

Home Care Winter Recruitment Action Plan 2021/2022

The fourth wave of the Covid-19 pandemic is placing a heavy burden on Ireland's health system; the emergence of the Omicron variant places additional challenges in the face of an uncertain winter period. Within this context, Home and Community Care Ireland (HCCI) proposes several measures that will support our health system to operate through the Winter and aims to help the HSE execute its Winter Plan.

The HSE Winter Plan 2021/2022 endorsed a 'home first' approach to care for people in their communities and to prevent unnecessary hospital admissions. However, the Winter Plan has made clear that there is a significant gap between the number of home support hours that the HSE has funded and the actual capacity that the HSE and home care providers can deliver. Out of 5 million home support hours that were funded in 2021, only 2.3 million hours have been delivered. HCCI providers are at capacity, and some are operating waiting lists of up to three months due to a shortage of qualified staff. The issue of people being denied care or having their care reduced has been highlighted in recent months. A failure to address this will result in people entering hospital unnecessarily, waiting in hospital beds for discharge and/or being admitted to nursing homes prematurely. Previous waves of the pandemic have proved that hospitals and nursing homes are unsuitable places for combatting the spread of Covid-19, whereas the home has proven a durable way to provide safe care in the community. The Covid-19 situation is critical and HCCI is ready to engage with the HSE and Department of Health to rapidly deliver solutions to the capacity issues in the home care sector.

Recommendation 1: Suspend the requirement for HCAs to have completed QQI Level 5 modules before entering the workforce.

A barrier to recruitment in the home care sector is the requirement that new recruits must have already completed two QQI Level 5 modules. There is currently no option for new recruits to earn as they learn. The QQI requirement was relaxed during the first wave of the pandemic and HCCI providers reported a 200% increase in recruitment. A November 2021 survey of HCCI members found that on average 87% of those recruited without a QQI Level 5 are still working for the same provider and at least 67% have already completed two modules in QQI 5 whilst working.

HCCI proposes that the QQI requirement is relaxed for the duration of the pandemic. New recruits should be able to begin work after a robust induction programme with the agreement that they complete their QQI modules after an appropriate period of time.

This relaxation should form part of a wider rethink of entry routes into home care. HCCI strongly recommends that the proposed Strategic Workforce Advisory Group on Social Care review entry routes into the sector and adopt a new earn-as-you-learn system. This could follow a training model HCCI has developed with Faculty of Nursing and Midwifery, Royal College of Surgeons. This model is awaiting approval from the HSE and would allow recruits to complete the required QQI modules within 7 days, including assignment preparation and work experience. Furthermore, HCCI, the Department of Employment Affairs and Social Protection (DEASP) and the City

of Dublin Education and Training Board (CDET) have begun an initiative to train jobseekers to work in the home care sector. Candidates receive 4 hours of training per week for six weeks and approximately 50 people are due to graduate with the required QQI modules in December. These two initiatives show that training for HCAs can be done outside of traditional training and education courses.

Recommendation 2: Relax means testing for medical cards and certain DEASP benefits.

Relaxing the income and working hours limits for part time home care workers in receipt of social welfare benefits will quickly introduce additional capacity to the sector. The total number of home care workers in receipt of benefits is unknown as providers do not collect this data but HCCI has anecdotal evidence that many home care workers want to take on additional hours but are unable to do so because it would make them ineligible for entitlements. Given the gravity of the pandemic, this temporary measure would combat recent reports of vulnerable people having their care reduced or removed, alleviate pressure on acute care and comes at no real additional cost to the exchequer.

Recommendation 3: Introduce a pilot scheme for non-EEA home care workers to receive employment visas.

Since June 2021, home care providers have been unable to recruit non-EEA workers on employment visas, while nursing homes and hospitals can do so. HCCI believes the distinction between home care and nursing homes and hospitals is arbitrary and discriminatory. In October, the Department of Enterprise, Trade and Employment (DETE) again refused to allow home care providers offer employment visas despite clear signs that the sector is at capacity.

Since that decision was made in October, Covid-19 cases and hospital admissions have increased significantly, with resultant impact on capacity across the healthcare system. Against this context, HCCI is calling on the Government to introduce a Winter Pilot Scheme to allow home care providers recruit 250 non-EEA workers. In the short-term, allowing non-EEA recruitment will stop workers leaving the home care sector to join nursing homes and hospitals, thus supporting the 'home first' approach as outlined in the HSE Winter Plan.

Recommendation 4: Reintroduce priority PCR testing for healthcare workers.

Home care workers require priority access to PCR tests. HCCI providers are close to reaching unsustainable levels of absenteeism as a result of staff waiting for PCR tests. Once absenteeism approaches 10% of the workforce, providers are likely to have to cease service for some clients. The sector is currently running at 7% absenteeism, with the effect of Omicron unknown but likely to increase this rate. To aid safe and speedy deployment back to healthcare settings, healthcare workers should be reprioritised for PCR testing until the World Health Organisation (WHO) declares that the pandemic is over. In addition, the Government must rapidly issue guidance on the Omicron variant once sufficient evidence has been gathered.

Recommendation 5: Expediate Garda Vetting for healthcare workers.

During the first wave of the pandemic, Garda Vetting for healthcare workers was expediated which led to an average turnaround time of 2 working days. Since June this year, Garda Vetting for healthcare workers is no longer expediated with a resultant increase in turnaround times for home care vettings to 12 working days (though some can take over 2 months). This timeframe equates to 3 weeks of home care time lost to awaiting vetting. To avoid unnecessary delays in getting qualified candidates onto the frontline, HCCI strongly recommends that the Garda Vetting office expediates vettings for healthcare workers, for the duration of the pandemic, and strive to deliver healthcare vettings within 3-5 working days.