

YOUR AGED CARE AT HOME

Client Handbook





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*If you need an interpreter, please call
the Translating and Interpreting
Service (TIS National) on 131 450*

WELCOME

Welcome to Your Aged Care at Home.

This Handbook will help you to familiarise yourself with the services of Your Aged Care at Home and will also give you information about other available services.

As an aged care service provider we have a strong commitment to providing you with the support you need to maintain and enjoy a high quality of life.

MISSION STATEMENT

Your Aged Care at Home believes that elderly people have the right to choose to remain living in their own homes, for as long as possible, supported by a range of integrated and flexible services.

The service provided aims to promote our clients' independence, wellness, reablement and dignity and well as contribute to his/her physical, emotional, cultural, spiritual and social well-being.

PHILOSOPHY OF THE SERVICE

Your Aged Care at Home's service provision is underpinned by the following principles which focus around the client:

- Choice and Control
- Rights
- Respectful and balanced relationships
- Wellness and reablement
- Participation
- Transparency

OUTCOMES

The outcomes pursued by Your Aged Care at Home are that:

1. people that are frail aged can remain in their own homes for as long as possible
2. family and other primary care givers are supported in their caring role
3. Your Aged Care at Home operates in a flexible, effective, efficient, transparent and accountable manner.

HOW THE SERVICE OPERATES

Your Aged Care at Home operates under the management of the Board of Directors of the company.

Aged Care Subsidy payments are obtained from the Commonwealth Department of Health through the Home Care Packages Program. Subsidies are paid monthly depending on the number of clients receiving services.

All services funded by the Government must meet the Home Care Common Standards and demonstrate continuous improvement regarding the quality of care and services provided to our clients. Services are reviewed every three years by the Australian Aged Care Quality Agency.

Your Aged Care at Home work practices are based on N.S.W. Government and Federal Government legislation and Standards including:

- Aged Care Act 1997
- Home Care Common Standards
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2017
- Workers Compensation Act
- *Privacy Act 1988* (Cth) (the **Privacy Act**) and the Australian Privacy Principles and
- Other relevant legislation.

Your Aged Care at Home has developed policies and procedures on all aspects of service delivery, safety for workers and clients, quality standards, a code of conduct for workers and a complaint's policy, to make sure we meet your needs.

ORGANISATION OF YOUR AGED CARE AT HOME

Board of Directors of Your Aged Care at Home Ltd

Executive Director

Business Manager

Accounts Manager

ICT Manager

Program Development & Safety Manager

Registered Nurse

Care Coordinators

Your Aged Care at Home Support Workers

Volunteers

Contact numbers:

Phone	02 8764 3669
Fax	02 8766 2810
Mobile and After hours	0484 000 822
Email - Information	info@youragedcare.org
Email - Coordinators	coordinators@youragedcare.org
Email - Accounts	accounts@youragedcare.org
Email - Rosters	rostering@youragedcare.org
Email - Manager	manager@youragedcare.org
Web address	www.youragedcare.org

The service operates on a 24-hour emergency by contacting the above numbers. All telephone contact should be through the office **NEVER** directly to a worker.

Please note:

If the answering machine is **ON**, wait until the beep, then leave your name and phone number and you will be contacted as soon as possible.

OFFICE LOCATION AND OPENING HOURS

We always welcome a visit from you, your family and friends. Please feel free to drop by and see us at our office.

Hours

Monday to Friday

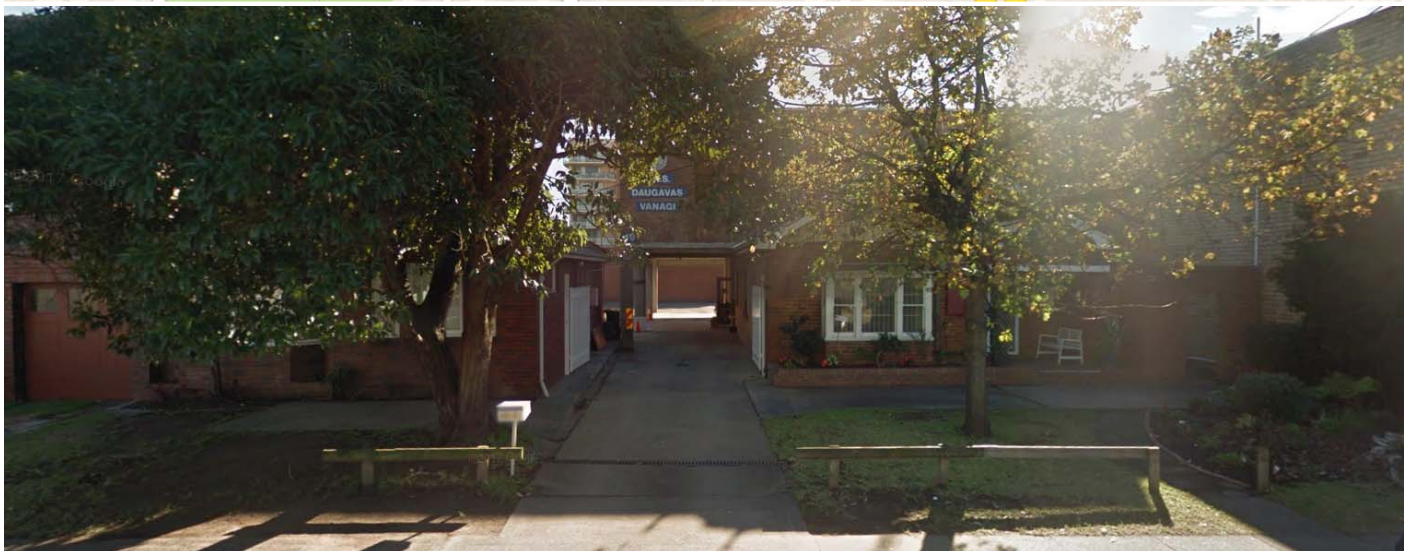
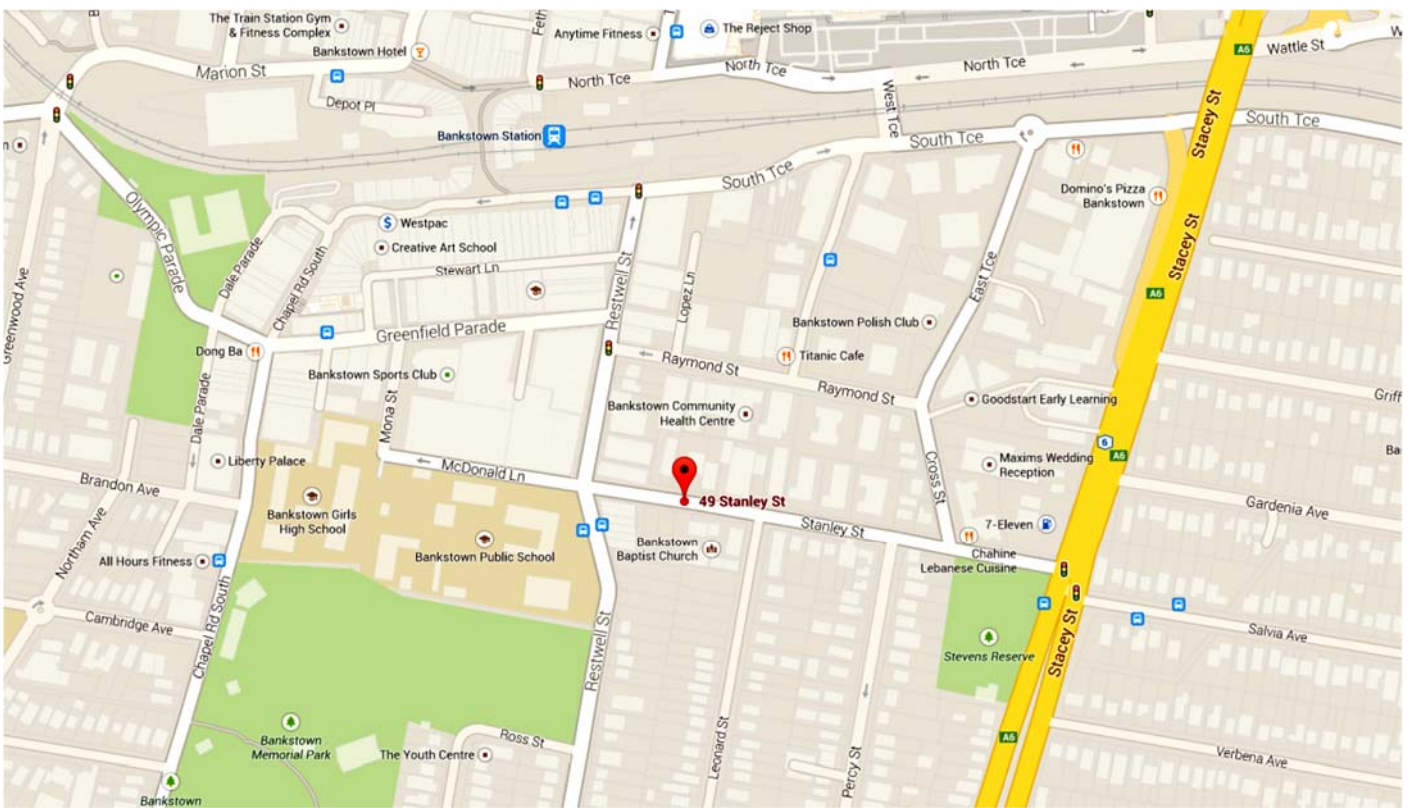
8.00 am to 6.00 pm

Saturday 8.00 am to 12.00 Noon

Address

49 Stanley Street Bankstown NSW 2200

Parking is available inside the property



OBJECTIVES OF THE HOME CARE PACKAGES PROGRAM

The objectives of the Home Care Packages Program are:

- to assist people to remain living at home for as long as possible; and
- to enable care recipients to have choice and flexibility in the way that care and support is provided at home.

These objectives are relevant to all packages funded under the Home Care Packages Program. CDC provides an additional framework to assist providers and care recipients to maximise the amount of choice and flexibility in the delivery of the packages.

There are four levels of Home Care Packages:

- Home Care Level 1 – a package to support people with basic care needs.
- Home Care Level 2 – a package to support people with low level care needs.
- Home Care Level 3 – a package to support people with intermediate care needs.
- Home Care Level 4 – a package to support people with high care needs.

Your Aged Care at Home currently provides services for Level 2 Home Care Packages.

WHAT IS CDC?

