

Age UK Home Support A Service Specification

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This Service Specification was co-produced by Age UK and Brand Partners in Summer/Autumn 2020. It has been approved by the Services for Older People Committee, part of the Age England Association.

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Introduction

This specification provides guidance and direction for the implementation of a new Home Support service model. It is designed to help local partners identify and understand the key activities and processes that need to be undertaken in relation to the start-up and/or delivery of a Home Support service, to ensure that it is delivered safely, effectively and sustainably and is of a high quality. It is one possible service specification and is not designed to exclude all other models and specifications.

Any Local Age UK wishing to implement such a model should ensure that it has given due regard to the strategic business case for a new service. A number of questions or considerations need to be considered in development decision making:

- a. Is this the right time for us as an organisation to develop a new start up service?
- b. The demographic and commercial rationale for the service itself – Is this the right time and place for it?
- c. What national and local drivers, such as government policy change or shifts in funding, impact your strategic plan and the local landscape?
- d. Can the numbers of older people in your area that might want the service, support its sustained development?
- e. Is there a demand?
- f. Are there many local competitors already offering this service?
- g. Can we make it affordable for people?

If the business case is there, then you are ready to go further in understanding how you could implement this new service in your organisation!

Overview

A Home Support Service is a service(s) that support older people, primarily at home (either with domestic or care support), but could include other settings e.g. support to access services and amenities outside of the home. This includes services paid for by a commissioner and/or by the older person or the family/relatives themselves.

Purpose

Age UK Home Support has a clear purpose and set of aims, both for older people and the service itself.

Aims

An Age UK Home Support service aims:

- To help older people remain independent in their own homes. This includes providing enabling practical, social and emotional support and encouragement
- To be responsive and can rapidly respond to the needs of the older person and involve other parts of Age UK as required
- To support the families and carers of older people feel confident their relative is receiving safe, holistic support and access to wider help
- To offer support to carers
- To support the local health and social care system/services
- To reduce social isolation and offer companionship (e.g. taking older people out and accompanying them to visits)
- Provide a flexible range of Home Support service interventions to customers
- Is commercially appealing and financially sustainable and able to generate a surplus
- Promotes the Age UK brand
- To offer a quality customer experience and to be above all safe
- Reflects Age UK's shared values of providing caring and compassionate services to older people
- Is culturally sensitive
- Takes into account any disabilities, including visual impairment, when planning and delivering Home Support
- Is person centred and non-judgemental in style
- Is based on consistent standards including standardised risk assessments and support plans where appropriate
- Is a responsive service that can rapidly react to the needs of the older person and involve other parts of Age UK as required
- Provide holistic support to customers that may include supporting navigation around the local system as a relative would do
- Listens to older people's questions and feedback and uses impact measurements to show how the service has benefit the user
- Can have a multi-skilled workforce operating an integrated Home Support service that includes personal care. This may be provided with a core care team and a wider workforce providing wrap around care/support or a single workforce trained to appropriate standards

Added value

Age UK Home Support services offer additional value to service users in the design, breadth and aims of its provision. The added value an Age UK service brings includes:

- a. Entrance to a range of other local Age UK services
- b. Integrated services that offer service users' full access to holistic support that goes the extra mile. This includes I and A and signposting and a range of wrap around help and enabling support
- c. Continuity of support and regular follow-up and/or well-being calls
- d. Safeguarding and escalation of issues or concerns if a person's condition or position changes
- e. Companionship and conversation during visits
- f. Champions the voice of older people
- g. Reflects Age UKs core values around compassionate person centred enabling support
- h. Staff work within prescribed boundaries

Service Description

Home Support offer a variety of services to help older people remain independent in their own homes. This includes domestic support, respite or relief care and personal care (see figure 1 below). Personal care is defined in the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2010](#) and refers to physical help given to a person and any supervision and prompting of an individual to carry out daily living tasks themselves.



Domestic Support:	Respite or Relief Care:	Regulated Personal Care:
<ul style="list-style-type: none"> •general cleaning •meal preparation •laundry in the home and/or ironing •inside window cleaning •shopping •dog walking •acompanying to shops or activities •prescription collection •post opening and letter reading •light gardening •light handyman and/or home maintenance •one off visits to put out bins •speciality cleans and/or decluttering •hoarding support 	<ul style="list-style-type: none"> •companionship but not personal care if unregulated •carer respite 	<ul style="list-style-type: none"> •personal support in the activities of daily living •helping with medication

Figure 1: The breadth of Age UK Home Support Services

Scope

The service will need to appeal to a broad range of people and respond to their needs. The service will be provided in the home but Home Support could involve supporting older people to attend activities, attend appointments or visit family and friends. The service can provide personal care if the Local Age UK is registered for personal care with the [Care Quality Commission \(CQC\)](#). The service should have capacity to provide some services for people with dementia.

