

What is Care?

A Series of Articles by June Jones ~ 2011

In a hospital or nursing homes, it is meant to be a large part of what nurses do. In a residential homes, it is what carers do. At home it is what family members often do to help someone disadvantaged through disability, illness or age related problems. It is also what home care agencies do.

The problem is that publicly funded services and their budgets are stretched so much that it results in staff having to cut corners even with basic care, rushing people or leaving people to cope who deserve better. Many people have horror stories relating to a friend or relative.

We are not in the 'blame game' but through our work setting up private care for people at home, we have learnt a few things about 'systems' and 'Jargon' in the NHS and Social Services that could help people make decisions about care at home. Article 1 is being rewritten and updated.

Care after a hospital stay (Article 2 in the Series ~ "What is Care")

If you are lucky the hospital visit will bring you back to the state of health you were in before whatever it was that took you there in the first place. More usually there is a further period of recuperation or rehabilitation needed and sometimes you remain more restricted for a long time or for life as a result. You will have been receiving 'Primary Care' i.e. treatment and care for a health problem. The hospital will have a 'duty of care' to ensure that you are discharged to a safe environment and will talk to you and your family about it. They often use a 'multi disciplinary team' to make their judgements as to what is needed next. This may involve the consultant or his team (re ongoing health needs), a staff nurse (predictions on recovery based on observations from the ward), and often a physiotherapist (looking at mobility and physical abilities) and / or occupational therapist (if physical aids, home adaptations may be needed). Sometimes Social Services are called in to be there. What they don't say is that you or your next of kin or someone you nominate e.g. a private care manager can be at such a meeting or you can ask to talk to any of the professionals by appointment and they are obliged to meet you. Perhaps naturally, there is often a 'we know best' attitude amongst health professionals but they cannot know you and sometimes they do not take enough notice of what you or family say about your potential for further recovery or about how you might cope at home. Bear in mind also that due to unfortunate cultural changes, medical professionals are worried about being sued so they will always take an a cautious approach and advise the safest option. They are always under pressure for beds and so will want to 'move you on' at the earliest opportunity. Here is some advice based on what we have learnt from real life personal and professional experience with our clients.

- if you feel someone is not ready to leave hospital, don't agree to go home without proper arrangements in place. You will be given advice but only you and your family can decide what is best for you. You can insist on a period in a community hospital, though it can be a lottery as to when a bed is available. They will offer further rest, recuperation and rehabilitation, usually for two or three weeks. If you are thinking a care home is the most likely long term option, you could ask for a period in rehabilitation in a specialist residential home which you may have to pay for unless you qualify for 'continuing health care'*. There is no charge for community hospital stays following a primary care stay in hospital. You will not always be told about these options. Sometimes you are only given a day or two to prepare for discharge home from hospital which isn't fair if circumstances have changed a lot. You may be told you are bed blocking but if you state your case and say what you wish to arrange and give them a date, they will cope.
- If you are going straight home from the hospital stay but are worried about coping initially, then you may be offered 'intermediate care'. That is provided via social services but usually subcontracted to a local care agency and it is free of charge.

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It is usually one or two visits a day at critical times to supervise you while you get used to looking after yourself again. Be careful about relying on it however, as if you need help in the mornings they have a heavy demand and may not call until 10am or 11am. It all depends on other demands on them at the time and how whether (not you) view you as a priority or not. They may offer it for a couple of weeks and (rarely) up to six weeks and often withdraw it at very short notice as and when other priorities crop up. If you know you want care at home for the longer term, it is often better to choose the longer term service and get them to start from day one at home.

- If you indicate that you want to go home but accept that you need assistance, with carers visiting from one to several times a day, then it will probably be suggested that you meet a Social Services Care Manager to talk about options. They may be called to do 'an assessment' from which they will say you should have visits of half an hour, three quarters of an hour and quarter of an hour. They do this because if you qualify for funding they know that the County Council will only authorise these short visits. They barely allow time for the basics and you will not have any control. Remember that if you (the person needing care) have savings of over £23,000 you will have to pay for any care you receive anyway. In those circumstances it is better for you and relatives that care is chosen privately as that way, you stay in control of what is provided and when. If you use Social Services, they will take control and you will have to pay them anyway (usually more than you would pay a private agency!). Our advice is not to even speak to Social Services unless you qualify for funding. Tell the hospital that you will be arranging private care at home.
- Always listen to the professionals opinion but remember they have to protect themselves and so will always want to 'play it safe'. You may feel or have the impression that you can't choose what happens next. You can but sometimes you have to be willing to insist. Ask us for real life case histories from us where our clients have improved and managed much better at home than the professionals have forecast, including several cases where both social services and health professionals said that a nursing home was the only option, but where the person concerned has returned home successfully and happily lived with care assistance at home for years.

*Continuing Health Care is a complicated topic and applies to both residential and care at home. Unfortunately one of the problems in Health is that few people (including the professionals) fully understand where health care stops and where social care starts. This can be particularly important if you are young and looking for funding for long term support e.g. for wheelchair living. We can't go into it in this article but you need to be aware of its existence if you need 'nursing care' after your hospital stay whatever age you are. We hope to produce an article soon after further research ourselves. Get in touch if you need to know what we have found out in the meantime.

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