by the auditors, said that there was significant under-reporting of complaints. Problems such as support workers not showing up or a poor standard of work were recorded in the provider's database but were not recorded as a complaint. The provider established a new system for recording complaints.
- 4.42 The auditors commented on the complaints process:  
*The evidence would suggest that under-reporting is a wider issue and not restricted to this region. Discussions with staff verified that under-reporting is a wider issue, with one of the main barriers being defining a complaint. Further training on what constitutes a complaint is required to ensure that reporting accurately reflects complaints volumes.*
- 4.43 The Strategy recommended that the Ministry and DHBs work collaboratively with elder abuse and prevention services to strengthen the community support available to older people at risk of abuse. This action was recommended in 2002. By 2010, the Elder Abuse and Neglect Prevention Services (EANP) co-ordinators within Age Concern had worked with 11 DHBs, but nine had yet to involve the EANP co-ordinators.
- 4.44 It will be important for all DHBs to work with agencies that support older people to make complaints to ensure that DHBs operate a system that empowers the elderly to complain in confidence should they feel they need to do so. DHBs also need to ensure that providers have systems that ensure that their staff understand how complaints are defined and how they should be recorded.

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#### **Recommendation 4**

We recommend that district health boards work collaboratively with others in the aged care sector to develop a complaints system that enables older people to confidently raise any concerns about their home-based support services.

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## Part 5

# Risks to the quality of home-based support services

- 5.1 In this Part, we examine how well the Ministry and DHBs manage risks to the quality of services by:
- collecting and using performance information; and
  - working with providers to manage the risks to service delivery.

### Summary of our findings

- 5.2 The performance information collected at a national level is not adequate to ensure that the main risks to home-based support services are mitigated. Performance information needs to be improved to better inform policy and strategy development.
- 5.3 The Ministry is aware of the issue and has work under way to address this. The introduction of the InterRAI tool should help to provide better information.
- 5.4 The Ministry has required DHBs to include a restorative model of care, but has not provided DHBs with any guidance on how or by when this should be achieved. DHBs' progress has therefore been inconsistent.
- 5.5 DHBs have identified the quality of supervision and training of providers' staff as a significant risk to future service delivery. Increased pressures on home-based support services will require better trained and supervised staff. At present, DHBs cannot ensure that this risk is appropriately managed.

### Collecting and using performance information

**In our view, the Ministry and DHBs cannot be confident that home-based support services are effective and efficient now, or capable of meeting the expected future increase in demand. The Ministry and DHBs need to address the current deficiencies in performance information about home-based support services.**

- 5.6 The cost of supporting older people living at home is likely to increase, because older people are living longer and increasing both in number and as a proportion of our population. DHBs will have to continue to decide how to best support older people within the available resources.
- 5.7 In our view, the Ministry and DHBs will need to ensure that the services provided give value for money in terms of effectiveness and efficiency. They cannot do this – or drive improvements and share good practice – without complete, reliable, and comparable performance information on the quality and cost of home-based support services.

- 5.8 Some performance information is collected, but the quality of the information that we reviewed is poor and cannot be relied on.
- 5.9 Provider audits do not give an effective overview of service quality. Providers are not audited regularly or often. When audits do occur, they include, but do not focus on, service quality. The audits identify risks but are mainly focused on compliance. Although contracts allow for satisfaction surveys that are sometimes carried out, surveys allow for improvements at a provider level only. It is difficult for the Ministry to provide leadership and a strategic approach to making improvements without sharing this information.
- 5.10 Service reviews can give a better overview of quality. These reviews provide valuable information for DHB management, identify where changes need to be made, give assurance, and drive improvement. However, the results are not shared with other DHBs or the Ministry to provide useful information to encourage or push improvements across DHBs and providers. Because the results are not shared, there is no comprehensive overview of customer satisfaction or whether services are improving outcomes for older people.
- 5.11 An appropriate number of key performance indicators would help the Ministry oversee the quality of services and allow DHBs to compare and benchmark against each other. Data quality could also be strengthened with regular audits of the information provided.
- 5.12 There have been no national surveys of the views of older people on home-based support services. Such a survey might be expensive but would be useful in informing policy development and ensuring that home-based support services meet current and future demand.
- 5.13 The Ministry needs improved performance information to better inform its development of policies and strategies. Without better performance information, the Ministry and DHBs cannot make informed decisions about service improvements, such as:
- whether restorative care is yielding benefits in the quality of home-based support services and efficiencies and should be used more widely;
  - whether the cost of home-based support services across DHBs gives value for money in delivering services of a consistent and adequate quality;
  - which practices should be shared and promoted; and
  - whether cultural issues are appropriately understood in delivering home-based support services and what service modifications might be necessary.

