

DISCOVER HOW TO STAY AT HOME... For Life



Dementia & Elder Care
Our Specialty



A NURSING HOME IS NOT THE ONLY OPTION.
SO, WHAT IS 'IN HOME CARE'?

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*** Please note – all the underlined words are links to more relevant information on our Daughterly Care Website.

1. Introduction

If you (or your Loved One) are struggling at home, don't wait for a crisis. This report will explain your options so you can make an informed decision and put systems in place to ensure you stay at home.

After 18 years of providing quality care for Elders in our community, we have discovered that all too often adult children don't realise when their parent(s) are actually at risk and in need of care. *Daughterly Care* has a wide range of In Home Care [services](#) that can aid older people to remain in their own homes for life.

As older people don't reach out for assistance until they are in crisis mode, or at the very least faced with a difficult decision, we'd like to share with you a helpful checklist so you know where and when to find the help and care you (or your Loved One) requires.

This report shows the options available to you. Some people feel they are left with no option but to place their Loved One in a Nursing Home, when in fact you can receive all the care a Nursing Home offers with personalised one-on-one care, so your Loved One stays in the home they love.

Whether they need [Hourly In Home Care](#) or around the clock care such as [24 Hour](#) or [Live In care](#), we can create a care plan perfectly tailored to you or your Loved One.

- ✓ *Often when you have sold the family home to go into a Nursing Home, there is **no going back**.*
- ✓ *Don't be caught having to live with regrets. At least **TRY In Home Care**.*
- ✓ *There are no contracts, no ACAT and no means tests and no waiting lists. You have everything to gain by giving it a try.*



2. To remain in charge of your life, you will want to remain at home...for life.

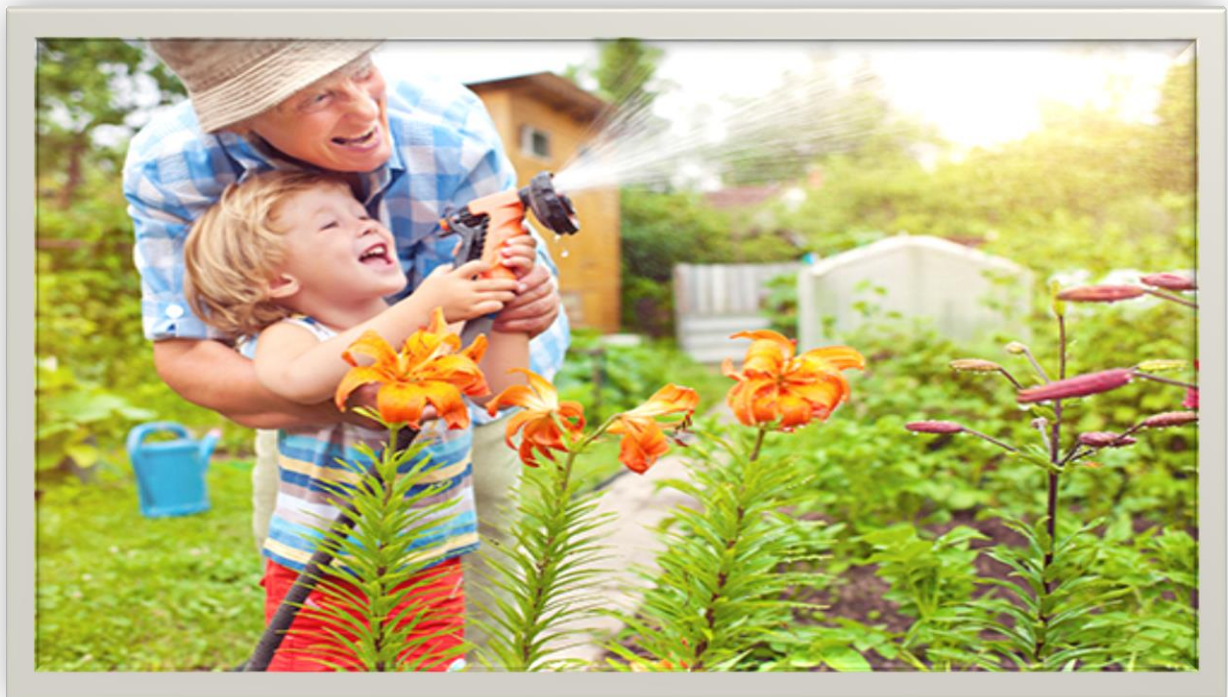
Your home is your castle, your refuge from the world. It's where you feel most comfortable and safe. It's little wonder then that most people would prefer to remain in their *own* home for life.

