Review of the Home Help Pilot Project

Final Report

by

Mayo Home Help Review Group

Western Health Board

Authors:
Dr. David Evans
Ms Phil Mc Cool
Ms Maura Cawley-Doherty
Ms Breege Doodes
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November 2001
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1. **Background to Pilot Study**

In December 2000, a ‘root and branch’ review of the Home Help Service in county Mayo was undertaken (Evans et al, 2000) to establish clear protocols as to how the service might best operate. The review made 20 recommendations which are currently being addressed by senior management. One of the key recommendations was that the client needs assessment form (currently completed by Public Health Nurses) should be modified in terms of the hours allocated for each dependency category. The following categories were suggested:

- **Low**: 0-5 hours per week
- **Medium**: 6-11 hours per week
- **High**: 12-21 hours per week

The above would also involve weekend and evening work. It was agreed that the modified needs assessment form and the alternate/weekend out of normal hours work would be piloted over a three month period in six public health nurse areas. A pilot project was subsequently set up. The areas included in the study are shown in figure 1.

**Figure 1: Public Health Nurse Areas Participating in the Pilot Study**

![Map of Public Health Nurse Areas](image-url)
The Public Health Nurses who participated in the study for each area were:

<table>
<thead>
<tr>
<th>Public Health Nurse</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacinta Flynn</td>
<td>Ballinrobe</td>
</tr>
<tr>
<td>Maraid Mc Andrew</td>
<td>Tourmakeady</td>
</tr>
<tr>
<td>Breege Doodes</td>
<td>Charlestown</td>
</tr>
<tr>
<td>Maura Dunne</td>
<td>Swinford</td>
</tr>
<tr>
<td>Annette Irving/Madeline Carty</td>
<td>Belmullet 1</td>
</tr>
<tr>
<td>Carol Tighe</td>
<td>Belmullet 2</td>
</tr>
</tbody>
</table>

A total of 34 people received a Home Help Service as part of the pilot study (24 new clients). The new dependency categories were employed (appendix 1) and the number of clients in each category was as follows:

- Low: 13 clients
- Medium: 15 clients
- High: 6 clients

The service was provided by 35 Home Helps. The pilot study was undertaken between February and April 2001. The following represents the key findings of the pilot study.
2. **Home Help Hours Provided During Pilot**

Home Helps were requested to complete a worksheet developed for the pilot study (appendix 2). From the worksheet the hours provided during the pilot were calculated. This revealed that a total of 283 Home Help hours were provided during the pilot study. Figure 1 shows that the majority of home Help hours were provided between normal hours (i.e. 9am-5pm).

**Figure 1: Home Help Hours During Pilot**

For those who previously had received the Home Help Service, the average number of hours worked had increased from 5.56 to 10.56 hours. Figure 2 shows that over half received over five additional hours and over two thirds received more than two additional home Help hours per week.

**Figure 2: Additional Home Help Hours (for Those Receiving a Home Help Before the Pilot)**
3. Feedback From Public Health Nurses

Feedback was sought from the Public Health Nurses involved in the pilot study (appendix 3). It was felt that the additional hours available, plus the additional increase in the hourly rate of pay for Home Helps had a significant positive impact on the recruitment of Home Helps. It was reported that both Home Helps and their clients were happy with the additional hours available.

Despite the overall positive feedback, a number of difficulties did emerge from the pilot project:

1. Inclusion of Family Support Section on Assessment Form
   The assessment form used in the pilot study assessed the need for a Home Help in terms of the following general categories:
   - Personal care
   - Practical care
   - Social care

   There were also a number of sub categories within the general categories. In completing the pilot application form, a number of public health nurses raised concerns about the family care sub category (a sub category of personal care). It was felt that family support should become a category in its own right, having the following two sub categories:
   - New-born Baby (e.g. mother unwell)
   - Childcare (excluding new-born babies)

   It is suggested that if the form is to be used in the future, it should be modified to include the above categories.