### Restorative care model

- 5.14 The Ministry has outlined in its Operational Policy Framework 2010/11 that it requires DHBs to include a restorative model of support. It is not clear how DHBs are to implement this model. For example, as at September 2010, nine DHBs (45%) were still delivering a more traditional model of support and eight (40%) were delivering a mix of traditional and restorative care. DHBs are implementing the restorative approach within different timeframes.
- 5.15 Our work has indicated that DHBs have been slow to implement restorative care for a variety of reasons, including not having enough resources, inadequate staff training, uncertainties about the cost of restorative care, and a lack of clear leadership from the Ministry. The inconsistent progress is leading to differences in the approach taken to developing support packages for older people and therefore differences in the quality of support they receive.
- 5.16 The intent of the restorative model of care is that older people will gain improved independence or maintain their level of function for as long as possible. The model relies on a multi-disciplinary team (primarily a registered nurse, physiotherapist, and occupational therapist) to provide an in-depth support plan. The plan sets goals and targets for an individual to restore some function where possible and so increase their independence and reduce their reliance on support.
- 5.17 The benefits of this approach are recognised internationally as reducing the cost of support over time and also increasing the quality of the older person's life, keeping them in their own home for as long as possible. This allows for flexibility to increase or reduce the "package of care"<sup>7</sup> according to the older person's needs. This model has been successfully followed in several countries, including the United Kingdom. However, there is recognition that function can be restored only where it is appropriate; some older people's health will not improve.
- 5.18 There is a lack of information from DHBs on the effect of the restorative care model of home-based support services, so it is not clear whether the restorative care model is improving the quality of support that older people are receiving or whether efficiencies are being achieved. The Ministry is therefore unable to assess the success of this policy.

### Cost of service delivery

- 5.19 In 2009/10, the cost of providing home-based support services to about 75,000 older people was about \$224 million. The annual costs are expected to increase, not only because there will be more older people in future but also because

7 The funding mechanism for home-based support is on the basis that providers are paid for the delivery of household maintenance services and separate payments for personal care services. A "package of care" combines these payments and allows more flexibility in that the provider can increase or decrease particular services in the package of care.

older people's needs are becoming more complex. The proportion of older people receiving less than two hours of service is declining. In 2007/08, 62% of recipients received less than two hours of home-based support services a week. In 2008/09, 57% received less than two hours per week. This declined to 55% for 2009/10. DHBs appear to be focusing their resources on those older people with greater needs who require more than two hours of support each week.

- 5.20 There are inconsistencies in how DHBs purchase home-based support services. These include the amount that DHBs will pay providers, how services are described by providers, how needs are assessed, and various other differences. DHBs need the freedom to negotiate contracts with providers that take into consideration market forces, value for money, and community need. However, they also need to ensure that the outcomes for older people are fair and consistent, and not dependent on which provider delivers the services or where the older person lives.
- 5.21 There are also inconsistencies in thresholds used to access services. Although DHB thresholds can lead to inequity, there is some evidence that DHBs have been successful in directing resources to those with more complex needs. People requiring assistance with only housework generally receive two hours or less assistance each week. The Ministry is aware of the need for better information on the cost and delivery of home-based support services by DHBs to ensure a consistent quality of services and help deliver better value for money. The Ministry is in the early stages of preparing an approach to obtain this information. It is too early for us to comment on the Ministry's approach.

### **Ensuring that cultural and ethnic differences are respected**

- 5.22 The annual Operational Policy Framework and other health policy documents have outlined the need to respect cultural and ethnic differences when home-based support services are delivered. The Ministry specifically expects DHBs to ensure that the cultural values of Māori are respected.
- 5.23 Because of the lack of performance information, DHBs cannot provide assurance that cultural differences are appropriately taken into account when home-based support services are delivered.
- 5.24 The current process of assessing needs and designing each individual "package of care" allows for cultural differences and the level of family and other informal support to be taken account of, together with individual preferences in how services are delivered. In our view, this is an appropriate mechanism for ensuring that services meet individual needs. However, the Ministry and DHBs cannot currently assure themselves that cultural issues are appropriately understood, and modify services if need be, without performance information on the delivery of home-based support services to people in different ethnic groups.