Everything old is new again!

Remember when the Doctor always made home visits to sick patients in their own homes? In Home Care is a return to the 'old way' of staying at home, except when you need acute health interventions and the types of tests and care only available in a hospital. In Home Care offers assistance with activities of daily living and household tasks.

In Home Care can be an interim or short term solution for older people recovering from time in hospital where our Caregiver's role is to re-establish the person; rebuild their confidence and health so that they can continue to live safely and well at home. In Home Care can also be a comprehensive or full time alternative to moving into an institutional environment like a Nursing Home or Assisted Living Facility.

Whilst In Home Care is most commonly used by older people, it is a service that benefits people of any age. For example, people recovering from an injury, accident, surgery or people living with a chronic ongoing illness requiring ongoing assistance.



3. What is In Home Care?

For my grandparents' generation, Government subsidies for Home Care did **not** exist. So typically, older people lived their final years in a Nursing Home. In the past, *staying at home for life* was only an option for wealthy families or families where an adult child could care for their parent full time.

Today the Australian Government subsidies provide assistance for care in both Nursing Homes and in your own home. It's no surprise that according to the [Australian Bureau of Statistics](#) the preferred place to age is overwhelmingly in your own home.

You've been in charge of your life since you became an adult – why should you stop now just because you are getting a little older.

In Home Care is all about remaining in charge of your own life. It's about:

- ✓ living *your* way,
- ✓ in *your* home,
- ✓ eating *your* preferred meals,
- ✓ living to *your* timetable,
- ✓ continuing *your* interests; and
- ✓ staying connected and close to *your* community, your friends and *your* family.

It's about you staying in charge of your life!



4. Benefits of In Home Care

In Home Care offers significant benefits compared to the traditional Nursing Home model of care. At the *Leading Age Services Australia (LASA) Annual Conference*, October 2014, a Nursing Home Operator told us their staffing ratios were:

- ✓ 1 care worker to 6 clients for the morning for showers, dressing and breakfast;
- ✓ 1 care worker to 10 clients for the afternoon shift;
- ✓ 1 care worker to 20 residents overnight.

Whereas In Home Care is one Caregiver caring for one client or one Caregiver caring for a couple.



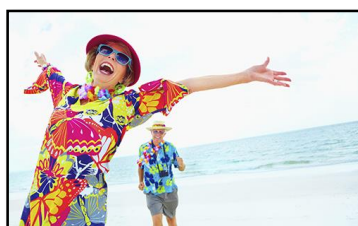
1. In Home Care offers the greatest independence and self-determination compared to relying on your family or living in an institution. Being in charge and in control of your own life dramatically improves your quality and enjoyment of life, not to mention your self-esteem.



2. In Home Care is provided in *your* home. Your home is your 'castle', your refuge from the world. The place where you feel most comfortable, most secure, most relaxed, most well and most yourself. It's no wonder most Elders prefer to stay at home.



3. In Home Care keeps your family together. Still in love? After spending 60 years loving and supporting each other, in your final years you want to remain close to continue loving and supporting each other. When one spouse needs more care, rather than placing your partner in a Nursing Home, an ideal solution is to increase the In Home Care and stay together at home in your own surroundings. Read a case study about a couple we cared for. It's called "[I'll love you all my days](#)".



4. Receiving care in your home maintains your independence as much as possible. **You are the boss.** With a little bit of help when you most need it you continue living *your way*.