Home Support allows limited scope for supporting with people's medication. For any home visiting part of the service, unless the Local Age UK is registered with the CQC, prompting people to take their medication should be the only permitted relevant activity. Prompting is defined as:

A Local Age UK providing only general support with medication administration:

- The customer must have been assessed as having the mental capacity to manage their own medication
- The assistance from staff should not involve the Support Worker choosing or selecting medication for the customer
- Where a person chooses to self-manage, the Age UK will record this on the Support Plan
- If staff identify a change that indicates it may no longer be safe for the customer to self-manage then the service should contact the next of kin or named professional

If a Local Age UK wishes to be able to administer medication, it must ensure staff have received [Medication Administration training](#) and have been signed off as competent by an experienced, more senior person competent themselves in medication administration. All medication must be fully recorded when received, administered via a *Medication Administration Record* (see Appendix) and when stored or disposed of. All errors in administration must be recorded also.

Key Processes

Underpinning any service process is the need to ensure [GDPR compliance](#), including consent and clear record keeping and CQC requirements if regulated. The key process in service delivery are listed below and illustrated in a simple Home Support Service process map in Figure 2 below.

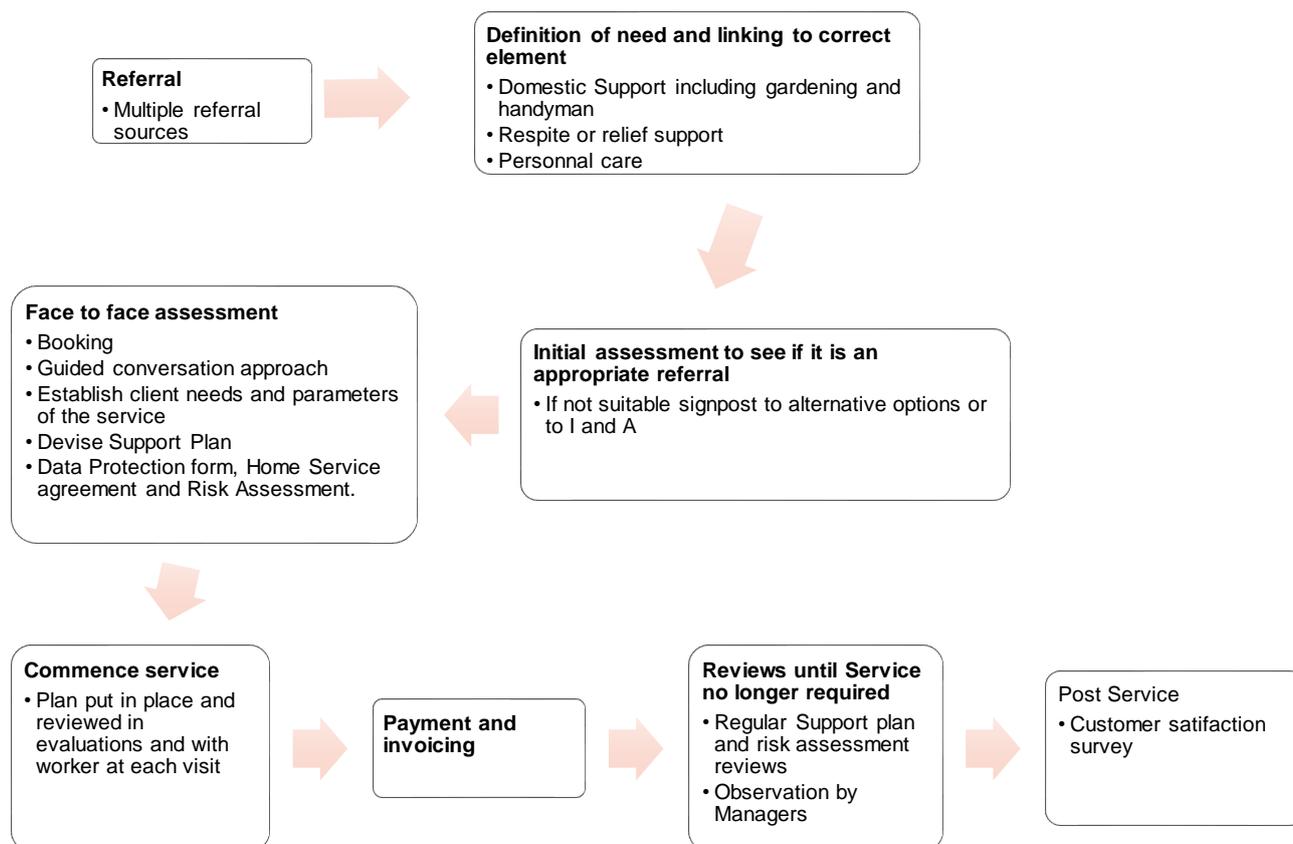


Figure 2: Simple Home Support Service Process

- Booking - Consideration should be given to exploring a range of booking options, including online and telephone options
- The initial assessment and support plan are described in the [Documentation](#) section below
- Referrals are referenced in the [Accessing the Service](#) section below
- Infection Control is referenced in the [Risk Management and Health & Safety](#) section below
- Payment – Consideration should be given to permitting multiple means of payment wherever possible. This could be payment in advance, payment on line, by card on the day and by cash, although the latter has health warnings around it due to handling, transactional accounting and infection control etc.