Consumer Directed Care (**CDC**) is a way of delivering Home Care to you under your Home Care Package that allows you to have greater control over your life by encouraging you to make informed choices about the types of care and services you access and the delivery of those services including who will deliver the services and when.

From 1 July 2015, all Home Care Packages are delivered on a Consumer Directed Care (CDC) basis.

CDC means:

- you get more say in the care and services you access, how it is delivered and who delivers it to you
- you will have conversations about your needs and goals

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- you will work in partnership with your service provider to develop your care plan
 - you agree to the level of involvement you will have in managing your care package
 - you will have a greater understanding about how your package is funded and how those funds are spent through your individualised budget and monthly income and expense statement
 - your service provider will monitor and provide you with ongoing formal reviews to ensure that your package still meets your needs.

CDC allows you and your carer more power to influence the design and delivery of the services you receive. It also allows you to exercise a greater degree of choice in what services are delivered and where and when they are delivered.

Under a CDC approach, you are encouraged to identify goals which will form the basis of your Care Plan and you can determine the level of involvement you would like to have in managing your own Home Care Package. Your level of involvement may vary over time as your care needs change.

CARE PLAN

You will first be assessed by the Aged Care Assessment Team (ACAT). Your carer or family may attend the assessment.

Your Aged Care at Home will then offer you a range of services to meet your individual needs. If you agree, these will be developed into a Care Plan which sets out what services you wish to receive, what are your goals, who will deliver the services and when you will receive them.

Throughout the care planning process, there will be an emphasis on your wellness and re-ablement, as well as maintaining your independence and control for as long as possible.

1. Review of your Care Plan will be carried out every 12 months or earlier if your needs have changed.
2. If you feel your needs have changed, please tell your worker or care coordinator immediately so a Care Plan review can be completed.
3. We cannot help you if we do not know that there is a change in your needs.
4. Your Aged Care at Home accepts that your family members will assist you wherever practicable.

HOME CARE AGREEMENT

The *Aged Care Act 1997* (Cth) requires an approved provider to offer all Home Care recipients a Home Care agreement.

A Home Care agreement is a legal agreement between you as the client and us as the care provider, which sets out a number of key elements about how the Home Care will be delivered. It may be signed by you if you have the requisite capacity, or your representative. It sets out your rights and obligations, and the rights and obligations of us.

In some circumstances, you will not have the necessary decision making capacity to enter into this agreement with us as part of requiring Home Care. If this is the case, your representative will need to review and enter into this agreement on your behalf. Once this agreement is signed by your representative, you will be bound by the terms of this agreement and subject to the rights and obligations contained within it.

A Home Care agreement sets out for both you the care recipient and us what care and services will be provided and to what standard.

Agreements are a contract between the client and the care provider and, as such, if you have any concerns about the content of this Home Care agreement, or if English is your second language, or you have a visual or hearing impairment or other special need, you may wish to take time to seek advice from friends, family, a financial adviser or a legal practitioner.

This agreement includes information about the type of care needed by you, the circumstances in which the care may cease and fees required to be paid in return for the support services.

COST OF THE SERVICE

If you take up a Home Care Package on or after 1 July 2014, we may ask you to pay:

- a basic fee of up to 17.5% of the single basic Age Pension
- an income-tested care fee if your income is over a certain amount.

Basic fee

Everyone taking up a Home Care Package may be asked by their service provider to pay the basic fee. The basic fee for a Home Care Package that the service provider may charge is up to 17.5% of the aged pension per fortnight.

This rate increases on 20 March and 20 September each year in line with changes to the Age Pension. This applies to each person receiving a Home Care Package, even if you are a member of a couple.

Income-tested care fee

Depending on your income, you may be asked by your service provider to contribute more to the cost of your care. This extra amount is known as an 'income-tested care fee'.

The Department works out the income-tested care fee based on an assessment of your financial information. The assessment does not include the value of your home or any other assets.

There are annual and lifetime caps that apply to the income-tested care fee. Once these caps are reached, you cannot be asked to pay any more income-tested care fees.

Annual and lifetime caps

There are annual and lifetime caps that apply to the income-tested care fee for Home Care Packages. Once these caps are reached, you cannot be asked by your service provider to pay any more [income-tested care fees](#).

The Australian Government will pay these fees for you after you have reached these caps.

The Australian Government will notify you and your service provider once you have reached the annual or lifetime cap

More information on the income-tested care fee is available on the [My Aged Care](#) website.

Fee estimator for Home Care Packages

You can use the My Aged Care [Home Care Fee Estimator](#) to help you estimate what costs your Home Care Package provider may ask you to pay.

Provisions for financial hardship

If you believe you will face financial hardship in paying your aged care costs, you can ask to be considered for [financial hardship assistance](#).

Top-Up Services

You may choose to “top up” your package by purchasing additional care and services through us. This would need to be negotiated and agreed between you and the service manager.

BUDGETS

Creating a budget for your package

When Your Aged Care at Home offers you a Home Care Package, we will need to work in partnership with you to develop a budget to fund your care plan. All care and services provided to you through your Home Care Package must be able to be paid for within the package budget.

Your Aged Care at Home holds the package budget and we will administer it on your behalf. The budget allows you to see what funds are available in your package and how those funds are being spent.

Your package budget is made up of:

- Australian Government subsidy (and eligible supplements)
- the basic daily care fee which all care recipients receiving a Home Care Package can be asked to pay
- your income tested care fee (if you have entered into Home Care after 1 July 2014) which you may need to pay depending on your assessable income
- any other amount you have agreed to with us.

All care and services provided to you through your Home Care Package must be accommodated within your package budget.

Any unspent funds, must be rolled over from month to month and year to year for as long as you remain in the package.

Monthly income and expenses statement

Once services commence, the Your Aged Care at Home will provide you with monthly statements to show you how your budget is being spent under the package

and the balance of funds. These statements will be in plain English and will be set out in a simple and easy to understand format.

You can negotiate with us whether you receive a paper, email or web-based version of the statement.

SERVICES PROVIDED BY YOUR AGED CARE AT HOME

The services available are based on the Home Care Packages Program Guidelines, Commonwealth Department of Health.

Services will vary according to the needs, as assessed and documented in the Client Care Plan, and the resources available to Your Aged Care at Home. Only services identified in the Client Care Plan will be performed. Services can be reviewed as the need arises.

The range of care and services available at any level of Home Care Packages includes the following:

A. Care services	
Personal services	Personal assistance, including individual attention, individual supervision and physical assistance, with: <ul style="list-style-type: none">• bathing, showering including providing shower chairs if necessary, personal hygiene and grooming, dressing and undressing, and using dressing aids• toileting• dressing and undressing• mobility• transfer (including in and out of bed)
Activities of daily living	Personal assistance, including individual attention, individual supervision and physical assistance, with: <ul style="list-style-type: none">• communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance in using the telephone
Nutrition, hydration, meal preparation and diet	Includes: <ul style="list-style-type: none">• assistance with preparing meals• assistance with special diet for health, religious, cultural or other reasons• assistance with using eating utensils and eating aids and assistance with actual feeding if necessary• providing enteral feeding formula and equipment

Management of skin integrity	Includes: <ul style="list-style-type: none"> • providing bandages, dressings, and skin emollients
Continence management	Includes: <ul style="list-style-type: none"> • assessment for and, if required, providing disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances and enemas • assistance in using continence aids and appliances and managing continence
Mobility and dexterity	Includes: <ul style="list-style-type: none"> • providing crutches, quadruped walkers, walking frames, walking sticks and wheelchairs • providing mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, and pressure relieving mattresses • assistance in using the above aids
B. Support services	
Support services	Includes: <ul style="list-style-type: none"> • cleaning • personal laundry services, including laundering of the consumer's clothing and bedding that can be machine-washed, and ironing • arranging for dry-cleaning of the consumer's clothing and bedding that cannot be machine washed • gardening • medication management • rehabilitative support, or helping to access rehabilitative support, to meet a professionally determined therapeutic need • emotional support including ongoing support in adjusting to a lifestyle involving increased dependency and assistance for the consumer and carer if appropriate • support for consumers with cognitive impairment, including individual therapy, activities and access to specific programs designed to prevent or manage a particular condition or behaviour, enhance quality of life and provide ongoing support • providing 24-hour on-call access to emergency assistance including access to an emergency call system if the consumer is assessed as requiring it • transport and personal assistance to help the consumer shop, visit health practitioners or attend social activities

	<ul style="list-style-type: none"> • respite care • home maintenance, reasonably required to maintain the home and garden in a condition of functional safety and provide an adequate level of security • modifications to the home, such as easy access taps, shower hose or bath rails • assisting the consumer, and the homeowner if the home owner is not the consumer, to access technical advice on major home modifications • advising the consumer on areas of concern in their home that pose safety risks and ways to mitigate the risks • arranging social activities and providing or coordinating transport to social functions, entertainment activities and other out-of-home services • assistance to access support services to maintain personal affairs
Leisure, interests and activities	<p>Includes:</p> <ul style="list-style-type: none"> • encouragement to take part in social and community activities that promote and protect the consumer’s lifestyle, interests and wellbeing
C. Clinical services	
Clinical care	<p>Includes:</p> <ul style="list-style-type: none"> • nursing, allied health and therapy services such as speech therapy, podiatry, occupational or physiotherapy services • other clinical services such as hearing and vision services
Access to other health and related services	<p>Includes:</p> <ul style="list-style-type: none"> • referral to health practitioners or other service providers

Excluded items

The following services or items are outside the scope of the Home Care Packages Program and must not be included in a package (at any of the four levels of home care).¹

Excluded items	<ul style="list-style-type: none"> • use of the package funds as a source of general income for the consumer • purchase of food, except as part of enteral feeding requirements
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¹ These items are excluded under Part 2 of Schedule 4 to the *Quality of Care Principles 2014*.

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|--|--|
| | <ul style="list-style-type: none">• payment for permanent accommodation, including assistance with home purchase, mortgage payments or rent• payment of home care fees• payment of fees or charges for other types of care funded or jointly funded by the Australian Government• home modifications or capital items that are not related to the consumer's care needs• travel and accommodation for holidays• cost of entertainment activities, such as club memberships and tickets to sporting events• payment for services and items covered by the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme• gambling activities• illegal activities |
|--|--|

OTHER SERVICES

Your Aged Care at Home works closely with other home care services to make sure that you get the services you need to live at home.