5. Put a SUPPORT SYSTEM in place to prevent or postpone moving into a Nursing Home. To date we have not met anyone who wanted to move into a Nursing Home. If that's you too, it is far better to put a system in place when you can see the need, rather than wait for a health crisis, and your children or Enduring Guardian are forced to make a decision in the hospital car park under great time pressure without researching all the options, perhaps with great regret.



6. In Home Care is safer and promotes better health. At home you are not exposed to the super-bugs and viruses that prevail in Nursing Homes and hospitals. Plus, did you know the falls rate at home is 30% lower than in nursing homes and hospitals, which is ironic because having a fall is one of the most common reasons that families decide to place a parent in a nursing home. If you are told "You're not safe to stay at home..." [check out the facts](#).



7. In Home Care is personalised to you. Your Care Plan is tailored to *your care* needs and *your goals* and *your lifestyle*. You nominate when *your* In Home Care support worker visits and what their role is.



8. In Home Care reduces stress. We are least stressed in our own home compared to when we are in hospital or nursing homes. That is largely because in our home we have greater control and choice, compared to when we live in an institution.



9. In Home Care extends life. Studies show beyond doubt that In Home Care extends the longevity of your life so that you can continue to enjoy being part of your family.



10. In Home Care improves your quality of life. Home care adds “years to your life” and most importantly, “life to your years”. After about three visits, even our most ‘care-resistant’ clients commonly say to their adult children *“I wish we had done this years ago, Toni is so helpful and lovely”*. Regular visits from familiar Caregivers not only provide invaluable assistance, it also lifts the spirits of our clients. We can take them out of their homes into nature... let the breeze blow in their hair, watch the waves break and be part of the world. We can save their busy adult children time by bringing their Elderly parents to them.



11. In Home Care is provided by very special people. [Caregivers](#) see their role as “a calling” rather than a job.

12. Embracing technology makes home care even safer than it already is. With technology like Vital Call that you can wear around your neck, it means that if you are home alone, you can push the button and your Significant Other or Next of Kin is contacted immediately, and if they are not contactable an ambulance is called.

13. Home Care is the preferred form of health care for older and disabled people.

5. The Next Step... Is Easy

Daughterly Care has been helping older Australians live independently with quality help in their own home for 18 years and we would like to help you make the right decision for your own, or Loved One’s care... going forward.

We offer a full range of services from [2 hours](#) to [Overnight Care](#); from [Live In Home Care to 24 Hour Care](#). We visit clients in [Nursing Homes](#) and we provide [In-Home Palliative Care](#) and [End-Of-Life-Care](#) for our clients.

Client by client we have earned a **reputation** for recommending the right level of care, and that is possible because we offer the full suite of services.

Fast track your decision – call us now.

The fastest way for you to make the right decision is for us to answer your questions and talk through your concerns. And for us to give you some options to consider and issues to think through. The way we like to work is that after talking to you over the phone we can come to you and talk the issues through face to face.

We can come to where you are – in hospital, a Nursing Home or at your home.

If it's more convenient for you, you are always welcome to speak with us at Narrabeen or Mosman.



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Whether we come to you, or you come to us ... our '[Initial Free Consultation](#)' is **FREE**. It's an opportunity to understand your situation and care needs and answer your specific questions, explain the solutions we offer, plus provide an insight into any [Government funded solutions](#) that you can take advantage of.

*Life is too short to live with regrets.
Don't wait – call us now on (02) 9970 7333.*

6. Checklist: Is your Loved One Safe and Well at Home?

Tick if these issues are happening to your parent(s):