Required Service Inputs

Inputs needed to deliver a Home Support Service include; the workforce i.e. the people/resources that run and support the service, technology, equipment:

The Workforce

In addition to the core frontline staff who deliver the Home Support (see section [Workforce Considerations](#) below) a number of other people are involve in the running of a service. These include; Service Managers, Registered Managers, service coordinators, administrative support (paid and/or volunteer) recruitment or HR, finance, marketing, IT support and other Age UK service personnel as required e.g. an I and A adviser.

The workforce profile (i.e. the proportion of full-time to part-time roles) reflects the size, capacity and organsitional structure of the local Age UK. Some provision may be organised by geographic locality, with area teams organising and providing support rather than a centralised structure. The cost of and time commitment to recruitment may influence the workforce profile and work patterns of staff.

Technology

Case management and rostering systems aid the delivery of a Home Support service, but need to be integrated to other systems within a Brand Partner e.g. financial systems to generate invoices and run payroll. Home Support services may utilise digital technology, depending on the financial resources available and connectivity.

The use of Smart telephones may allow frontline staff to keep in contact with service management, activate lone working procedures (i.e. checking in and out of an older person's home) and reduce paperwork. The cost of providing Age UK mobile telephony to frontline staff maybe prohibitive and dependent on contracted hours, job role and employment status (e.g. contracted, zero hours or self-employed). In some instances frontline staff may be

required to use their personal mobile phones. Knowledge, skill and proficiency at using a mobile device represents a workforce training issue

Equipment

Standard infection control and Personal Protective Equipment (PPE) is required, including Covid-19 PPE guidance and practice (see section [Is the Service Safe?](#) below). Local arrangements need to be set out re supply of house cleaning materials and equipment. Tools and machinery used with Home Support services e.g. drills (handyman), lawn mowers (gardening) and ladders must be regularly checked and comply to electrical [PAT testing](#) requirements if appropriate.

Accessing the Service

Priority Groups

- People over the age of 50 who require help to remain independent in their own homes. This includes providing enabling practical, social and emotional support and encouragement
- A number of exceptions can be made for people under 50 with health conditions or disabilities that limit their ability to manage their activities of living without help and support

Access

The service will be open access based on the above criteria. People may self-refer to the service, or could be referred to the service by another agency.

Days/Hours of Operation

Home Support services offering domestic support and/or respite care operate, if safeguarding and management support is available and agreed, flexibly across the working week and at weekends. These services do not need to confine themselves to only operating during core office hours. Personal care activities operate beyond core hours, with evening and weekend visits.

Local Age UKs will ensure that staff work in the service for a minimum of 45 weeks per year (this takes account of annual leave, sickness and training). Local Age UKs should try to ensure that a safe level of service is offered 52 weeks a year (excluding B/H and weekends).

Workforce Considerations

Local Age UKs need to comply with all the relevant legislation, national guidance and codes of practice appropriate to the service provided and the members of staff employed. All staff

will have a DBS check (Enhanced for relevant posts) with three-year renewals (reflecting the [Charity Commission's preferences](#) and accepted good practice).

Training requirements, including frequency

The service must provide evidence to demonstrate that all staff are competent to undertake their role. Local Age UKs will ensure that an internal programme for learning and development is operational and that all staff participate in regular line management supervision. A practical framework with guidance and tools for recruiting and developing staff and volunteers can be found in the [Age UK Person-centred Workforce Development Toolkit](#).

Local Age UKs training approaches need to include Home Support knowledge and skills in the service's induction and mandatory training programmes. Staff training plans and agreements need to include moving and handling and appropriate service focussed issues such as supporting the taking of medication and responding to challenging behaviours. In addition, achievement of the [Care Certificate](#) competencies is a core requirement. [Grey Matter Learning](#), a free resource to Local Age UKs, offers access to a range of learning, courses and development options, including the Care Certificate.