Your Aged Care at Home can organise help with:

1. community nurses;
2. meals on wheels;
3. community transport;
4. community day care centres;
5. home modification services which can install hand rails, lower door knobs, build ramps or renovate your bathroom or kitchen so you can be more independent;
6. podiatry;
7. physiotherapy;
8. occupational therapists – we recommend you **do not** buy any equipment without the assessment of an occupational therapist who will professionally assess your needs and recommend the correct equipment.
9. Pet Therapy

10. Foodbank

11. Assistance to pay your water bills (PAS)

WORKERS

It is a requirement under the Aged Care Act 1997 (Accountability Principles 2014) for an Approved Provider of Aged Care to ensure all workers, volunteers and contracted personnel have a current Police Check that is renewable every three years.

It is the responsibility of an approved provider to ensure that:

- i Each worker and volunteer has the required police certificate and, if necessary, a statutory declaration; and
- ii Persons with certain criminal convictions do not provide aged care e.g. a person convicted of murder or sexual assault or convicted of, and sentenced to imprisonment for, any other form of assault.

All Your Aged Care at Home workers and volunteers have obtained the police certificates and have been cleared to work in aged care.

1. You will be allocated a regular worker, but this may need to change according to the availability of workers.
2. Your service will be on a regular day but occasionally may have to be changed. You will be informed by 5.00pm on the previous day if any change has occurred.
3. The worker will carry her/his Your Aged Care at Home identification badge with them.
4. The workers have to work to your Care Plan in the time allocated to you. They are not permitted to undertake any tasks not in your Care Plan.
5. If you need any “one off” services, contact the manager. Do not ask the worker as she/he will have to refuse.
6. Workers are not expected to perform housework or other physical tasks if the temperatures are such that the worker could suffer from heat stress. These tasks will be performed on another, cooler day.

If You Are Not at Home at a Scheduled Service Time

It is important that you let the office know if you are not going to be at home for your regular service. Please contact the office on **8764 3669** by 5.00 pm on the previous day.

If we do not hear from you, we may worry that something is wrong.

Please advise the office as soon as possible before going on holidays or into hospital.

YOUR AGED CARE AT HOME'S POLICIES AND PROCEDURES

To give a quality service, Your Aged Care at Home has policies and procedures, including client and rights and responsibilities, and work procedures for all work undertaken.

CLIENT RIGHTS

Your rights include:

1. to be involved in deciding the home care services and support that are most appropriate for your needs;
2. to be given enough information to help you make an informed choice;
3. to choose, from the home care available, the services that best meets your needs;
4. to be given a written care plan of the services and support that you will receive;
5. to receive home care that takes account of your lifestyle and cultural, linguistic and religious preferences;
6. to be able to take part in social activities and community life as you wish;
7. to be treated with dignity, with your privacy respected;
8. to complain about the home care services being received, without fear of losing the care or being disadvantaged in any other way;
9. to choose a person to speak on your behalf for any purpose.

CLIENT RESPONSIBILITIES

Your responsibilities include:

1. Your residence and the land upon which it is situated will be a workplace for Your Aged Care at Home workers, therefore you are responsible to maintain

a safe working environment for workers that complies with Work Health and Safety requirements

2. You are responsible to ensure that Your Aged Care at Home is made aware of any risks associated with Your Aged Care at Home workers being at your residence and to take steps to ensure that any risks are identified and addressed.
3. To notify the Manager and workers of any hazardous areas or equipment.
4. To notify the Manager of any changes or cancellation of service in advance, unless it is unexpected or an emergency
5. To notify the Manager of your house rules/preferences.
6. To treat workers with dignity, respect and courtesy; free from abuse and harassment
7. To ensure that equipment supplied by the service is looked after and returned when you leave the program
8. To pay of all agreed fees promptly
9. Provide accurate and up-to-date information

WORKER'S LIMITATIONS

Your Aged Care at Home workers are not allowed to do anything for you that involve legal or financial matters, such as

1. Operate your bank account unless you fill out the necessary paperwork
2. Act as your power of attorney
3. Be appointed executor of your estate
4. Sign credit cards or bank account cards.

Our workers also must not:

1. Suggest how and where your money should be invested
2. Suggest what property you should sell or dispose of
3. Make an offer or suggest buying anything you own

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4. Ask you for gifts or expect you to do anything in return for the service they provide you
 5. Accept gifts – a token gift at Christmas time is acceptable.

PRIVACY COLLECTION STATEMENT

Protecting your Privacy

Your Aged Care at Home is committed to protecting your privacy and to ensuring we can provide you with the best possible care and services. We are bound by the *Privacy Act 1988* (Cth) (the **Privacy Act**) and the Australian Privacy Principles.

This Privacy Collection Statement should be read in conjunction with our Privacy Policy which contains detailed information on how we protect your privacy, including the way in which we may collect, use and disclose your information. A copy of our Privacy Policy is available at our office. We will provide a copy of our Privacy Policy to you before we start providing services to you.

Collection of information

We collect personal information about individuals directly from the individual or their legal representative. We will only collect information for a purpose that relates directly to our functions and activities as an aged care provider. We understand that you may not want to provide information to us. The information we request of you is relevant to providing you with the care and services you need. If you choose not to provide us with some or all of the information we request, we may not be able to provide you with the care and services you require.

For more detailed information, please refer to our Privacy Policy.

Use and disclosure

We will use and disclose your personal information only for the purpose for which it was collected or for any other purpose that is otherwise directly related to our functions or activities as an aged care provider or otherwise permitted at law. Please refer to our Privacy Policy for more detailed information.

Access and correction of information

Our Privacy Policy also contains detailed information on how you may access the personal information we hold about you and how you can seek to have your personal information corrected.

Overseas recipients

We will not disclose your information to overseas recipients. If we do, we will take all steps that are reasonable in the circumstances to ensure that the overseas recipient does not breach the Australian Privacy Principles.

Making a complaint

If you wish to make a complaint about the way we have managed your personal information you may make that complaint verbally or in writing by setting out the details of your complaint to any of the following:

(i) **The Aged Care Manager on:**

8764 3669

(ii) **Aged Care Quality and Safety Commission**

Online at:

<https://www.agedcarequality.gov.au/>

By phone on:

1800 951 822

(iii) **Office of Australian Information Commissioner at:**

Online at:

<http://www.oaic.gov.au/>

How to contact us:

If you have any questions in relation to privacy or how we manage your personal information, please contact us on **8764 3669**

Alternatively, you can e-mail:

manager@youragedcare.org

CLIENT COMPLAINTS

Your Aged Care at Home must know if you are not satisfied with the service or you have any other complaint about the service.

You can:

1. talk to your worker, or
2. contact the Manager on **8764 3669** or
3. email the Manager at manager@youragedcare.org or
4. Write to the Manager addressed to 49-51 Stanley Street Bankstown NSW 2200, or
5. Visit our office at 49 Stanley Street Bankstown, or
6. contact the Board of Your Aged Care at Home on **8764 3669**, or
7. The Aged Care Quality and Safety Commission on **1800 951 822**



We encourage you to contact the Manager if you have any complaints so that we may continually improve our services to you.

All concerns will be treated in the strictest confidence to ensure that your privacy is protected.

IF YOU HAVE PROBLEM WITH YOUR AGED CARE AT HOME



You could speak to the person you have the problem with

OR

You could talk to the Manager
8764 3669

OR

You could speak to the Board of Directors on
8764 3669

OR



Get a friend, relative or advocate to speak on your behalf

OR



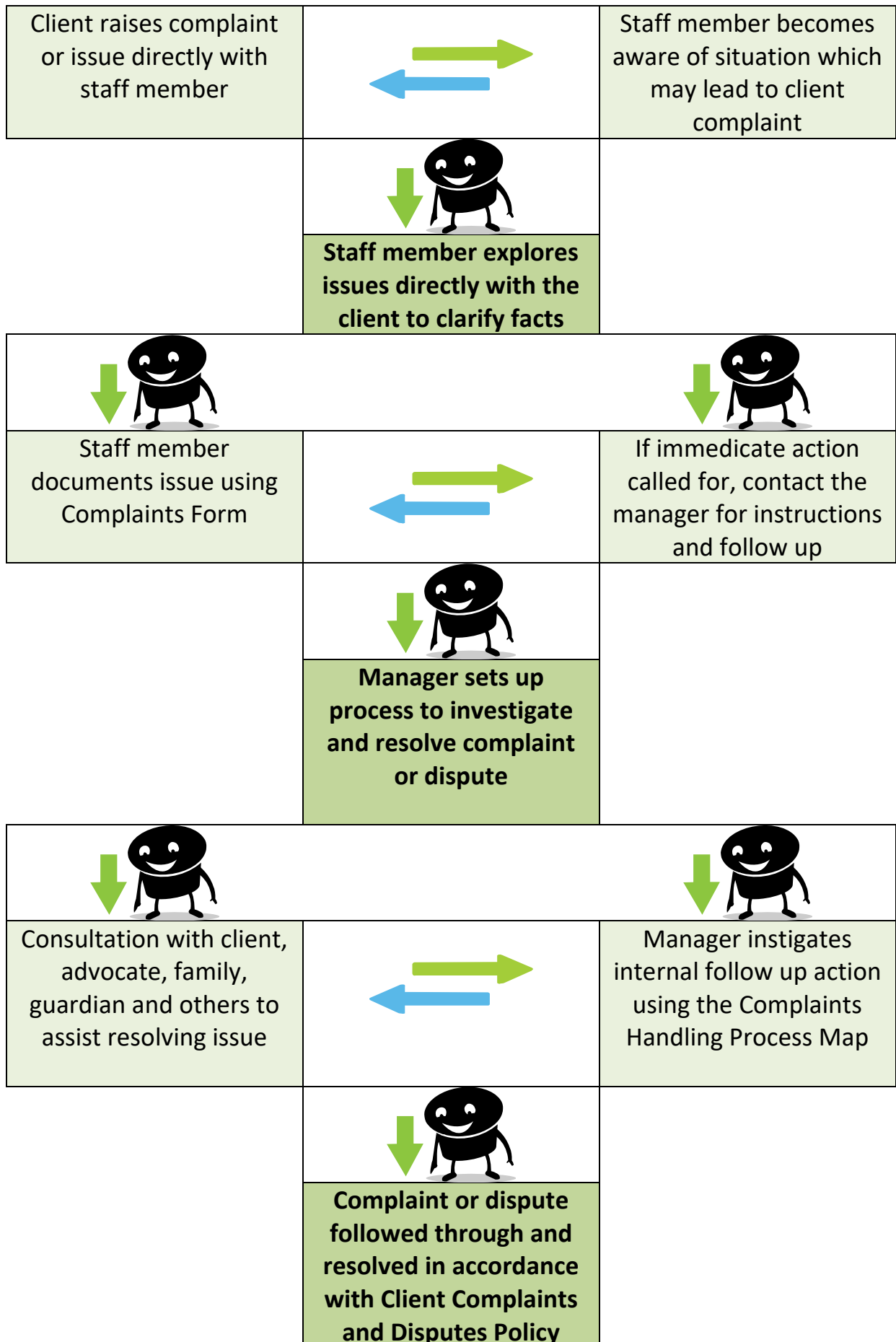
Write a letter to the Manager
**49-51 Stanley Street
Bankstown 2200**



If you still have a problem, you could contact the Aged Care Quality and Safety Commission on:
1800 951 822

We want to provide you with the best services we can ... so help us by letting us know ways we can improve.
Any suggestions are welcome.