## Working with providers to manage risks

**DHBs and providers recognise that, as older people's care needs become more complex, the skill levels of home-based support workers need to increase. Providers say that they cannot increase skill levels given the current funding arrangements. In our view, DHBs need to work more collaboratively with providers to resolve this.**

- 5.25 Providing home-based support services to older people is an area of potential risk. DHBs have overall responsibility for ensuring that services are provided in a safe and effective way. DHBs manage risks to service delivery through their contract management. Risks that were identified and provided for in the contracts we reviewed included:
- support workers not providing the agreed services to the older person;
  - support workers providing other services, including services they are not trained to provide;
  - little or no supervision of support workers; and
  - injuries to support workers.
- 5.26 Most contracts between DHBs and providers require appropriate levels of supervision and training of support workers. From our review of provider audits, it appears that DHBs do not always follow up on non-compliance with these criteria. It is clear from our work with DHBs that they consider a significant risk to be whether providers will continue to have enough staff to deliver services.
- 5.27 In our view, DHBs will need to satisfy themselves, through effectively managing their contracts with providers, that those staff are appropriately trained and supervised. There is a large workforce providing home-based support services to older people throughout New Zealand. A 2006 study by DHBs of the community support workforce – of which home-based support service workers are a subset – estimated that there were between 18,000 and 25,000 workers. The report found that, according to providers, staff turnover is high – between 50% and 80% in the first year of their employment. For support workers who stay longer than one year, turnover is still high at about 40% annually. The DHB report commented that “This creates recruitment and retention issues that are significant. This leads to a high level of low-skilled workers.”
- 5.28 The report also found that most support workers work part-time, with more than half working less than 10 hours each week, and many have no guaranteed hours. A Ministry study said that providers considered that the lack of guaranteed hours affected the quality and safety of home-based support services.

- 5.29 It is clear that the transient nature of the workforce and its terms and conditions create a considerable risk to the delivery of home-based support services. This was identified as another significant risk when we surveyed DHBs. One DHB identified the problems around workforce development as “erratic standards of employment, orientation, training and supervision, employer attitude to career pathways, staff pay and conditions”.

### **Improving staff training**

- 5.30 We looked at whether the Ministry, DHBs, and providers are working together to improve training and supervision for the providers’ workforce.
- 5.31 Providers and DHBs believe that the quality of services and staff training are the two major issues that need to be addressed in the home-based support services industry. Appropriate training is important for the safety of the older person receiving the service as well as the support worker. Support workers are generally viewed as unskilled, and better levels of training are required to develop staff and ensure that those staff will be able to provide the increasingly complex support that older people need.
- 5.32 DHBs and providers are investing the additional funding they have received from the Ministry in the workforce to improve the quality of services. Providers are using the funding from DHBs to pay for training in varying ways. Some providers provide internal training, and others pay staff an increased hourly rate depending on training and qualifications.
- 5.33 However, the view of providers is that they cannot, through staff training, improve the quality of services delivered without further funding. Providers consider that, if they do not have the capacity to meet the costs of training or offer pay rates based on training and accreditation, then the skill base of their workforce will not increase.
- 5.34 Some limited progress is being made. The Ministry told us that Health Workforce New Zealand<sup>8</sup> has made developing the aged care workforce a priority, and is working with the Tertiary Education Commission and tertiary education institutions to increase the aged care content of core health training qualifications. Health Workforce New Zealand has recently provided 300 training places for nurses working in aged care (including home-based support services).

<sup>8</sup> Health Workforce New Zealand is an advisory committee. It was set up in late 2009 to provide national leadership in developing the country’s health and disability workforce. Health Workforce New Zealand advises the Minister of Health on all aspects of health workforce planning, within the wider programme of reform of the health system.

## Staff supervision

- 5.35 DHBs and the auditors of providers share the view that supervision of their staff by providers varies and needs to improve. Many support workers are carrying out their duties in the homes of vulnerable older people with little or no day-to-day supervision. Although there are few complaints about the quality of the work and the conduct of support workers, increased complexity and demand will place further burdens on staff.

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### Recommendation 5

We recommend that district health boards strengthen management contracts to ensure that home-based support staff provide high-quality services and are well trained and supervised.

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#### **Pamela and Keith**

Pamela is 85 and has been receiving home-based support services for about four years. Her eyesight is deteriorating. Her husband, Keith, does all the cooking and some general caring for Pamela. They receive three hours of support each week to help them with household tasks, and Keith is provided with 26 days of respite care.

#### *Being involved in services*

Pamela and Keith do as much as they can but they do need help with some tasks. Keith said that older people should not be too proud to ask for help. Generally, support workers do a good job and staff are good at communicating with older people. Pamela and Keith think this is an important skill for support workers. If they have concerns about services, they can complain to their case manager. However, they felt they were not at the centre of services and that they did not have a choice in either their provider or their support worker.







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