The Care Certificate is a useful way of developing skills and competency across services, even for those not delivering regulated or personal care. The Care Certificate is based on an agreed set of 15 minimum standards. These can support induction programmes, on-going training and the development of roles and people. The Standards are:

- Understand your role
- Your personal development
- Duty of care
- Equality and diversity
- Work in a person centered way
- Communication
- Privacy and dignity
- Fluids and nutrition
- Awareness of mental health, dementia and learning disabilities
- Safeguarding adults
- Safeguarding children
- Basic life support
- Health and safety
- Handling information
- Infection prevention and control

These standards need to be adopted wholesale for regulated services but can also be used in a bespoke fashion for non-personal care roles with 'bolt – on' standards or descriptions for role specific knowledge and skills e.g. gardening, driving etc.

All staff will be involved in annual appraisal, mandatory training and continuing professional development provided as a team and/or on an individual basis. Individual training and performance will be clearly linked to meeting the needs of the service. The Service Manager should be accountable to a (non-operational) manager from the Local Age UK.

Documented team meetings should be held regularly to outline service achievements, issues and pass on compliments from customers as well as form part of workforce knowledge and skill development. This should include working within service and regulatory boundaries. Monitoring of safe provision should be undertaken via systematic reporting, safeguarding logs, incident reporting and review and direct observation of staff and Home Support provision. Understanding mental capacity and the implications for Home Support decision making is core element of service provision and workforce training. This should include families/carers understanding of mental capacity and needs to take account of the use of 'best interest' discussions and associated documentation and recording. Embracing positive [risk taking](#) or an approach which focuses on what people CAN do, not just how they're limited is a further component of knowledge and skill to be included within Home Support delivery and learning.

Core training

Core training should include:

- Knowledge of the organisation – history, ethos, CRM etc
- Organisational policy and procedures plus those specific to Home Support provision
- Risk assessments
- Mandatory safeguarding, moving and handling (role specific), medication, information governance and topic awareness training e.g. dementia, falls prevention or local hoarding protocols
- Job specific knowledge and skill

All staff training should be recorded in a Training Matrix, which also shows training due. A template Training Matrix can be provided by Age UK (see Appendix).

Roles

Local Age UKs decision making on the roles required to provide a Home Support service will reflect local organisational structures, service parameters and aims, and the local culture.

Role specification

The key elements of a role specification are formalised and structured in a Job Description and Person Specification. A Job Description details the key duties and expected competencies of a job. It aims to:

- help staff and managers understand the key responsibilities of a job role
- inform induction training and longer term development needs
- evaluate the performance of new staff during their probation period
- identify strengths and weaknesses in performance and can be the basis for appraisal meetings

A Person Specification is a profile of the personal skills, qualifications, abilities and experiences needed to perform a job role. A Person Specification aims to:

- help staff and managers understand the level and complexity of the job role
- it establishes the essential criteria required to perform the role and should describe the minimum requirements needed to do the job effectively

There are many different formats to record both a Job Description and Person Specification but all contain key items which are outlined below.

Job Description	Person Specification
<ul style="list-style-type: none">• the job title and the position in the Age UK structure• the location of the job• a summary of the general nature, main purpose and objectives of the job• a list of the main duties or tasks• which skills/qualifications are essential and which are desirable• any equipment or software familiarity requirements• salary and benefits	<ul style="list-style-type: none">• the technical, organisational, and communicative skills required. This should include essential and desirable skills• any specific qualifications or education required for the role• the level of experience needed• the underpinning behaviours or values expected this may include describing the values and vision central to the local Age UK and those that worked for it

Figure 3 Key items within a Job Description and a Person Specification

Use of volunteers

Volunteers have a valuable support role but should not be used for direct care/support provision. During the Covid-19 pandemic emergency response services may have been volunteer based but this was seen and developed as a unique crisis response. Normally, volunteer roles in the provision of Home Support will not involve direct support for customers. Any volunteers involved with Home Support services should receive organisational volunteering support and training.

There is a health warning around the use of volunteers and that is to avoid the possibility of them substituting for paid staff member roles (see Appendix for more information). Where volunteers are undertaking roles that are also performed by paid staff in the organisation, then it can be argued that volunteers are replacing paid staff in some posts, which can be legally challenged. For more information see the Appendix.

Remuneration

The service aspires to be high quality and recognises the need to remunerate staff accordingly. The service will adhere to national regulation on staff pay and ensure that front line staff are paid at least the National Living Wage.

Service Delivery

Documentation

All customers referred to or requesting the service will initially have a conversation with a member of staff to ensure that the service is able to meet their needs. This will include therefore a risk assessment (see Appendix). The use of any medication and the means of receiving updated information on any changes will need to be included in this assessment, in appropriate Home Support services. From this a simple *Support Plan* (see Appendix) will be created that describes the goals for that person and their desired outcomes from the service. The information contained in these documents will represent sensitive personal information and will therefore be subject to the terms of [GDPR](#).