☑	Topic	Issues to Consider
	Dramatic weight loss or gain	<p>A noticeable change (reduction or gain in weight of greater than 10%) can indicate:</p> <ul style="list-style-type: none"> • A loss of interest in food (taste buds do change over time); • A decline or loss of meal preparation skills due to cognitive decline. A Loved One might be buying food and then not cooking, so it is left uneaten in the fridge; • Forgetfulness (forgetting to eat meals, forgetting how to prepare meals); • A loss of ability to get out of the house to buy food at the shops; • Poor nutrition from eating low-nutrition foods; • Equally dementia may have injured the part of the brain that inhibits/controls eating and a once 'figure-proud' person is now over-eating and attracted to sweet foods and putting on weight.
	Poor personal hygiene	<p>Examples of poor personal hygiene from a lack of attention to appearance such as:</p> <ul style="list-style-type: none"> • not showering each day (or every second day), • hair not brushed, • unwashed body • wearing same unwashed clothes each day • strong body odour • strong smell of urine or faeces, • faecal smearing on clothes or through home. <p>Poor hygiene commonly causes urinary tract infections (UTI's) which, if left untreated, increases confusion and other dementia and delirium like symptoms.</p> <p>Severe UTI's can cause hospitalisation. The infection can even spread to the blood and cause septicemia and death so it's important to treat a UTI quickly. They are quickly and easily identified by taking a urine sample in a sterile jar to the Doctor. They are easily and quickly treated with antibiotics.</p>
	Increased isolation and withdrawal	<p>Familiar tasks might have become more difficult:</p> <ul style="list-style-type: none"> • to start or complete; • to orientate oneself within the community; • finding words is more difficult; • increased forgetfulness or confusion may encourage your Loved One to withdraw from company in an attempt to hide these symptoms or to avoid being humiliated; and

☑	Topic	Issues to Consider
		<ul style="list-style-type: none"> Increased desire to stay within their own home where they feel safest.
	Going for a walk and losing way home (wandering)	<p>Neighbours may call to say that your Loved One is walking down the middle of the road which is dangerous.</p> <p>Or neighbours or Police may call to say your Loved One is at a Police Station or lost a few suburbs away.</p>
	Driving issues	<p>The Police or neighbours may ring to say your Loved One has had their car “stolen” when in fact they have forgotten they no longer drive, their car has been removed from the house or they are looking for their car in the wrong section of the Shopping Mall Car Park.</p> <p>Your Loved One, whose car has always been well kept, has scratches or dents and he/she is regularly losing their keys.</p>
	Out of character messy home	<p>A normally ‘house proud’ older person’s home has become unkempt, cluttered, has an odour, garbage is piled up and not being put outside, unwashed dishes piled high, washing not done.</p>
	Behavioural changes	<ul style="list-style-type: none"> Increased anxiety including repetitively calling family members for re-assurance that everything is ok, because the person who still has insight into their forgetfulness is worried when left alone without their support person (who is often their spouse); Increased paranoia / delusions / hallucinations; Increased feeling of depression.
	High risk of falls	<p>Diseases such as Parkinson’s increase the risk of falls, meaning additional help is needed. Don’t place your Loved One who is at high risk of falling into an environment where there is a 30% higher falls rate, eg Nursing Home.</p>

7. Do I need a nurse?

This is one of the most common questions people ask us when organising In Home Care. It is very common for people to ring and request a nurse. It is important to understand what nurses do compared to Caregivers, unless of course you have cash to burn and you enjoy paying more than needed.

When you ask a reputable home care provider like *Daughterly Care* for a nurse, they will ask what type of tasks and role the nurse will be doing to ascertain whether a nurse is really needed or whether you are using the term 'nurse' as a generic word for "support worker", "caregiver", "community care worker", or "assistant in nursing (AIN)".

In our 18 years of experience, after clarifying the tasks to be done we find the vast majority of people do **not** need a nurse, and that's a good outcome because the cost is more than a Caregiver.

When is a nurse not a nurse?

