



IRISH SOCIETY OF PHYSICIANS  
IN GERIATRIC MEDICINE

## **Feedback from Irish Society of Physicians in Geriatric Medicine (ISPGM) on Draft Regulations for Providers of Home Support Services, Public Consultation Document of June 2022**

While welcoming regulation of the home-care sector, the ISPGM has three main concerns over the proposed regulations.

- A) The ISPGM is concerned that the proposed regulations do not give sufficient mention or weight to the development of a secure, sustainable and professionalised workforce, with due emphasis in the regulations on appropriate terms and conditions of employment, including tenure; elimination of zero-hour contracts; sick pay, annual leave and pension provision; and pay for time and travel expenses when travelling between service users, as well as ongoing annual continuous professional development.
- B) The document does not sufficiently reflect throughout the shared/supported decision-making between many service users, particularly the very significant proportion with significant cognitive impairment, and their chosen family and/or friend care partners. The agreement between the service provider (Section 5.1 et seq) and service user in writing needs to more clearly indicate from the start that this should also include in writing the service-user's choice of personal advocate. Leaving this to Schedule 5 at the end is not adequate, and indeed the emphasis in Schedule 5 on a supporting person's role conferred on him or her by law is too limited, and service-users should have the possibility of nominating a chosen advocate/support person without recourse to formal legal declaration.
- C) A lack of clear connection with assessment and monitoring of such services by the HSE Home Care Coordinator (or equivalent posts in future configurations of the health services) is also of concern. Leaving assessment to private home care agencies represents an inherent conflict of interest, and assessment and monitoring of such services should be integrated into the role of HSE Home Care Coordinators or equivalent public service posts.

More specific comments are:

Section 6 and 8: Needs assessment (Section 6, and in particular 6.4, as well as 8b) should be formally linked to a HSE Home Care Coordinator assessment rather than an unspecified healthcare professional who may be an employee of a private service provider, and ideally should be performed using interRAI.

Section 6.7: To: Any deviations from the personal support plan should be documented – should be added “and communicated immediately to the service-user and the service-user’s chosen advocate, as well as the commissioning service and HSE Home Care Coordinator.

Section 7.11 “In circumstances where the service provider deems it inappropriate for written records to be kept in a service-user’s home, this shall be clearly recorded. Under these



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circumstances there shall be suitable arrangements in place to enable the home-support worker to complete the record immediately after the visit and for it to be available to the next home-support worker attending.“ What is the rationale here? If it concerns over unwanted third party access by a co-resident or frequent visitor, then this is potentially abusive scenario, and needs to be communicated to a HSE Home Care Coordinator.

Section 8: Services provision – any changes made to the service plan should be agreed with the service-user, chosen advocate and HSE Home Care Coordinator.

Section 10: In addition to not being named as a named beneficiary of the service user’s pension or other sources of finance, this section should more clearly state that the service provider shall not accept money or goods from the service-user, and not request loans or other supports from the service-user

Section 12: should include ongoing annual continuing professional development for home care service providers

In addition, it is important in terms of developing a strong and sustainable workforce in home caring that the regulations should indicate appropriate terms and conditions of employment, including tenure; elimination of zero-hour contracts; sick pay, annual leave and pension provision; and pay for time and travel expenses when travelling between service users.

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