Support Planning in Detail

Support planning needs to be recorded and signed by the client. Customer aspirations and expectations must be included in developing any *Goal or Support Plan*. Different forms of assessment and support planning reflect regulated (i.e. personal care) and non-regulated (i.e. domestic support) service requirements and governance. In developing a *Support Plan* six elements need to be included:

- a. A clear service description
- b. An assessment of the client's needs and wishes, including any underlying and potentially compromising conditions and for any medications the person may be taking that may present a risk in delivering the service. This assessment should be person centred and holistic
- c. A recording of each support session to ensure continuity of service
- d. The use of standardised measures, such as The [Warwick-Edinburgh Mental Wellbeing Scales](#) or a [loneliness scale](#) should be considered to be part of assessment and reviews. Achievement of individual goals and outcomes should also be recorded
- e. A quick review process at each session to understand if there have been any changes in the person's health or medication etc. that might mean the service will need to change or even be refused. Any change needs to be recorded in a new version of the support plan. This will include any symptoms of Covid-19
- f. A client agreement, usually with a signature, and planned review

Consent to provide the service must be obtained, written and dated. Copies of the consent form/customer signature should be included in the person's Plan. If the person is not able to give consent due to a lack of capacity to understand what the service is for, it could be given by the next of kin if they possess Power of Attorney for Health & Wellbeing. Failing this, then consent would need to be given by a Best Interest Group. Training and competency is required within the team to manage this.

Governance and Quality

Local Age UKs will ensure that robust governance processes are in place to include reporting internally to Boards of Trustees and senior staff on key quality data such as that listed below.

Quality improvement aims to make a difference to Age UK Home Support customers by improving safety, effectiveness, and the experience by:

- Understanding local Age UK Home Support services' operational parameters
- Applying a systematic approach to Quality Assurance
- Designing, and implementing changes using customer feedback and a Continuous Improvement process

Standards

The service should be provided within the key principles of the [Care Quality Commission](#) (ensuring the service is safe, responsive, effective, caring and well-led) and will operate according to those key principles even if it is a non-registered service. Registered home care services will of course be subject to the usual regulatory requirements of the Care Act 2008, as specified by the Care Quality Commission. [Person centred care](#) and [positive risk taking](#) are interwoven across the [CQC key questions](#) and in using this methodology Brand Partners will be able to review their services so as to reflect the Age UK Home Support aims as set out above.

Is the Service Safe?

In considering customer safety Home Support services need to review how they maintain a customer's protection from abuse, neglect, harassment and breaches of their dignity and respect. This involves:

- Developing, operating and updating safeguarding principles and practice, including training, communication with staff, supervision and regular updates
- Safeguarding needs to include child protection policies, practices and procedures
- Staff recruitment processes and links to Age UK Charity Quality Standards re governance, leadership and management and statutory and regulatory requirements. This also links to the Age UK Person-centred Approaches: Workforce Development Toolkit. Core Age UK values and behaviours need to underpin staff selection and working practices (see section on [Roles](#))

- Enhanced DBS checks with, if registered for automatic updates, annual or three year renewals reflecting the Charity Commission's preferences and direction of travel
- Staff training plans and agreements (see section on [Training Requirements](#))
- Monitoring of safe provision should be undertaken via systematic reporting, safeguarding logs, incident reporting and review and direct observation of staff and Home Support provision
- Understanding capacity and decision making implications and how families/carers understanding of capacity may need exploring. This includes the use of 'best interest' discussions and documentation and recording
- Embracing positive risk taking or an approach which focuses on what people CAN do, not just how they're limited

General health and safety needs to be considered in terms of home visiting, with environmental risk assessment of customers' homes. Health and safety reviews should be standard including the house situation, equipment, travel, lone working, and hours of operation. Risk assessment should be regularly reviewed, with the length of time between reviews reflecting the level of support a customer receives and/or related in changes in circumstances or health. Workforces should be encouraged to develop a 'professional curiosity' to allow them to confidently raise concerns and risks.

Covid-19 specific risk assessments are to be included, with risk mitigation via the correct use of PPE and infection control best practice (Public Health England has produced guidance on [PPE for community and social care settings](#)), including access to washing facilities and water for hand washing. Age UK has produced [guidance](#) on safe service delivery during Covid-19.

Is the Service Effective?

Effective Home care provision fulfils the objectives outlined in Section 2. Two key areas of service delivery need to be considered in terms of effectiveness:

- Assessment and support planning
- Customer satisfaction

Assessment and Support Planning

Home Support customers should receive an assessment of their needs and wants. Support plans need to be created with and signed by the customer. Customer aspirations and expectations must be included in developing any care plan and positive risk taking acknowledged. In developing a support plan five elements need to be included:

1. A clear Home Support service description
2. Any assessment of a customer should be person centred and holistic using a [Guided Conversation](#) approach
3. A recording of each Home Support session must be made to ensure continuity of care and support and changes or concerns
4. The use of standardised measures, such as The [Warwick-Edinburgh Mental Wellbeing Scales](#) – WEMWBS or a [loneliness scale](#) should be considered to be part of assessment and reviews (see section [Measuring Impact](#) below). Achievement of individual goals and outcomes should also be recorded.
5. A customer agreement, usually with a signature, and planned review

Customer Satisfaction

Collecting feedback should be, in best practice terms, undertaken after every session. A broader annual satisfaction survey that explores more deeply the customer experience should be undertaken.