COMPLAINTS HANDLING PROCESS MAP



HEALTH AND SAFETY

Your Aged Care at Home is committed to making sure you are safe and comfortable in your own home. We are also committed to looking after the health and safety of our workers when they are at work in your home. This is a legal obligation under the Work Health and Safety Act 2011.

Before service commences, the Manager will carry out a Work Health and Safety audit which will identify any problem areas. If any hazards are found, these must be corrected before the worker is permitted to begin work. Services will be refused until this work is undertaken.

Sometimes looking after the safety of our workers means having to balance the way we provide services with your preferred way of being helped.

Everyone benefits if the workers are safe, especially you. Injuries to workers can mean interruptions and changes to the assistance we provide you.

Your Aged Care at Home has written policies and procedures on all tasks done by workers. These are designed to assist the Manager to manage the risks most commonly encountered in the workplace.

- **Furniture**

No heavy furniture will be moved.

- **Stretching**

If an item cannot easily be reached by hand, it cannot be cleaned. Workers are not permitted to stand on step ladders, chairs or stools. A safety step-up box is allowed

- **Cleaning chemicals**

Certain chemicals are a risk to health and our workers are instructed not to use these. They will use safer alternate cleaning agents.

FIRE SAFETY

1. It is compulsory to install smoke alarms. These can be installed by the NSW Fire Brigade.
2. The NSW Fire Brigade, under their new initiative of SABRE – Smoke Alarm Battery Replacement for the Elderly will regularly check the batteries. This program is designed to support older people to live safely at home.
3. **Fire blankets** are available through Your Aged Care at Home. They come with instructions and workers will help you to understand these.

Smoking

1. Our workers are not permitted to smoke while working in your home.
2. We would request that you also not smoke while the worker is present.
3. Your home is the workplace. Legislation requires a smoke-free workplace.

EQUIPMENT

1. Equipment used is usually provided by you.
2. However, if the equipment at your home is faulty, worn out or is deemed a work health and safety hazard, then the worker will report it to the Manager who will negotiate with you to replace the equipment.

EXIT FROM YOUR AGED CARE AT HOME

You may exit the service at any time by giving 14 days' written notice. The maximum exit fee that we charge when you exit our service is \$200. This can only be taken from any unspent subsidy and not an out-of-pocket expense.

There may be circumstances where the services and approaches available through a Home Care Package no longer meet the needs of the care recipient in their own home. This statement relates to the first point under Security of Tenure "you cannot be cared for in the community with resources available to us."

The service may terminate this Agreement by giving you one month's written notice.

In accordance with the User Rights Principles of the Aged Care Act 1997, we may cease to provide home care to the care recipient only if:

- a) the care recipient cannot be cared for in the community with the resources available to the approved provider; or
- b) the care recipient notifies the approved provider, in writing, that the care recipient wishes to move to a location where home care is not provided by the provider; or
- c) the care recipient notifies the approved provider, in writing, that the care recipient no longer wishes to receive the home care; or
- d) the care recipient's condition changes to the extent that:
 - (i) the care recipient no longer needs home care; or
 - (ii) the care recipient's needs, as assessed by an aged care assessment team, can be more appropriately met by other types of services or care; or
- e) the care recipient has not met his or her responsibilities, as described in the "Charter of care recipients' rights and responsibilities—home care" for a reason within the care recipient's control.

If it is necessary for you to transfer to another type of care, the service manager will work with you and alternative providers to ensure a smooth transition.

ADVOCACY

1. An advocate is a person who, with the authority of the client, represents the client's interest.
2. The advocate's task is to present all that the individual would have said for himself/herself if he/she had been able.
3. Clients may use an advocate of their choice to negotiate on their behalf. This may be a family member, friend or advocacy service.
4. Advocates will be accepted by Your Aged Care at Home as representing the interests of the client.
5. Advocates may be used during assessments, reviews, and complaints or for any other communication between the client and Your Aged Care at Home.

TYPES OF ADVOCACY

Informal advocacy

Often a family member, friend or neighbour will have some experience in a situation or problem you are experiencing and so they will be able to clearly explain this to others, as they understand what you want and need. This is called 'informal advocacy'. As a carer you may also take on informal advocacy for the person you care for as a natural part of your role.

Self-advocacy

Self-advocacy involves a person knowing one's rights and responsibilities, and putting this knowledge along with their other skills and experience, to use in making decisions that will affect one's life.

Legal advocacy

"Legal advocacy" typically involves legal information, advice and representation on a person's behalf by someone with legal knowledge e.g. Community Legal Service.

Procedure for Appointing an Advocate

1. Clients wishing to use an advocate should inform Your Aged Care at Home in writing of the name of the person they wish to negotiate on their behalf. The client has the right to change their advocate at any time and should inform Your Aged Care at Home in writing of any change.

LEGAL CONSIDERATIONS

a) WILL

1. A will directs what happens to your money and property after you die.
2. You must be competent to make a will.

b) POWER OF ATTORNEY

A power of attorney is a legal document which appoints one person to act on your behalf in areas of property and financial management.

You could appoint a power of attorney in situations where you are:

1. going overseas or interstate
2. going into hospital
3. physically unable to look after your own affairs.

You are still in charge of your affairs and can limit the powers of the attorney to what you wish him/her to do.

A power of attorney **DOES NOT** enable him/her to make medical or life decisions for you.

It ceases to have effect when/if you lose your mental capacity.

c) ENDURING POWER OF ATTORNEY

This has the same functions as a Power of Attorney, but continues when/if you lose your mental capacity.

It also **DOES NOT** make life style or medical decisions for you.

d) ENDURING GUARDIAN

This is a legally appointed person to make personal and health care decisions on your behalf. You must consult a solicitor.

1. You choose your enduring guardian whilst you still have mental capacity
2. You can appoint more than one guardian to either act together or for different functions
3. You choose what aspects your guardian can make decisions about.

e) “ADVANCE HEALTH CARE DIRECTIVE”

This is a written statement which provides information about your own future health and personal care, written by you whilst you have mental capacity.

1. It ensures that health care decisions are made according to your stated wishes.
2. It is only used when you are not able to make your own health wishes known e.g. after a major stroke, dementia, unconscious state.

f) “PERSON RESPONSIBLE”

Medical and dental practitioners have a legal responsibility to get consent to treatments before treating any patient.

The patient usually gives this consent. If the patient is not capable of consenting to their own treatment, the practitioner should seek consent from the patient’s “person responsible”. This is required by the Guardianship Act 1987.

A “person responsible” is not necessarily the patient’s next of kin. It can be either:

1. A guardian (including an enduring guardian), or if there is no guardian:
2. The most recent spouse or de facto spouse with whom the person has a close, continuing relationship, or if there is no spouse or de facto spouse:
3. An unpaid carer who is now providing support to the person or provided this support before the person entered residential care, or if there is no carer:
4. A relative or friend who has a close personal relationship with the person.

If there is no “person responsible” and the treatment is major treatment, the practitioner must seek consent from the Guardianship Tribunal before treating the person. If the treatment is urgent, it can be done without consent.

CORONERS ACT 2009

Medical practitioners may issue death certificates if the death is not reportable to the coroner and they are satisfied that the cause of death is known. The death certificate can only be issued, without the need for an autopsy, if the medical practitioner has attended the deceased within the last 6 months.

QUALITY NUTRITION

Adequate nutrition and eating well is very important in the elderly. Eating well ensures good health and helps in the healing or prevention of many health problems.

However, malnutrition amongst the elderly is at a very high level. As we age, many physiological changes take place. A loss in appetite is commonly associated with ageing and can lead to decreased energy and malnutrition.

There are a few simple tips that will give you ideas for eating well and keeping strong:



Tips for Building Up

1. Eat small frequent meals – including snacks between each main meal.
2. Eat your main meal when you feel hungry or when your appetite is best.
3. Do not fill up on cups of tea or coffee instead of eating your meals and snacks. Have a milk drink instead.
4. Have a supply of ready-to-eat, nourishing snacks handy.
5. A drink supplement (e.g. Sustagen) may help. A dietician can advise which is best for you.
6. Enrich the food you eat. Butter, margarine or grated cheese and sauces can be added to vegetables. Cream or powdered milk may be added to soups, porridge and desserts.
7. Peanut butter (smooth), pate, cheese dips make good toppings for bread and biscuits.
8. Use high protein milk (recipe below) in drinks, on cereals, and in cooking.

High Protein Milk

Mix together: 500ml full cream milk and ½ cup skim milk powder.

Refrigerate and use whenever you normally use milk.

Easy Meals and Snacks

Today, supermarkets have a variety of foods that require little or no preparation at home.

KNOW WHICH FOODS YOU HAVE AN ALLERGY TO OR WHICH FOODS CANNOT BE TAKEN WITH CERTAIN MEDICATIONS.

1. Frozen or chilled main course items such as fish and chicken portions, lasagne, quiche, pie, pasty, pizza.
2. Complete chilled and frozen dinners, canned meats and fish, ham, tuna, salmon, sardines, canned stews, packaged soup, canned baked beans and spaghetti.
3. Pre-prepared salads and vegetables in bags from the salad or vegetable section.
4. BBQ chicken and cooked cold meats from the delicatessen.
5. Canned and packaged fruit in “snack packs”.
6. Canned creamy rice, dairy desserts and custards, fruit pies and cheesecake.