2. Contacting Home Help Organiser
   The Public Health nurse experienced some difficulty contacting the Home Help Organiser. The Home Help Organiser’s telephone was usually engaged and this caused significant delays in arranging Home Helps for clients. It was felt that there should be a named person in each distinct geographic Home Help area (in addition to the Home Help organiser) who would liaise with Public Health Nurses to facilitate the provision of Home Help services. It was envisaged that such individuals would be Senior Home Help Advisors/Deputy Home Help Organisers and one of their key roles would be to respond to queries about setting up Home Help services, assessing the number of hours required etc.
3. **Additional Home Help Office**
The headquarters for the Home Help Service for county Mayo is in Castlebar. It was felt that this was inaccessible to the remote parts of Mayo. Two additional offices (so that there would be an office in each distinct geographic home Help area) may help overcome this problem.

4. **Additional Full Time Home Helps**
Although the pilot study has led to improvements in service delivery, the need for additional full time Home Helps was believed to be essential, particularly for high dependency clients.

5. **Additional Hours per Client**
The assessment form used in the pilot study allowed a maximum of 21 hours a week per client (high dependency). It was felt that more hours may be required in some cases. However, it is worth noting that it is possible to override the form in exceptional cases.

6. **Travel Expenses**
Part time Home Helps were not entitled to claim travel expenses for the duration of the pilot study. This issue has been addressed at a national level and changes to travel expenses/entitlements will shortly be implemented.

7. **Additional Administration**
Concurrent with the introduction of the pilot study, part time Home Helps received the full entitlements of part time workers (the Part Time Home Helps Agreement-Revised Pay and Conditions (August 2000)). Concern has been expressed that Public Health Nurses may be given an increased amount of administration (e.g. certifying time sheets of each Home Help, organising holiday cover).

8. **Implementing recommendations of Home Help Review**
Public Health Nurses commented that some of the key recommendations stemming from the review of the Home Help Service had not been implemented. Such key recommendations need to be addressed (e.g. police clearance is not being obtained for Home Helps recruited by Public Health Nurses).
4. **Discussion**

Overall it appears that the pilot project was a success. Informal feedback from clients and Public Health Nurses has generally been positive and additional hours have been provided. On the basis of the positive feedback and clear need for the service, the additional service provided by the pilot study has been continued.

The Home Help service in county Mayo has experienced an unprecedented increase in demand in recent years. For example, *there were 750 Home helps in August 2001 compared to 414 in April 2001*. Whilst the service has expanded, the management structure remains relatively unchanged. It is believed that this contributed to many of the difficulties experienced during the pilot study. Developments such as increases in the number of Home Helps and clients, and the implementation of the Part Time Home Helps Agreement-Revised Pay and Conditions (August 2000) have led to an increase in workload for the service in terms of organisation, paperwork and administration. Whilst it is acknowledged that six additional full time Home Helps are planned, the Review Group believe that there is a need to expand the management structure to effectively manage the increase in demand and to formulate a strategic plan for the service.

The pilot study evaluated the assessment form in terms of additional hours and appropriateness of categories included. It did not assess the appropriateness of the form for use by other health service providers. This would need to be assessed to facilitate referrals from other services in the future (e.g. GP’s Community Psychiatric Nurses).
5. **Conclusions and Recommendation**

In developing the Home Help services in county Mayo, consideration should be given to the following:

1. Expanding the existing management structure to effectively manage the increased workload.

2. As part of the expanded management structure to provide a Deputy Home Help Organiser in each distinct geographic Home Help area who would be responsible for recruitment, induction, review, and certification of Home Help returns.

3. Expanding the Home Help needs assessment form to include a family support section.

4. Providing two additional offices (so that there would be an office in each distinct geographic Home Help area) to make the service more accessible to the service users and to facilitate a more flattened management structure.

5. Ensuring all recommendations of the Home Help Review (Evans et al, 2000) are implemented.

6. An amended assessment form should be developed to facilitate referral by other health care professionals to the Home Help Service.
References

Evans, D.S. Review of the Home Help Service, Mayo Home Help
Mc Cool, P. Review Group, December 2000
Quinn, B.
Cawley-Doherty, M.
Doddes, B.
REFERRAL/ASSESSMENT/APPLICATION FOR HOME HELP

Name of Applicant: _______________________________  D.O.B. _____________

Address: ________________________________________  Tel No. _____________

Residents: _________________________________________________________________________

__________________________________________________________________________________

Please tick appropriate category of client:

<table>
<thead>
<tr>
<th>Older People</th>
<th>Families</th>
<th>Physical &amp; Sensory</th>
<th>Psychiatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Name of Home Help ______________________________________________________________________