Concerns and complaints handling should be based on clear processes so customers are able to raise their dissatisfaction safely. Concerns and complaints procedures should be accessible and inclusive and information clear and transparent.

Is the Service Caring?

A caring Home Support service treats customers with dignity and respect and is person centred. Observation of the service, via a manager regular supervision and a manager attending sessions, will allow an assessment of service delivery and staff behaviours to ensure that service users and their families are treated with compassion, kindness, dignity and respect.

All staff should understand the need for confidentiality and sign a formal confidentiality agreement.

Is the Service Responsive?

Home Support services should be organised so that they meet the customer's needs, including where those needs may change. This needs to include consent for support and sharing of information, if appropriate.

Referral onto other organisations or services should be clear with a straightforward process in place. Referral is not about handing on a customer to another service but involves supporting a customer to navigate to the right service to meet their needs. These may other Age UK services or those offered by external organisations.

Is the Service Well-led?

The leadership, management and governance of the local Age UK will ensure it is providing high-quality care that's based around individual needs. This includes learning and innovation underpinned by Age UK's key values. Nine elements are involved in providing a well-led service:

1. Chief Executives and senior managers have a visible presence, not only with a local Age UK but also within the local health and care system. This includes local influencing and relationship building with commissioners, key influencers and other Voluntary Sector organisations

2. Staff are supervised. Supervision of staff is in place, via a senior member of staff. Other staff involved in the delivery of a Home Support service, such as volunteers, paid admin staff and managers all require frequent supervision reflecting local Age UK policy and procedures
3. A clear training plan is in place. Mandatory training should be undertaken by *all* Age UK staff and volunteers, including Trustees
4. Documented team meetings are held regularly to outline service achievements, issues and pass on compliments from customers. Informal peer support via pop in coffee meetings can also be helpful
5. A buddy or mentoring system for new staff
6. A range of service policies and procedures are in place
7. A live monitoring and reporting framework is in place that collects information related to safeguarding, complaints and incidents with monthly KPI reporting to Trustees (see section [Performance Management and Key Performance Indicators](#) below)
8. An annual audit of the service is undertaken using an Audit tool. An example is listed in the Appendix
9. Customer feedback is regularly sought through formal means, as well as informal methods

Reviews or audits of the service

The service will be reviewed by the Local Age UKs by way of a self-assessment audit on at least an annual basis. The Age UK Audit Tool (see Appendix) can be used. Local Age UKs may be required to record service quality data, such as numbers of safeguarding alerts, complaints and serious incidents etc. on the forthcoming Age UK Quality Assurance Framework system, as and when this is available.

Local Age UKs would be expected to have regular internal Quality meetings to discuss the above data and demonstrate continuous improvement. They will be expected to allow support provision from Age UK if quality standards were to fall to unacceptable levels.

Local Age UKs will ensure that information relating to customers is safeguarded and takes account of:

- Customer confidentiality
- Consent to the service and use of information
- General Data Protection Regulation

A caring service treats customers with dignity and respect and is person centred.

Observation of the service, via a manager attending sessions or with secret shoppers, will allow an assessment of service delivery and staff behaviours that involve and treat service users and their families with compassion, kindness, dignity and respect.

Complaints & Safeguarding

The service will deal with complaints and incidents in line with the local Age UKs own policies and there will be a robust system for handling safeguarding alerts, which should be in line with

the relevant Local Authority's policy. Concerns and complaints handling should be based on clear processes so customers are able to raise their dissatisfaction safely. Concerns and complaints procedures should be accessible and inclusive and information clear and transparent.

Customer Satisfaction

Collecting feedback should be, in best practice terms, undertaken after every session. This can be modelled on the [NHS Family and Friends](#) method that asks people if they would recommend the service they used to their friends and family.

A broader annual satisfaction survey that explores more deeply the customer experience should be undertaken. An Age UK template will be available for this in 2021.