Foods rich in Omega 3 fatty acids

1. Vegetables

Spinach, cabbage, parsley, brussel sprouts, cauliflower, beans, winter squash, soybeans, broccoli, avocado, kale, kidney beans

2. Nuts

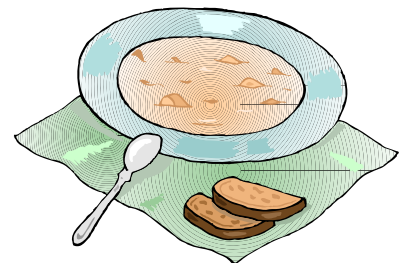
Walnuts, Brazil nuts, hazelnuts, pecans,

3. Seeds

Pumpkin seeds, sesame seeds, flax seeds

4. Oils

Soya bean oil, canola oil, rapeseed oil, linseed/flaxseed oil, cod liver oil, fish oil.



5. Fish

Fish is highest in Omega 3 fatty acids.

Salmon, halibut, sardines, trout, sprats, mackerel, anchovies, herring, tuna, pilchards, kipper, cod, snapper

6. Eggs

Egg yolks, both chicken and duck

7. Miscellaneous

Shrimps, clams, tofu, olives, peanuts, wheat germ, scallops, meat, poultry

- Look for manufactured foods that have Omega 3 fatty acids added.
- As omega 3's have anti-inflammatory properties, they have been linked with assisting in health problems e.g. – heart disease, stroke, high cholesterol, high blood pressure, diabetes, obesity, arthritis, osteoporosis, depression, burns, skin disorders, asthma.

Teeth, Mouth and Swallowing Problems

If you find it hard to chew or swallow, try some of these tips:

1. Puree, mince, mash or cut up food finely. Serve with sauces or gravy to keep moist.
2. Blend pureed or minced meats and vegetables with gravies, sauces, stock or soup rather than water.
3. Blend sweet pureed dishes with cream, milk, custard or yoghurt.
4. Dip biscuits or break bread into soup to soften them.
5. Cook meats and chicken until very tender. Substitute minced meat or chicken if necessary.
6. Eggs, cheese, milk fish and bakes beans are excellent sources of protein if eating meat is difficult.
7. Visit a dentist if your teeth are causing chewing problems.

If you have swallowing problems, such as food going down the windpipe, you must refer to a Speech Pathologist for assessment, as this can be very dangerous.

(Reference: Dieticians Association of Australia)

SPECIAL CONSIDERATIONS FOR THE OLDER ADULT

Fragile bones

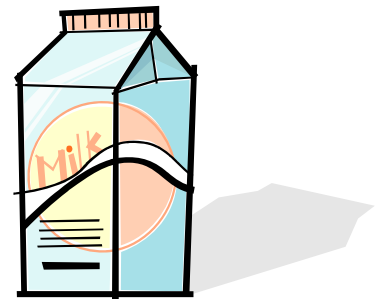
Osteoporosis is a common disease in older people - especially in women after menopause. Calcium is withdrawn from the bones and therefore the bones become fragile and the danger of fractures increases.



Once bones lose their calcium it is difficult to replace it, but there is something that you can do to protect against progress of the disease e.g. exercise, diet and sufficient sunshine.

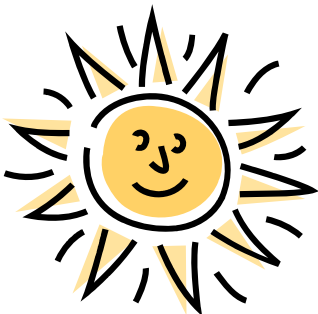
Calcium, fluoride and vitamin D are needed for strong bones.

Foods high in calcium are milk (whole or skim) and milk products such as yoghurt and cheese; fish with soft, edible bones such as canned salmon or sardines.



The recommended amount of calcium (1000 mg daily for women over 54 years, and 800 mg for men). Advice on a calcium supplement may be necessary - check with your doctor or a dietician.

Sunshine helps our bodies make their own vitamin D. The vitamin D helps to get the calcium into the bones. At least 10 minutes in the sun daily (not in the heat of the day) is sufficient.



If you have skin cancers or you have been advised against going into the sun, or if you are confined indoors, include foods which contain vitamin D. If necessary, your Doctor may prescribe Vitamin D tablets.

The foods which contain vitamin D are egg yolk, butter, table margarine, whole milk, yoghurt, cheese, malted milk, lamb's fry, liver, tuna, sardines and pilchards.

Arthritis

Healthy eating with a variety of foods is the best dietary recommendation for arthritis. It is also important to maintain a good weight. Being overweight can increase pain in weight-bearing joints e.g. knees. Recent research has suggested that fish oils may have some benefit in the treatment of rheumatoid arthritis. Try and eat fish at least once a week but don't use fish oil supplements unless they are prescribed by your doctor.

High blood pressure

About 15% of Australian adults suffer from high blood pressure. The risk of developing high blood pressure increases with age and these people are more likely to suffer from stroke and heart disease.



High salt intake, being overweight and not exercising are believed to increase the risk of developing high blood pressure.



Taste your food before adding salt and try some other flavouring instead of salt (e.g. lemon juice, herbs and spices, tomato, onion or garlic). Salt is not fattening, but in some people, salt can be held in the body along with fluid, and this extra fluid causes body weight to increase.

Constipation

To prevent constipation it is important to include foods in your diet that have a high fibre content. Wholegrain cereals, wholemeal bread, fruit, dried fruit, dried peas, beans and lentils are excellent sources of fibre.

Dieticians recommend at least 6 to 8 glasses of fluids daily. Please check with your Doctor if you are on a fluid restricted diet.

Alcohol



Small amounts (1 or 2 standard drinks a day) may add to your enjoyment of meals. Alcohol does not provide protective nutrients such as vitamins and minerals, but it does provide calories - which adds to your total calorie intake for the day and may result in weight gain.

Healthy teeth and gums

Healthy teeth and gums are a very important factor in being able to enjoy food. Loss of teeth, sore gums and dentures that fit badly will make it difficult to chew well. It is important for you to have your teeth checked regularly and if you do have dentures then have them adjusted correctly. It is essential to visit your dentist regularly, especially when you are having difficulty with your teeth, gums or dentures.



Vitamins



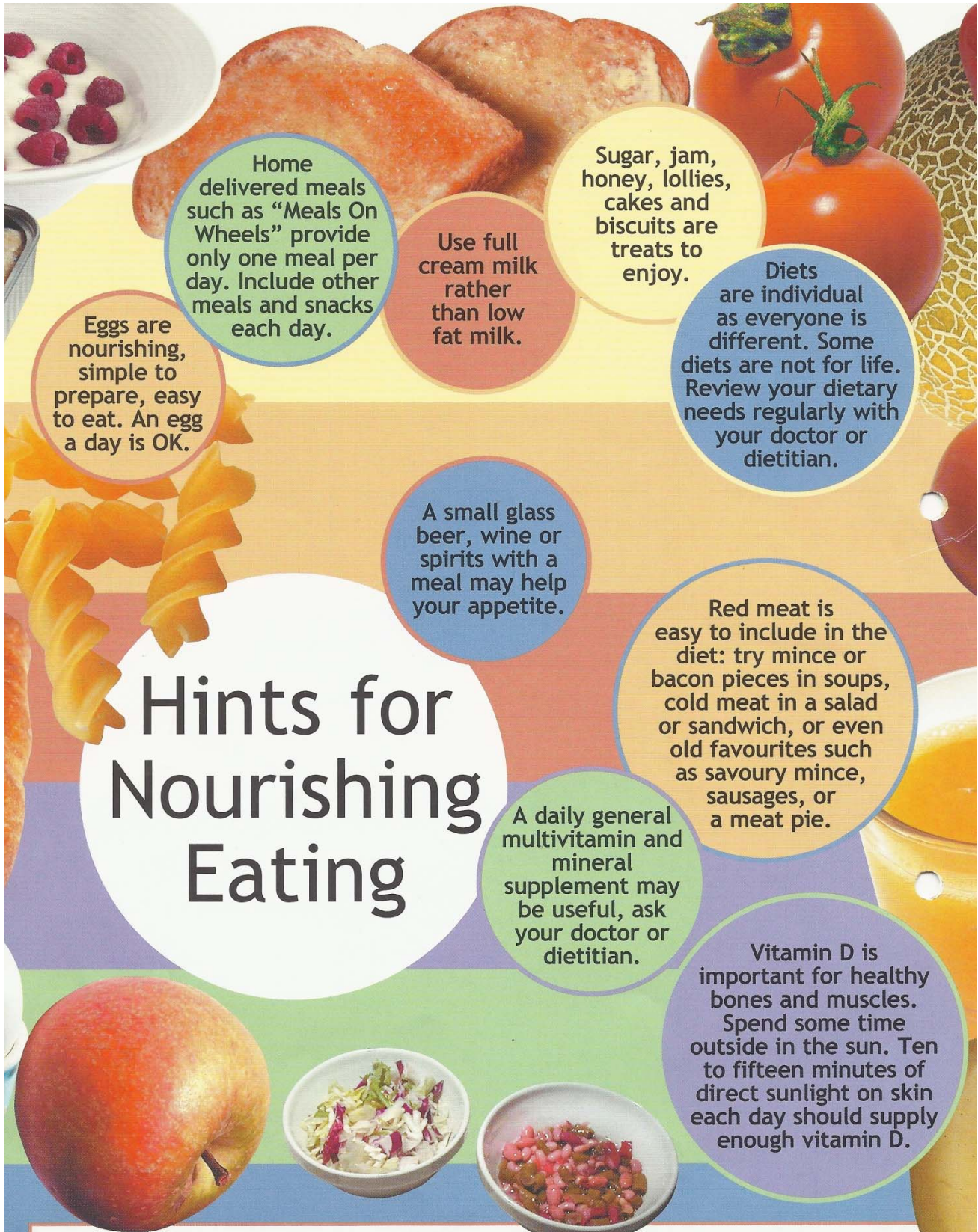
A poor diet cannot be made into a good diet just by adding vitamin supplements. If you are sick or not eating well, there are a number of ways to still eat well.

A milk egg flip, an omelette, a glass of fresh fruit juice or a bowl of vegetable soup are all fairly easily digested foods.

If you do use a vitamin supplement, they should be prescribed by your Doctor, as excess of some vitamins can be dangerous.

(Reference: Nutrition Australia)

HINTS FOR NOURISHING EATING



Eggs are nourishing, simple to prepare, easy to eat. An egg a day is OK.

Home delivered meals such as "Meals On Wheels" provide only one meal per day. Include other meals and snacks each day.

Use full cream milk rather than low fat milk.

Sugar, jam, honey, lollies, cakes and biscuits are treats to enjoy.

Diets are individual as everyone is different. Some diets are not for life. Review your dietary needs regularly with your doctor or dietitian.

A small glass beer, wine or spirits with a meal may help your appetite.

