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Fragmented time and
domiciliary care quality: ‘No one
sets out to provide bad care, but
you’re dragged to it, dragged
into the gutter’

Conference paper

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Fragmented time and domiciliary care quality: 'No one sets out to provide bad care, but you're dragged to it, dragged into the gutter'

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Summary

This research examined working time practices in Welsh domiciliary care. Focus groups and interviews were used to gather evidence from a range of stakeholders. The findings evidence the fragmented nature of working time and its negative implications for care worker job satisfaction, recruitment and retention, and care quality. Implications for practice include reducing reliance on zero-hour contracts, paying for waiting and travel time, and affording adequate visit lengths in order to support recruitment and retention and improve care quality.

Keywords: domiciliary care, care quality, zero-hour contracts, episodic working, visit length, recruitment and retention

Background to the research

This research underpinned a Welsh Government consultation on workforce regulation in adult social care (Welsh Government 2016). Despite nearly three decades of care regulation, high-profile scandals in the UK suggest that care quality is questionable (Kingsmill 2014; Flynn 2015) and there is recognition of the need to improve its quality (Rubery et al 2015). There has been much discussion of local authority commissioning practice, and its negative consequences for care worker employment terms and conditions are well documented (Cunningham 2008; Rubery and Urwin 2011). This has in turn created recruitment and retention difficulties (Rubery et al 2011) which threaten the skilled labour supply required for delivery of effective care (Kingsmill 2014). There is, however, an evidence gap in relation to how these pressures impact care quality. We report here data specific to working time practices and outline their implications for care quality. This contributes to practice in deepening understanding of management of working time and to policy in outlining the implications of commissioning practice for working time. We provide a basis for improving care quality, but we argue that workforce regulation will be required.

We build upon recent work on 'fragmented time', which comprises zero-hours contracts and episodic working (Rubery et al 2015, p753), and to which we add visit length (Bee et al 2008), to ask what is the impact on domiciliary care workers, their recruitment and retention, and the quality of domiciliary care of:

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- zero-hour contracts, where employers are not obliged to offer and workers are not obliged to accept work (Burrowes 2015)
- episodic working, whereby care workers are paid neither for waiting time nor travelling time between visits (Supiot and Meadows 2001)
- very short visits to service users (Bee et al 2008).

To address these questions, we conducted focus groups and interviews with care commissioners, service providers and care workers. We also attended three Care and Social Service Inspectorate Wales (CSSIW) workshops that formed part of the *National Review of Domiciliary Care in Wales* (CSSIW 2016). In total, there were 113 participants: 24 local authority commissioners, 48 service providers, and 41 domiciliary care workers. We achieved a reasonable representation across sectors and care worker demographics. Full details are available in the report to Welsh Government (see Atkinson et al 2016).

Findings

Our findings evidence the detrimental effect of fragmented time. We first outline care commissioning processes and their role in creating fragmented time and then demonstrate the negative consequences for care workers, service providers and, ultimately, the care quality experienced by service users.

Care commissioning

Within a context of austerity, commissioners acknowledged tensions between the funding needed and available for high-quality care. They also recognised that commissioning could negatively influence employment practice but argued that budget constraints dominated:

It's a challenge, both for the sector in terms of making sure they have got good standards, but also for local authorities because to pay for that it comes at a cost, doesn't it, and with a shrinking budget? From a local authority perspective, I don't think any of us would ever disagree that there should be appropriate terms and conditions and [care workers] should be paid the appropriate rate. But ... [local authorities struggle to influence this]. (commissioner)

No local authority regulates care worker employment terms and conditions, and monitoring addresses only compliance with standard employment legislation.

Most commissioners adopt framework agreements and some wish to integrate Unison's Ethical Care Charter into future frameworks. However, all indicated widespread use of spot contracts and brokerage systems. All acknowledged the instability these create – for service providers but also commissioners – as service providers could 'hand back' contracts that are unduly onerous or uneconomic. Care packages were also acknowledged to remain on brokerage systems for lengthy periods, often because of labour shortages.