Address: ________________________________________________________  Tel No _____________

-----------------------------------------------------------------------------------------------------------------------------

Report of Public Health Nurse

States Reasons: _____________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

General Observations: ________________________________________________________________

__________________________________________________________________________________

Date service to commence: __________________________

Hours per day: ___________  Days per week: ___________  Total hours per week: ____________

Signed: ___________________________________  Date: _____________________________

Public Health Nurse

-----------------------------------------------------------------------------------------------------------------------------

For Official Use Only:

Application received on: ____________________________________________________________

Application approved from: ________________________________  Amount per month: ____________

Application refused for the following reasons: _____________________________________________

__________________________________________________________________________________

Signed: _____________________________________  Date: _____________________________

Home Help Organiser.

RELATIVES NOT ELIGIBLE
<table>
<thead>
<tr>
<th>PERSONAL CARE POINTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incontinence</td>
<td></td>
</tr>
<tr>
<td>Washing/Dressing</td>
<td></td>
</tr>
<tr>
<td>Getting out of bed</td>
<td></td>
</tr>
<tr>
<td>Feeding</td>
<td></td>
</tr>
<tr>
<td>Assisting to Toilet/Commode</td>
<td></td>
</tr>
<tr>
<td>Family care</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRACTICE CARE POINTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashes/Fire/Fuel</td>
<td></td>
</tr>
<tr>
<td>Preparation of Hot Meal</td>
<td></td>
</tr>
<tr>
<td>Changing Bed Linen/Room</td>
<td></td>
</tr>
<tr>
<td>Shopping/Pension/Paying Bills</td>
<td></td>
</tr>
<tr>
<td>Prescriptions Etc.</td>
<td></td>
</tr>
<tr>
<td>Check Medication Taken as Prescribed</td>
<td></td>
</tr>
<tr>
<td>Laundry Service</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL CARE POINTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social/Geographic/Isolation</td>
<td></td>
</tr>
<tr>
<td>Companionship-Social/Emotional Contact</td>
<td></td>
</tr>
<tr>
<td>Assisting Letter Writing/Reading/Telephone Calls</td>
<td></td>
</tr>
</tbody>
</table>

| Active Listening to Clients Needs/Hopes/Concerns |   |
| Monitoring Clients/Reporting any changes to Appropriate Health Personnel |   |

<table>
<thead>
<tr>
<th>SCORE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 11 Points</td>
<td>Low Dependency</td>
</tr>
<tr>
<td>From 12 Points – 22 Points</td>
<td>Medium Dependency</td>
</tr>
<tr>
<td>23 Points and over</td>
<td>High Dependency</td>
</tr>
</tbody>
</table>
## REVIEW OF HOME HELP SERVICE – 3 MONTH PILOT

### WORKSHEET – WEEK-ENDING ______________

<table>
<thead>
<tr>
<th>Patients Name</th>
<th>Dependency Level</th>
<th>Prev. No. of Hours</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Total – normal hours</th>
<th>Total – out of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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</tbody>
</table>

Total Hours Worked

Holiday Entitlement

### Dependency Level:

- **Low** = 0-5 hours per week
- **Medium** = 6-11 hours per week
- **High** = 12-21 hours per week

**Signature of Home Help** ______________________

**Full-time** [ ]  **Part-time** [ ]  please tick

**Date** __________

Maura Cawley-Doherty (October 2001)
**Pilot study/Feedback from Public Health Nurses**

Please complete a comment/remark form with each new Application Form and Re-assessment Form and return.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time involved recruiting Home Helps</td>
<td></td>
</tr>
<tr>
<td>Problems Encountered</td>
<td></td>
</tr>
<tr>
<td>Recruitment of Home Help for Out of Hours</td>
<td></td>
</tr>
<tr>
<td>Adequacy of Hours allowed for dependency level</td>
<td></td>
</tr>
<tr>
<td>Low = 0 – 5</td>
<td></td>
</tr>
<tr>
<td>Medium = 6 – 11</td>
<td></td>
</tr>
<tr>
<td>High = 12 – 21</td>
<td></td>
</tr>
<tr>
<td>Other Comments</td>
<td></td>
</tr>
</tbody>
</table>

Signed: _______________________
Date: _______________________
Public Health Nurse

Thankyou.