Hints for Nourishing Eating

Red meat is easy to include in the diet: try mince or bacon pieces in soups, cold meat in a salad or sandwich, or even old favourites such as savoury mince, sausages, or a meat pie.

A daily general multivitamin and mineral supplement may be useful, ask your doctor or dietitian.

Vitamin D is important for healthy bones and muscles. Spend some time outside in the sun. Ten to fifteen minutes of direct sunlight on skin each day should supply enough vitamin D.



This information was developed by the Dietitians Association of Australia (Victorian Branch) Dietitians in Rehabilitation and Aged Care Interest Group. For expert nutrition and dietary advice contact an Accredited Practising Dietitian (APD). Visit 'Find a Dietitian' at www.daa.asn.au or call 1800 812 942.

For further copies of this pamphlet contact DAA(Vic) Secretariat on Phone: (02) 6282 9798 or Fax: (02) 6282 9888 or Email: vic@daa.asn.au

WHAT IS DIABETES

Diabetes is present when there is too much glucose in the blood.

Diabetes develops when the pancreas is either unable to make insulin or the insulin is unable to work effectively. Without insulin, glucose builds up in the blood leading to high blood glucose levels causing health problems.



There are two main types of diabetes:

Type 1 - usually occurs in people under the age of 30 years but can occur at any age.

The pancreas produces no insulin because the cells which make insulin have been destroyed by the immune system. People with Type 1 diabetes require insulin injections to control their blood glucose levels.

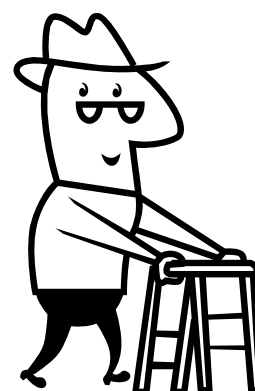
Type 2 - usually occurs in people who are over the age of 40 years and have a family history of diabetes or are overweight.

Being overweight makes insulin less effective at controlling blood glucose levels.

This often responds to a healthy eating plan, appropriate exercise and weight reduction.

What are the key signs and symptoms of diabetes?

1. Increased thirst
2. Frequent urination
3. Feeling tired and lethargic
4. Constant hunger
5. Slow healing cuts
6. Itching, skin infections



-
7. Blurred vision
 8. Unexplained weight loss

How is diabetes managed?

1. Education – finding out as much as you need to know to take responsibility for your health
2. Healthy eating
3. Regular physical activity
4. Medication – tablets and/or insulin injections
5. Regular health checks
6. Home monitoring of blood glucose levels



What are the aims of treatment?

To keep blood glucose levels as close to normal as possible – between 3.5 to 8 mmol/l

This will help prevent the short term effects of high and low blood glucose levels and the long term complications which can affect the eyes, kidneys and nerves.

What is Hypoglycaemia (Hypo)

Hypoglycaemia occurs when the blood glucose is low – less than 3mmol/L. When a person's blood glucose starts to fall they will usually become pale and begin to experience some symptoms. These symptoms vary from person to person but some common feelings are:

1. Weakness, trembling or shaking;
2. Sweating;
3. Light headedness;
4. Headache;
5. Dizziness;



-
6. Lack of concentration;
 7. Tearful/crying;
 8. Irritability;
 9. Hunger; and
 10. Numbness around the lips and fingers.

If not treated promptly the resulting low blood glucose may progress to:

1. Loss of coordination;
2. Slurred speech;
3. Confusion; and
4. Loss of consciousness/fitting



Treatment:

If you do experience symptoms you need to raise your blood glucose urgently. You can do this by taking one of the following:

- 5 – 7 Jelly beans; or
- 3 teaspoons of sugar or honey; or
- ½ can of ordinary (non-diet) soft drink



When you are over the initial symptoms, follow up with extra carbohydrate, e.g. plain biscuits, fruit or milk. Taking this extra carbohydrate will prevent a second drop in the blood glucose level.

Refer to your medical practitioner.

(Reference: Diabetes Australia)

MEDICINES



Information you should take to the doctor:

1. Symptoms – What are they? When did they develop? How did they develop?
2. Medicines – The doctor must know ALL the medicines you are taking including over-the-counter medicine such as aspirin, herbal medicines and vitamins.
3. Allergies or reactions – The doctor must know any bad effects you have had with your medications or other allergies.
4. Questions – Be prepared with any questions you want to ask.

Information you should get from your doctor:

1. What is the name of the medicine?
2. What is it for?
3. How often should I take it?
4. What results should I expect from taking it?
5. What side effects might I expect?
6. What should I do if I miss a dose?
7. How should I store the medicine?
8. Are there things I should avoid while taking the medicine? – Alcohol, driving, sun, food?
9. When should the medicine be reviewed or discontinued?
10. Is this medication likely to interact with other medicines I am taking?
11. Is there a cheaper brand appropriate for me?
12. Are there alternatives to taking this medication?



(Reference: Medicines Education Project, Australian Pensioners' and Superannuants' Federation)

HOW TO GET UP IF YOU HAVE A FALL



How to get up if you have a fall

Know what to do - it is important to have an emergency plan:

- Call for help - keep a list of family and friends' phone numbers near the phone, or program them into the phone for one-touch dialling
- Keep a phone within reach, in case it is hard to get up
- Consider a device that raises an alarm in case of an emergency
- Let family and friends know how to get into your house if you can't let them in.

1. Roll onto your side



2. Crawl or drag yourself to a chair



3. Face the chair and get up on your knee



4. Bring one knee forward and put that foot on the floor, then use the chair to push up with your arms, until you are upright enough to pivot your bottom around to sit



5. Rest for a while before standing up



If you can't bend your knees very well, slide along on your bottom, then lift your hips onto something higher, such as stairs. Then you can pull yourself upright again.

You might like to practice these techniques, so if you ever need to get up from the floor, you will feel more confident.

You should see your doctor after a fall if:

- You are taking anticoagulant medicines
- You are worried about your balance
- You bump your head, feel drowsy or unwell
- You have a pain that concerns you.

Acknowledgement to:

Staying Active and on Your Feet booklet
2010 www.activeandhealthy.nsw.gov.au

For further information scan this with your smart phone

Email: falls@cec.health.nsw.gov.au
Web: www.cec.health.nsw.gov.au



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FALLS FLOW CHART

FALL



DON'T PANIC

Stay quiet for a moment assess the situation



Make a decision whether or not to try to get up



I will try to get up



I can't get up



Use stable furniture to help



Try sliding or crawling to seek help



Take time to recover



Front door



Tell someone you have had a fall. Seek medical advice if necessary



Phone



Personal alarm



Loud noise

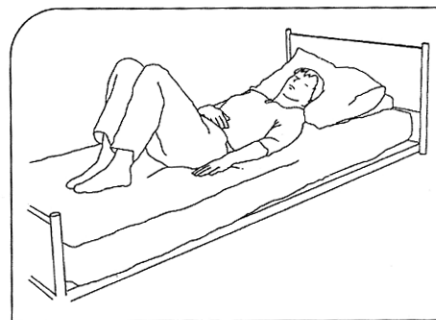


Make yourself comfortable and warm. Lie quietly until help arrives

TECHNIQUES FOR DAILY MOBILITY

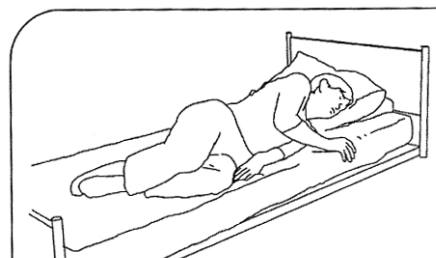
Independent Sitting to the Edge of the Bed

1. Bend your knees and put your arm across your chest.

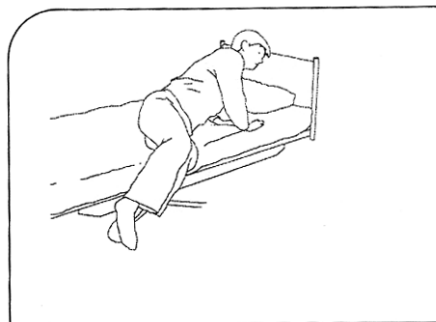


2. Roll onto your side by turning your head and rotating your flexed knees in the direction you want to roll

3. Push your feet towards the edge of the bed.



4. Push yourself up into a side sitting position by using your arms and put your legs over the side at the same time.



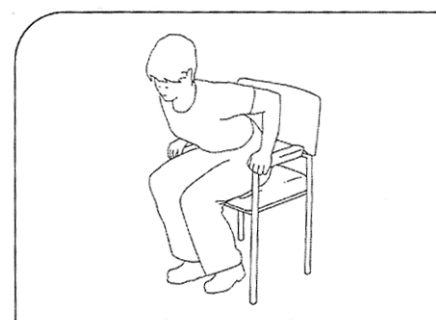
Independent Sit to Stand

Before starting, make sure that your feet can touch the floor when you are sitting.

1. Put your hands on the armrests of the chair, or a firm surface of the furniture on which you are sitting.

2. Put your feet flat on the floor – your feet should be apart and tucked back under the chair.

3. Lean forward in the chair and shuffle your bottom to the edge of the seat.



4. Lean forward while still sitting so that your upper body is above and over the top of your feet – ‘nose to toes’.

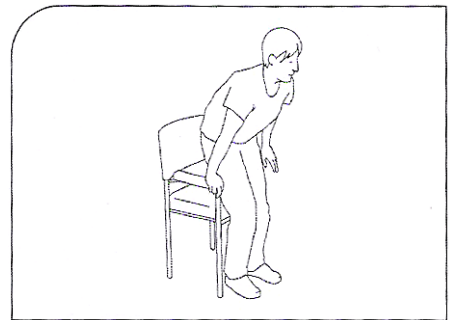
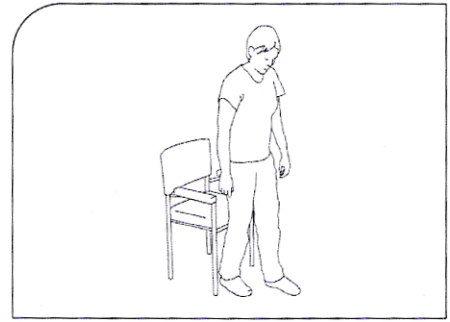
5. Gently rock back and forward to build up momentum to help you stand, if needed.