Local authority commissioned hourly rates are mainly in the range of £14–15 (against a UKHCA 2015 calculated rate of £16.70). Resulting difficulties are recognised but commissioners argue that care had 'unfortunately' become a business and local authorities face funding constraints. Short visits had also become more prevalent, although most commissioners argued that visits shorter than 30 minutes are atypical and used only for administering medication.

In summary, our data confirms that commissioning practice delivers low and insecure payments to service providers and constrains time available for service provision. We now demonstrate how this has led to fragmented time and its negative outcomes.

Care workers

Care workers experience considerable employment insecurity and work intensification from both zero-hour arrangements and episodic working, resulting in many working 'full-time hours for part-time money'. Short visits also create practical and emotional strains for workers as they strive to fulfil care plan requirements in insufficient time.

Nearly all care workers are employed on zero-hour contracts and service providers relate this to commissioning-led income insecurity. Most care workers expressed anxiety over this instability, even where work is usually offered:

All or nothing. At the moment, we've got loads of hours but as soon as someone goes into hospital we lose like four calls a day ... Because we do four [days] on, four off, ... then you get hardly anything for the week. (care worker)

Influence of commissioning arrangements is again explicit, as loss of hours results from payment ceasing on service-user hospitalisation. Most care workers seek guaranteed-hour contracts, although some, mainly mothers and students, welcome the flexibility that zero-hour contracts offer.

Episodic working is also a concern. Both service providers and care workers discussed problems of gaps in the 'run', that is, care worker visit schedules. Service providers argued that strict time-based commissioning processes allow payment for contact time only, which creates substantial unpaid periods. They recognised that care workers resent this, but again argued it is beyond their control:

Trying to get staff to understand is really, really hard. Our main [calls] are between half six and half nine in the morning, then lunchtime ... and then tea to bedtime. But in between, there's nothing. So staff are like, 'Well, I'm out for six hours and you've only given me three,' but if there's only three hours and nothing in between, that's really hard. (service provider)

Care workers expressed frustration at episodic working, as long hours typically result in low earnings. This is compounded by non-payment for travel time, which, particularly in rural areas, could account for a substantial proportion of a care worker's run. Financial pressures also means that travel expenses have not increased over several years, which further erodes earnings. Care workers are acutely aware of these pressures and again resentful, arguing that they are often doing 'full-time work for part-time pay'.

Service providers also blamed commissioning processes for increasingly short visits:

Government funding, that's a massive issue. ... They need to drastically change the way they commission. Giving people half an hour and this is their half an hour. They need to come away from it. (service provider)

Care workers equally see short visits as problematic: first, because they can spend as long travelling (unpaid) as delivering care; and second, because of the negative impact on interactions with service users. Fragmented time dominates their daily experiences of care delivery.

This links clearly to job (dis)satisfaction, stress and burnout. Care workers experience high job satisfaction from delivering care and this intrinsic satisfaction buffers to an extent dissatisfaction created by extrinsic employment practice. Nevertheless, the instability which arises from zero-hour contracts and long unpaid hours was frequently cited as a key source of dissatisfaction and linked to stress via long working days:

We're getting loads of hours, more sometimes than we can handle ... we're not finishing until half past ten, by the time we get home it's eleven o'clock and then we're back up at half past five to start at seven. (care worker)

Short visits were also widely cited as a cause of stress putting care workers under intense pressure:

Especially if it is only a ten-minute call and you are running late already ... you literally have two minutes. It can be quite stressful. (care worker)

Service providers are acutely aware of these pressures, but suggested they have limited power to address them. They repeatedly described care workers as 'tired' and noted high levels of sickness absence, resulting from both physical and emotional exhaustion and 'burnout'.

Service providers

Service providers evidenced a 'crisis' in recruitment and retention, acknowledging the role of fragmented time but arguing that local authority commissioning arrangements preclude improved working time arrangements.

