



## **The meaning of ‘quality’ of homecare for older people: a scoping review**

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**Briefing Summary**

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# **The meaning of ‘quality’ of homecare for older people: a scoping review**

## **Briefing Summary**

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## Context

**How quality of care in homecare for older people ('homecare quality') is understood by different stakeholders** is important, because it influences how quality in homecare is delivered, improved, regulated and measured. To address this question, we conducted a **scoping review that included 93 articles** from 16 high income countries (2016 – 2023). A majority (55) used qualitative methods.

## Key findings

Homecare quality is a **multi-dimensional** concept. Views about what high quality homecare for older people looks like were common across different stakeholder groups (older people, families, care workers, service providers) and countries.

We identified **four dimensions of homecare quality**: (1) relationships and continuity of care; (2) bespoke care; (3) organisational and structural aspects of care; and (4) understanding of quality as a measurable construct.

Dimensions 1 and 2: High quality homecare is understood in **relational terms**. It includes the development and maintenance of **good relationships** between care staff, families and services users. This is often seen as being linked to **continuity of care staff**. High quality homecare is **bespoke, compassionate and empathetic**. People are meaningfully involved in designing their care, that facilitates **choice and control** in how needs are met, and maintains **dignity and independence**.

Dimension 3: High quality homecare is understood in **organisational and structural terms**. It includes **appropriate numbers** and **diversity of well-trained staff**, whose **pay and working conditions** recognise the importance and complexities of their roles, and who have **sufficient time and flexibility** to deliver the care that people want. It involves effective **communication and connections** between homecare and the wider health and care infrastructure to facilitate support by other professionals.

Dimension 4: Some stakeholders, particularly service managers, researchers and expert commentators, place value on collecting data to **measure or demonstrate** homecare quality, but there is **uncertainty about** how to do this, and **which data** or measures are appropriate.

## Gaps

How older people articulate their preferences for homecare is a neglected topic, especially people who lack mental capacity. There is no consensus on homecare quality measurement; and no research to inform models for high quality homecare provision for older people within existing budgets. The views of regulators, inspectors, advocates and policymakers were absent. Most studies did not assess homecare quality, and we found no comparative studies across different socio-demographic groups, geographies, systems, models or funding sources.

## Summary

We found agreement across stakeholder groups that homecare quality entails a focus on relationships and tailoring of services to individual needs. Development of a consensus on homecare quality measurement is likely to be helpful. Addressing organisational and structural barriers will require resources but may prove essential to the delivery of high-quality care. Some, but not all of the central messages of our review are reflected in the Care Quality Commission's single assessment framework. This is a potential area for further work.

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Please contact the NIHR Older People and Frailty PRU for assistance.

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