6. Push yourself up to a standing position using the armrests or surface on which you were sitting

Independent Stand to Sit

1. Make sure that you can feel the edge of the seat or bed on the backs of your legs or knees.
2. If you are sitting on a bed before lying down, make sure that you sit near the head of the bed so that you do not have to reposition yourself after you lie down
3. Reach behind and take hold of the armrests or feel for the firm surface of the furniture on which you are about to sit.
4. Lean forward – ‘nose over toes’ – and, at the same time, bend at the knees and hips to lower yourself onto the furniture.

All movements should be slow and controlled and you should not collapse back onto the furniture from a height.

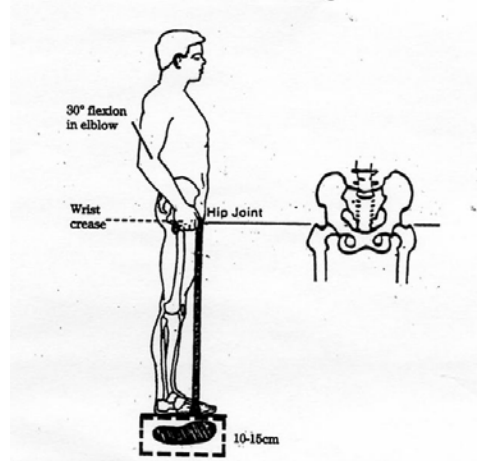


WALKING AIDES

Walking Stick

1. The top of the stick should come to the wrist, so there will be a slight bend in the elbow when holding it.
2. Grasp the stick with the hand on the side of your body opposite of the weak/injured leg.
3. Place the stick a small step ahead.
4. Begin with the injured leg. Push off the stick while swinging the injured leg forward.
5. Finish with the good leg.
6. Always keep your back straight when walking.
7. When going up stairs, step up with the good leg.
8. When going down stairs, lead with the injured leg.
9. Check the rubber ends on the walking stick on a regular basis for wear and tear.

Diagram for Adjusting the Walking Stick to the Correct Height



Walking Frames

1. The top of the frame should come to the wrist, so there will be a slight bend in the elbow when holding it.
2. Use both hands to hang onto the frame
3. Extend the frame in front the distance of about one step. Be sure all four of the legs are flat on the ground.
4. While holding the frame, walk forward, leading with the injured leg.
5. Land on the heel of the foot first.
6. Take small steps.
7. Always keep your back straight when walking.



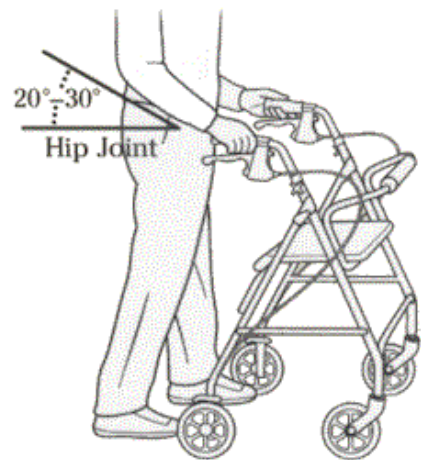
8. A frame should not be used to climb stairs or ride an escalator; take an elevator instead.
9. Check the rubber ends on a frame on a regular basis for wear and tear.

Four Wheeled Walker – With Hand Brakes

The four wheeled walker is designed to assist you with your walking by giving you a large base of support. The four wheeled walker has a basket, a seat and is also height adjustable, lightweight and folding with a hand operated braking system.

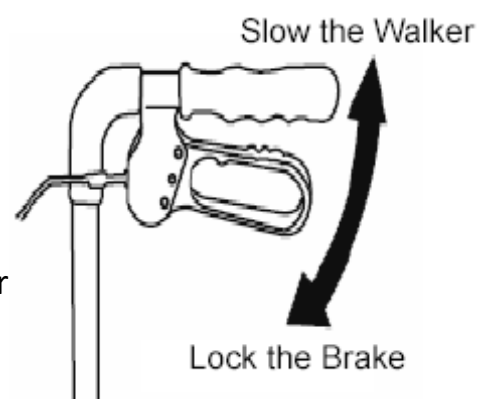
Adjusting the height of the four wheeled walker

1. Stand with your shoulders relaxed and arms by your side
2. The handlebar height should be at the crease of your wrist
3. Loosen the knobs on the outside of the handlebars to raise or lower the height
4. Tighten the knobs once you find the desired height of the handlebars



Getting up from a chair

1. Place the four wheeled walker in front
2. Lock the brakes (i.e. down position)
3. Pull feet back, place hands on arm rests of the chair
4. Lean forward, push up from arm rests
5. Stand up

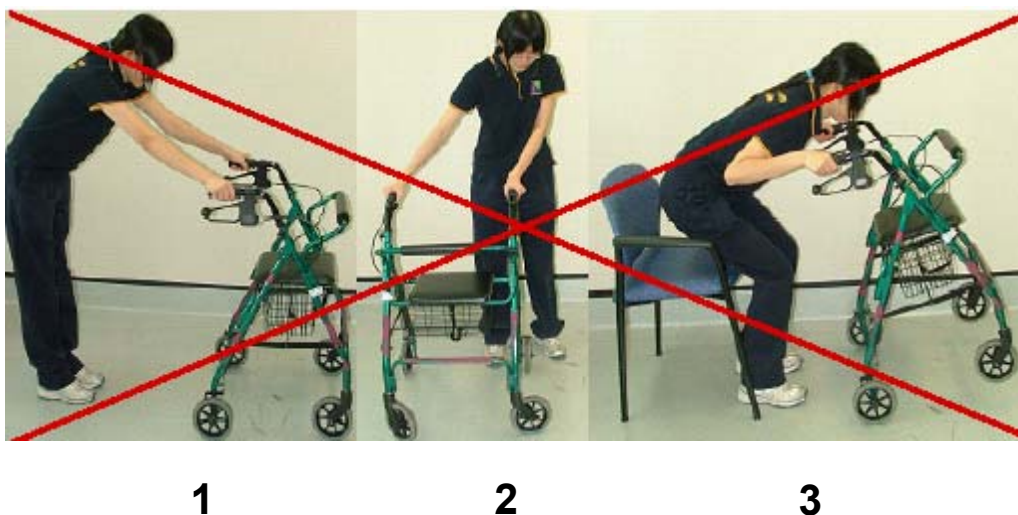




x Do not pull on the handles of the four wheeled walker to stand up as it may tip/overbalance.

Walking with a four wheeled walker

1. Stand upright
 2. Get your balance
 3. Unlock the brakes
 4. Walk in the middle and close to the four wheeled walker
- ✓ Squeeze the handbrakes to slow the four wheeled walker down
 - ✓ Take care when walking with the four wheeled walker on slippery or uneven surfaces, grass, slopes and ramps.



-
- ✘ 1. Do not walk with the four wheeled walker too far ahead of you
 - ✘ 2. Do not walk to the side as your leg may kick the leg of the four wheeled walker, or the bolts and nuts may scratch your skin and you may get hurt. It may also tip the four wheeled walker.
 - ✘ 3. Do not hold the handles of walker when sitting down as it may overbalance.

Turning with the four wheeled walker

1. Grasp onto handle bars
 2. Control the four wheeled walker as you step and turn around in a large arc (like performing a U-turn)
- ✓ Keep your feet between the wheels when turning
 - ✓ Turning towards your good / uninjured side will allow your stronger leg to support you
 - ✓ Avoid twisting on your leg when turning.

Sitting down into a chair

1. Walk back with the four wheeled walker until you feel the chair touching the back of your legs
2. Lock the brakes (i.e. down position)
3. Reach your arms back and down onto arm rests of the chair
4. Lean forward, poke your bottom out and slowly lower into the chair

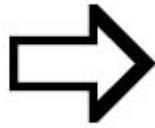
Sitting down on the seat of the four wheeled walker

1. Position the four wheeled walker against a fixed object e.g. a wall
2. Lock the brakes (i.e. down position)
3. Turn around, reach down and back on the handlebars of the four wheeled walker

4. Sit down slowly and carefully



1-2



3-4

- ✓ **Your feet should be flat on the floor for safety**

Standing up from the seat of the four wheeled walker

1. Lock the brakes (i.e. down position)
2. Push up with your hands on the handlebars
3. Lean forward, and stand up
4. Get your balance
5. Turn around slowly using the handlebars for support
6. Unlock the brakes and begin walking

Caution

- ✗ **DO NOT** leave the four wheeled walker in the sun. It may become too hot to touch, and the seat could be damaged.
- ✓ Brakes should be checked regularly

CLOTHING AND FOOTWEAR

1. Shoes and slippers should have non-slip soles with patterned tread and rounded, broad heels.
2. Avoid wearing socks only, loose fitting slippers, leather or other slippery soles and high heels.
3. Clothing should be short enough to avoid tripping, particularly nighties and dressing gowns.
4. **Sit down** rather than stand on one leg when dressing



STAYING ACTIVE

It is good	Why is physical activity important?
Helps control	
• Weight	✓ It makes you look and feel better
• Blood	
• Cholesterol	✓ Gives you more energy
• Diabetes	✓ Helps you sleep better
• Bone density	✓ Helps you to relax
• Reduces	✓ Helps you to meet people and make friends
✓	✓ Is fun
✓	✓ Tones your body
✓	
✓	
✓	It is good for your mind:
✓	• Reduces stress and anxiety
	• Improves concentration
	• Improves self-confidence
	• Reduces feelings of sadness

Everyone should try to do at least 30 minutes of moderate intensity physical activities on most days of the week.

Make sure your activities are safe and always consult your Doctor before commencing any exercise program.

1. Start slowly and allow your body to warm up
2. Increase your activity level gradually over weeks not days
3. Do some stretching exercises after your activity
4. Wear comfortable clothes and supportive shoes. This will make your activity safer and more enjoyable.
5. Drink enough water
6. Set the right pace – while doing your activity you should be able to talk without losing your breath.
7. If you feel any pain, slow down or stop.
8. Increase gradually the amount of activity you do each day.

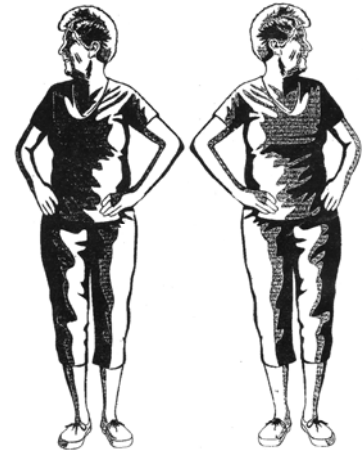
SOME SIMPLE EXERCISES

CONSULT YOUR MEDICAL PRACTITIONER BEFORE STARTING ANY EXERCISES.