Our care worker participants represent those retained in the sector, but service providers argued that workers are difficult both to attract and retain in the required numbers. Fragmented time is central, in relation to recruitment and zero hours, for example:

We are restricted because we expect total flexibility and that narrows down the [labour] market ... when people come on board it's a zero-hour contract.... It doesn't always work in our favour [for recruitment]. I explain there is not a lack of hours ... but we can never guarantee because of the [unstable] nature of the business. (service provider)

Episodic working also makes recruitment difficult, as do short visits. Tensions are greater than in other sectors where zero-hour contracts dominate, for example retail, as working time is not episodic.

There are few new entrants to the sector and retention is problematic; care workers move around service providers for (often small) enhancements. Service providers suggested zero-hour contracts are largely responsible, with a small number starting to offer some guaranteed-hour contracts. Problems arising from commissioning arrangements were evident:

We contract some of our staff who have been with [us] for over six months. If someone wants to get a mortgage and they're a very reliable member of staff, we offer them a contract. But it's very hard if they lose service users; I end up giving them office work and scanning. (service provider)

Non-payment of travel time is also a factor in retention and results in care workers moving service providers, even if that involves poor care practice that reduces job satisfaction:

They can go to another agency who gives them [and pays them for] three calls at the same time. People get a really poor level of care, but that worker earns more. Although they end up hating their job, hating the agency, they still get paid more than going to a quality agency that pays them more per hour but makes sure that there is decent travel time in between. (service provider)

Labour shortages also have implications for stress and burnout, creating a vicious circle of long working hours and sickness absence.

Service users and care quality

Difficulties at care worker and service provider levels lead to underperformance against core dimensions of care quality from a service user perspective, that is, reliability, continuity and flexibility. Fragmented working patterns mean that care workers often arrive late or not at all, that many different care workers could visit a given service user and that there is insufficient time allocated to support flexibility in care delivery. Problematic relationships were apparent between working time and care worker motivation, recruitment and retention, and, ultimately, care quality.

All groups recognise the importance of continuity. Commissioners, for example, explicitly referred to its role in commissioning. Service providers argue, however, that recruitment and retention difficulties are problematic for continuity. Zero-hour contracts are a substantial contributory factor:

We've talked about zero-hours contracts and [their] issues, and then people move around, they don't want to stay in that job; that affects [continuity]. It's just like a big circle really. (service provider)

While continuity is mainly a management challenge, care workers also argued its importance in building up relationships with service users and expressed dissatisfaction when this is not possible.

Reliability is compromised by allowing insufficient (unpaid) travel time:

Travel times can be an issue. ... Sometimes we'll have to go from X to X in five minutes, and you just can't do it. It's a 15-minute trip [so we are] late and for the rest of the day we find ourselves constantly ... catching up with the calls. (care worker)

Short visits compound the difficulties as visits take longer than allowed for:

In that 15-minute call, we do toileting, food and medication. To do all that in 15 minutes and to do it to the best of your ability, you need more time. (care worker)

Service users thus frequently experience the late arrival of care workers, albeit no participants suggested that visits fail to take place.

Flexibility is often problematic and (lack of) flexibility is one of the biggest sources of dissatisfaction for care workers, as it challenges their understanding of good care. Many suggested they are unable to meet the requirements of the care plan, let alone have the flexibility to go beyond it. Service providers supported this:

It is so wrong, but I've heard about times when care workers have had to feed people their lunch as they are on the commode. (service provider)

Care workers often have insufficient time to do the basics, especially where service users have particular conditions, such as dementia. These time pressures are highly problematic for care workers, who desire flexibility so that they can offer 'proper' care:

Doing personal care and things around the house for them is important, but [so is] actually sitting down and just knowing that I haven't got to rush off. (care worker)

Many saw this as the most challenging aspect of the role, above and beyond other aspects of fragmented time, as they are unable to deliver the desired care quality. Many care workers suggested the time pressures that compromise care quality are the issue most likely to make them leave the sector.

Practical implications

Practical implications centre on service providers reducing reliance on zero-hour contracts, paying for waiting and travel time, and affording adequate visit lengths in order to support recruitment and retention and improve care quality. Policy-makers must, however, recognise the need for commissioning that facilitates such practice, which is likely to require increased funding. We argue that regulation will be essential to ensuring that funding flows to improved working time arrangements and thus supports improved recruitment and retention and care quality.

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