It might come as a surprise to learn that there is no such health professional as a "nurse" and you will be very pleased to know that it's illegal to say you are a nurse when you are not. To legally say you are a nurse you must be currently registered with AHPRA (www.ahpra.gov.au). There are 5 types of nurses:

1. **Registered Nurse (RN)** – is the most common type of nurse. Older nurses were educated on the wards. University educated Registered Nurses complete a university degree in Nursing and work on the wards unpaid for 6 months under the supervision of Nurse Educators where they learn the practical side of nursing and learn to apply their academic knowledge.
2. Registered Nurses can undertake further education to specialise in an area of medicine, and are then called **Clinical Nurse Specialists (CNS)**. The highest level of Nurse is a **Nurse Practitioner** who can prescribe some medications.
3. **Endorsed Enrolled Nurse (EEN)** – An Enrolled Nurse who has completed additional study to be able to administer medicine.
4. **Enrolled Nurse (EN)** – An Enrolled Nurse has completed a year working in the hospital and studying.
5. **Assistant in Nursing (AIN)** – This is not a nurse. This is a person who assists the Registered or Enrolled Nurses. Assistants in Nursing or 'AIN' are also called Personal Caregiver, Community Care Worker or Support Worker and they provide most of the support in the community, nursing homes and hospitals.

8. Links to more valuable information

Please note – all the underlined words are links to more relevant information on our Daughterly Care Websites.

- ✓ **Areas we service:** we offer Pay by the Hour In Home Elder Care in the following areas... Mosman & surrounds; Upper & Lower North Shore; Hunters Hill / Ryde; North West & Hills District; Northern Beaches and the Eastern Suburbs.

[Click here](#) for the full list of suburbs where we provide Pay by the hour In Home Care and Elder Care.
- ✓ **Conditions we care for:** At *Daughterly Care* we care for a wide range of conditions. [Click here to read our list.](#)
- ✓ **Dementia Care** is one of our specialisations. [Click here to read about our Dementia Care Specialists.](#)
- ✓ **Live in Care:** At the tipping point of needing to move to a nursing home, Live In Care is the best In Home Care for Elders. Click here to read why [Live In Care is the better alternative.](#)
- ✓ **14 reasons to choose *Daughterly Care*:** [Click here to read the 14 reasons why people choose Daughterly In Home care services.](#)
- ✓ **Government Subsidies on In Home Care:** Is your *Consumer Directed In Home Care* package giving you: **appropriate care, better service, more hours of Caregiver assistance; and importantly, are they charging a fair price?** You are in the RIGHT place to get the answers you are looking for! [Click here to read more.](#)
- ✓ **Certificate III or Certificate IV Caregiver/Support Worker** – This is a Personal Caregiver, Community Care Worker or Support Worker who has completed a nationally Accredited Course in care work either in community services, aged care (nursing home) or disabilities. The course is mostly academic and includes a couple of weeks of face to face practical care work.

- ✓ **WARNING – when is a nurse not a nurse?** I recently read on an Australian website a company promoting the fact that they employed “Certificate III Nurses” or “Certificate IV Nurses”. **There is no such nurse.** This is a ‘made up term’ designed to lend to a Community Care Worker the professional status of a Registered Nurse by incorrectly mixing two very different qualifications, skill sets and knowledge levels.

So do you need a nurse?

Registered Nurses perform clinical interventions and Caregivers provide non-medical support and assistance. Registered Nurse visits are usually short to perform specific tasks that require their level of clinical knowledge. Examples are dressing and managing wounds, taking blood for insulin tests, giving needles and administering schedule 8 drugs such as morphine. *Daughterly Care* employs both Registered Nurses and Caregivers and will recommend the appropriate level of care to suit your care needs. We believe Registered Nurses and Caregivers who work in partnership with the client, the client’s family and the client’s Doctor optimises health care outcomes, less hospitalisation and improving quality of life.

So whilst Daughterly Care’s Registered Nurses are available to meet any nursing needs you have, if you or your Loved One need care services other than the Nursing services above, our wonderful, highly experienced Caregivers can come and provide the care you need.

Click here to read [In Home Private Nurse Care](#).

Click here to read [A day in the life of Daughterly Care Private Registered Nurses](#).

We would love to help you decide on the right care for your Loved One or yourself. So what’s the next step?

Call us to discuss your needs and options and to get a free In Home Consultation on 02) 9970 7333.



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