Continuous Improvement

Local Age UKs may be expected to operate under the Age UK Quality Assurance Framework that covers the following operational areas:

- Working under the values of the [Age UK Services Quality Charter](#)
- Ensuring appropriate supervision and appraisal of service staff
- Operating a values-based recruitment model for staff
- Utilising opportunities for management and staff development
- Adhering to a relevant set of policies and procedures for the service
- Utilising the [Grey Matter tool](#) (or similar) to monitor staff competencies
- Ensuring all staff achieve the Care Certificate
- Ensuring that customer engagement is a priority
- Ensuring that the service is quality audited at least annually and that action plans are completed, as appropriate
- Ensuring that Operational Meetings take place to discuss Quality as well as service improvement
- Ensuring that the organisation adopts a stance of monitoring and challenging service Quality

Performance Management and Key Performance Indicators

A Key Performance Indicator (KPI) is a measurable value that clearly demonstrates how effectively an organisation is achieving its key objectives.

A KPI must be:

- Applicable to Home Support
- Measurable through the information generated through delivery i.e. can we actually measure it and do we collect the right data?
- Clear and well-defined reflecting a SMART approach
- Considers the whole organisation, the service and the customer's perspective

To develop KPI's the following structure (Figure 4) may aid the creation of a measures across the whole breadth of service design, operation and include outcomes.

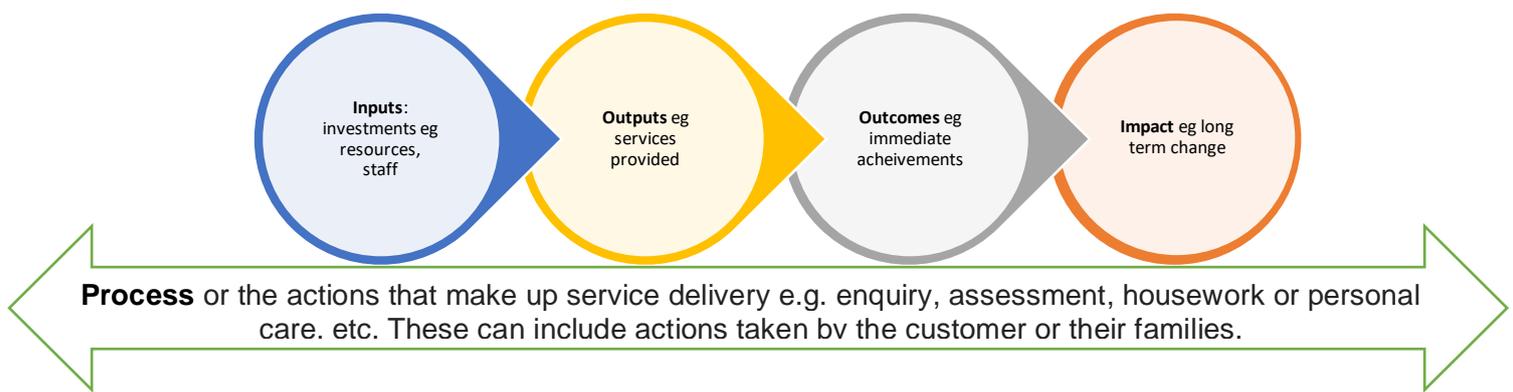


Figure 4 KPI development structure

Below a number of potential KPI's have been developed which local Age UKs may wish to adopt:

Home Support Service	Process KPI	Input KPI	Output KPI	Outcome KPI	Impact KPI
Primary aim income generation Secondary aim maintain independence at home	% of customers receiving a home assessment after an enquiry	Cost of service delivery	Number of service hours sold	Total income (hours sold)	% change in scores from chosen scale
	% of customers receive a home assessment within 2 working days of enquiry	Number of staff vacancies	Number of customers converted from initial enquiry	% of budget variance i.e. forecast vs actual	
	% of customers who receive a home assessment taken up the service (conversion rate)	Number of staff retained of * months	Number of customers converted from internal referral	% of customers who rate service as excellent	
	% of new recruited staff will be active with 2 weeks of interview	Number of available staff hours	Customer Cancelled hours < 100	% of customers who would recommend	
		Leavers hours lost < than 5% of total hours sold	AUK cancelled hours < 70		

Reporting needs provide insight and intelligence to the Service and wider organisation. It is recommended KPI's are reported monthly and Year to Date (YTD). YTD refers to the period

of time beginning the first day of the financial year up to the reporting date. YTD information is useful for analysing trends over time

Measuring Impact

A range of formal validated scales are available to demonstrate the Home Support services impact. These are:

Topic	Name of scale	Link
Loneliness	The UCLA 3-Item Loneliness Scale	Campaign to End Loneliness (UCLA Loneliness Scale, 2004)
General Well being	The Warwick-Edinburgh Mental Wellbeing Scales – WEMWBS	Warwick Medical School
	Wellbeing Star (for people living with a long term health condition)	Outcome Star
	ONS Wellbeing Scale	ONS
Knowledge, skill and confidence	Patient Activation Measure (PAM)	NHS
Social Care	Adult Social Care Outcomes Toolkit (ASCOT) (can determine impact of services)	Personal Social Services Research Unit

Risk Management and Health & Safety

Local Age UKs should be able to demonstrate an appropriate system for recording, monitoring and reporting of risk issues and adverse events.