Gentle exercises can be done anywhere, anytime, but it is probably best to set a time each day to do them. Little and often is the key to success. First thing in the morning and last thing at night are possibly the most sensible times.

Trunk movements

1. Stand up tall and place your hands on your hips
2. Do not move your hips
3. Turn as far as you can to the right, comfortably
4. Turn as far as you can to the left, comfortably
5. Repeat 5 times to each side



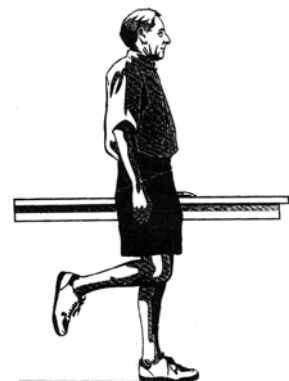
Calf raises – hold support

1. Stand up tall facing the bench
2. Hold on and look ahead
3. The feet are shoulder-width apart
4. Come up onto your toes
5. Lower the heels to the ground
6. Repeat this exercise 20 times



Knee bends – hold support

1. Stand up tall facing the bench with both hands on the bench
2. Place your feet shoulder-width apart
3. Squat down half way, bending your knees
4. The knees go over the toes
5. When you feel your heels start to lift, straighten up
6. Repeat 10 times



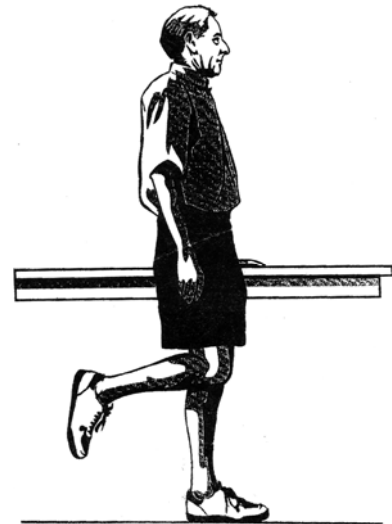
Toe raises – hold support

1. Stand up tall beside the bench
2. Hold on and look ahead
3. The feet are shoulder-width apart
4. Come back onto the heels, raising the front foot off the floor
5. Lower the feet to the ground
6. Repeat this exercise 20 times



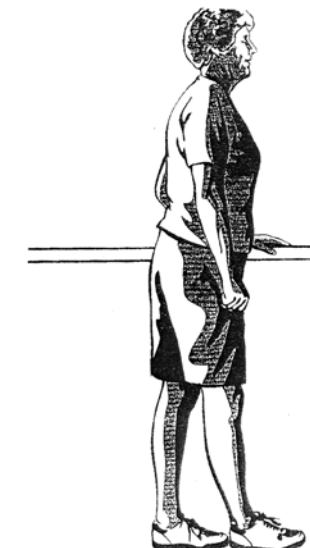
One Leg Stand – hold support

1. Stand up tall beside the bench
2. Hold on and look ahead
3. Stand on one leg
4. Try to hold this position for 10 seconds
5. Stand on the other leg
6. Try to hold this position for 10 seconds
7. Repeat 5 times on each leg



Heel Toe Walking – hold support

1. Stand tall beside the bench
2. Hold on and look ahead
3. Place one foot directly in front of the other so they form a straight line
4. Place the foot behind directly in front
5. Repeat for 10 more steps
6. Turn around
7. Repeat the exercise



EXERCISES FOR YOUR BRAIN

There are many things elderly people can do to keep their memory sharp e.g. Sudoku, crosswords, puzzles, learning a foreign language.

There is little research into whether these activities are a way to counteract dementia, but they cannot do any harm in preventing age-related mental deterioration. Memory training is necessary. There is some evidence that brain cells can produce new cells.

Scientists agree that there are at least 4 activities that can defend the brain against age and disease.

1. eating fresh fruit and vegetables
2. doing regular aerobic exercises
3. performing challenging mental tasks, reading, puzzles, Sudoku, computer games, learning a new language or musical instrument
4. engaging in social activities.

The likelihood of dementia increases with age. Dementia affects 1% of the population aged between 60 – 64, rising to 25% of people over 85. The earlier one starts to exercise the brain, the lower the risk of dementia.

However, it must be realised that these activities will not increase one's intelligence.

Mental exercise is sensible only when it is combined with physical exercise, good nutrition and when it is not routine.

Mental exercises

1. Memorising lists of words
2. Colour exercises using flash cards with the words red, blue, green etc, written on them in ink that does not match the word.
3. Sudoku – mental arithmetic
4. Crossword puzzles
5. Computer activities

Do not allow activities to become routine. Change in activities is essential.

Christina Ding-Greiner, a gerontologist from Heidelberg says that activities to promote memory are only worthwhile if the person also exercises and eats a balanced diet. She recommends walking.

(Source: Prof. Wolf Dieter Oswald, University of Erlangen-Nuremberg, Germany)

PERSONAL SAFETY AT HOME



1. Be careful as to whom you let into the house.
2. Use peep hole or look through a window to see who it is.
3. A good quality screen door puts a barrier between you and the visitor.
4. Always check the credentials of service repair people. People from the gas, electricity and telephone companies all carry identity cards. Inspect these carefully.
5. Do not allow charity workers or salespersons to enter your house.
6. If you are unsure of the person's motives, ask for their name, their company and ID card.
7. Do not allow people in to use your telephone. Direct them to the nearest phone booth or make the call for them, keeping the screen door locked.
8. Good lighting is necessary to identify people at night.
9. Open your door only to people you know and trust.
10. If you live alone, pretend that someone else is at home. Never admit that you live alone.
11. Do not indicate on unit directories if you are Ms, Miss or Mrs. Just use your initial.
12. Do not give any personal details or who lives in the house, to unknown telephone callers.
13. In case of nuisance calls, say nothing and hang up.
14. Buy an answering machine to 'screen' your calls only answering the calls you want.
15. If you have an answering machine it is a good idea to get a male voice to record the message.

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16. Keep relatives' and doctor's telephone numbers written next to the phone or key in emergency numbers.
 17. If possible have a phone extension in your bedroom.
 18. Make arrangements to have regular contact with someone.
 19. Use a personal alarm system especially if you are prone to falls.
 20. If you arrive home and suspect an intruder in your home, **DO NOT ENTER THE HOUSE**. Go to a neighbour and call the police. Keep a safe distance from the house. If you see anyone leaving, get their description, car and registration number.
 21. If you are at home and find an intruder on your property, you could: activate the burglar alarm, quietly call the police, switch on lights or make a lot of noise but **DO NOT CONFRONT THE INTRUDER**.
 22. If the intruder confronts you, try to stay calm, but shout and scream to alert a neighbour.
 23. Keep informed of the latest con schemes. Be wary of schemes that sound too good to be true.

PROPERTY INVENTORY

The police encourage people to make an inventory of all their expensive items in case of theft.

1. Compile a detailed inventory of all your property.
2. Record the serial numbers, makes, models, colour and size of your property.
3. Update when new items are purchased.
4. Mark all items with an engraver – ask local police or Neighbour Watch.
5. Photograph or video items that cannot be engraved such as jewellery.
6. Use your driver licence number, preceded by N or a code comprising your initials, date of birth and N e.g. AD130656N. N means NSW.
7. If any property is stolen, advise the police of your code.

HOW TO USE A FIRE BLANKET ON COOKING OIL FIRE

1. Pull the blanket from the holder using the 2 tapes.
2. Shake to unfold.
3. Hold onto the tapes when using the blanket as this will prevent your hands from burning.
4. Place the blanket carefully over the cooking container to form an air tight seal around the container.
5. Turn off the hot plate or gas.
6. Leave blanket in place until cool.
7. Fire blanket must be disposed of after use.
- 8. DO NOT USE AGAIN**
9. Never store the fire blanket near or over the source of fire e.g. over stove.





Fire blanket



Instructions for use

For a substance in flames

1 Pull tape down until blanket is released.



For a person in flames

1 Pull tape down until blanket is released.



2 Open blanket fully and gently place over flames.



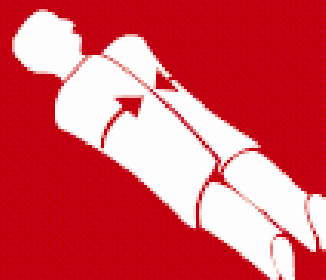
2 Open blanket fully and wrap around person to seal from air.



3 Turn off power supply. Leave blanket over fire.



3 Seek medical assistance.



ELECTRIC BLANKETS

1. **Follow manufacturer's instructions fully.**
2. Use as an under blanket only.
3. Do not use pins.
4. Keep in a fully spread position to avoid creasing or folding. This can cause heat build-up.
5. Do not use a double electric blanket on a single bed, or tuck in the wired area.
6. Always tie the blanket firmly to the mattress using tapes provided – never pins.
7. Blanket should be towards end of bed not under pillows.
8. Switch off after use.
9. Avoid overheating. Do not leave clothes on the bed while the blanket is switched on.
10. Blankets over 5 years old should be checked for wear and tear.
11. For storage – roll or fold the blanket to avoid kinking the heating element. Store it where nothing will be placed on top of it.
12. Never place a baby on the blanket as babies can dehydrate quickly or receive burns.
13. Elderly people can be burnt if they cannot turn off the blanket themselves.
14. Never dry clean or put the blanket in the washing machine or spin dryer. If it does get soiled, sponge lightly and allow to dry naturally.
15. Never switch on when wet.
16. Never strain or stretch the flexible cord or let it drape where it may be damaged by a bed leg or caster.

Regularly check the blanket before use for any signs of damage e.g. scorches marks, lumpiness, and cord for cracking. If in doubt do not use.

USEFUL RESOURCES AND FURTHER INFORMATION



For Further information on Aged Care Services please visit:

<http://www.myagedcare.gov.au/>

or phone:

1800 200 422

Mon-Fri 8am - 8pm

Saturday 10am - 2pm

SENIORS RIGHTS SERVICE



Seniors Rights Service is a community legal centre that protects the rights of older people. They provide telephone advice, advocacy, legal advice and educational services.

<https://seniorsrightsservice.org.au/>



Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

A banner with a blue and purple wavy background. On the left, it contains text and a button. On the right, it shows a photograph of an elderly man and a woman in a light blue uniform sitting at a table, looking at something together.

Complaints are important.
We are here to listen.

Make a complaint about a service

1800 951 822

<https://www.agedcarequality.gov.au/>