Financial Modelling

Age UK Home Support services need to be financially sustainable, making a surplus and generate a contingency fund, but remain affordable to older people.

Full Cost Recovery (FCR) is important because it ensures the resources to allow the service to be sustainable, positive, and able to focus on the provision of effective help for older people. FCR requires knowledge of a Home Support service’s cost base and overhead so that an effective charge can be calculated. Prices for services need to ensure all costs are covered, including overheads and any shortfall accounted for by contingency funds. Age UK has produced a [Full Cost Recovery Manual](#) to help guide you through establishing full costs.

Three key types of cost need to be calculated to develop a sound price; Direct Costs, Direct Support Costs and Indirect Costs or Overheads. A fuller description of these can be found in the document Costing and Pricing (see Appendix).

Direct Costs

These include the costs of staff and activities which can be directly linked to the service, i.e. salaries for staff, travel costs, insurance, etc.:

Direct Costs	
Dedicated Home Support Staff (including Support Workers, Service Manager, Receptionist/Admin)	<ul style="list-style-type: none"> Salaries and hourly rates, including covering costs of annual leave and sickness NI and pension contribution Travel costs reflecting HMRC rules Training costs – Home Support specific
Equipment	<ul style="list-style-type: none"> PPE and Infection Control including Sanitiser Dispenser Other equipment relevant to individual activities
Marketing	<ul style="list-style-type: none"> Hard copy marketing collateral Postage for marketing mail shots
Venue	<ul style="list-style-type: none"> Whole or apportionment venue costs including hire/insurance etc
Insurance/Registration	

Direct Support Costs

These are shared costs, such as property or managers and it may be necessary to undertake some apportionment to establish the direct service costs of a Home Support service:

Direct Support Costs	
Staff (including Service Manager, Receptionist/Admin)	<ul style="list-style-type: none"> Apportionment salaries including cover costs of annual leave and sickness – this should include time taken to supervise etc Apportionment and pension contribution Apportionment Travel costs reflecting HMRC rules Training costs – local Age UK generic
Marketing	<ul style="list-style-type: none"> local Age UK generic marketing collateral Postage for marketing mail shots Age UK customer satisfaction survey costs
Public Liability insurance	<ul style="list-style-type: none"> Organisational insurance and governance costs

Indirect cost (overheads)

These are the costs which cannot be directly identified with the service:

Indirect Costs	
Finance	<ul style="list-style-type: none"> Staff costs System costs
IT or technology	<ul style="list-style-type: none"> System costs Telephones and computer hardware
General Administration	
HR and recruitment	
Charity governance	

Revenue

Revenue is the income that a local Age UK gains from its Home Support services activities, i.e. from the sale of goods and services to customers. Revenue is based on the assumption

re the number of customers a Home Support member of staff can see per day/week/month. The maximum number is the bases for FCR. This involves calculating the length of time an appointment takes. This varies between an assessment appointment and the nature of the home support offered, for example a personal care appointment may be longer than a handyman appointment, and the number of appointments on a given day. This needs to include travel and post Covid-19 infection control procedures.

In additional charges can be made for:

- Cancelled appointments (i.e. less than 24 hours' notice)
- Assessment appointments that can take up to an hour
- Gardening or handyman sundries

Appendix

A range of documents and resources referred to within this document or that may be useful are listed below and can be accessed by emailing Sarah Jewell: sarah.jewell@ageuk.org.uk

Section within Service Specification	Theme	Document	Source/access
Introduction	Prevention	NHS Long Term Plan	Web link here
	Regulation	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Web link here
Vision of Standard	Person centered approaches	Health Foundation: Person-centred care made simple	Web link here
		Age UK Person-centred Approaches Workforce Development Toolkit	Web link here
	Enabling	Nice Guidance (NG21) Home care: delivering personal care and practical support to older people living in their own homes	Web link here
Scope	Medication safety	Medication Administration Record	Web link here
Workforce Considerations	Training requirements	Training Matrix	Contact Sarah Jewell to access
	Use of volunteers	Job substitution	Web link here
Service Delivery	Support Planning in Detail	Support plan (including risk assessment)	Contact Sarah Jewell to access
Is the Service Effective?	Assessment and Support Planning	Guided Conversations: Extras and Alternatives Factsheet (Social Prescribing Toolkit)	Contact Sarah Jewell to access
Is the Service Well-led?	Annual audit of a service	Home Support audit tool	Contact Sarah Jewell to access
Financial Modelling	Full Cost Recovery	Age UK cost and pricing document	Contact Sarah Jewell to access