

Should there be greater emphasis on consumer-directed care in the delivery of services, and would this enable more older Australians to exercise their preference to live independently in their own homes for longer with appropriate care and support?

A BRIEF OVERVIEW OF CARE NET COMMUNITY NURSING – A COMMUNITY CARE SERVICE PROVIDER

The following statement broadly addresses issues noted in the box above.

We are a small community service provider

We have been operating for 10 years

We provide services from Joondalup to Bunbury

We are private

We case manage

We provide 1 hour of care through to 24 hour continuous, low and high care

We provide care to all who require assistance, all ethnicities, children, aged, disabled and their carers

We employ RNs, ENs and Cert 111 support staff

We regularly recruit, train and work hard to retain staff in a relatively low paid industry

We are; experienced, responsive, responsible, accessible, appropriate, specialised, comprehensive and flexible

We try to negotiate the minefield of decisions faced by our clients requiring Community Aged Care services

We have built strong and healthy relationships with GPs, hospitals, ACAT social workers and Commonwealth Carer Respite and Carelink Centres

We believe we are sought after because of our flexibility and ability to tailor services to suit personal needs in our consumer driven environment

We access – We assess – We deliver – We review – We refer. We consider this our duty of care and in many instances we do this without remuneration

We are members of relevant Peak Bodies in WA

We are meeting consumer choice every minute of every day, regardless of where the money comes from

We are not simply task focused

Community Nursing

We put quality before commercialism

We receive messages of satisfaction throughout the year –

“I would like to thank you for your service to me and also to your staff whom have done a great job. If one day I need your assistance again, I hope I can call on you. Thanking you for your great support and thank you for sending me my special support worker.”

(Client)

“This is the first time I have ever had to use this service. We would like to tell you how much we appreciated all the services you put in to our home at Mandurah.”

(Client)

“Thank you so much for checking back on my mother and getting her to put the phone back on the cradle.”

(Client’s Daughter)

“Thanks for all your help. Love from all the Team at Mercy.”

(Co-ordinators, CACP)

“Thank you again for the time and concern you have spent with our client, your staff join us in making his remaining years pleasurable and as stress free as possible.”

(Co-ordinator, Aged Care Packages)

“I wish to take this opportunity to thank you, your staff members and very caring ladies who stayed with us; for all the help and assistance we have received since last October. The carers got on so well with my wife, our family members and I. Our best wishes go to you all.”

(Client’s Husband)

We face the same and other challenges as our partners in the community care industry

We have been contracted to the Department of Veterans’ Affairs to provide services in both their Community Nursing and Home Care programs for the past 9 years

We are brokered daily to provide the workforce for a number of government funded agencies, therefore ensuring services (CACP, EACH, EACH-D, short-term respite) go ahead and client needs are met

We should not bother applying for HACC funding as an assessment agency or as a service provider because we are PRIVATE FOR PROFIT (WA Health Dept)

Surely as a provider who is brokered to provided direct care for HACC,CACP,EACH and EACH-D we have the relevant history and experience, however, continuity of care is lost when funded agencies have their own staff and ‘take back’ clients suddenly.

A Day in the life of a Care Net Support Worker

John and Iris are retired. John is Iris' carer.

Mary (support worker) arrives at the door at 7am, she is greeted by John and Iris. Iris has been up for a few hours and John is happy to be relieved of his many responsibilities. While Mary gently coaxes Iris, they head for the bathroom to attend the morning personal care. John slips quietly into his office for the morning. A big day has been planned; John needs to go to the farm and check on things, they will stay overnight and return in the morning ETD is 2pm.

After the morning routine is completed Mary and Iris decide to make a cake, they will stop on the way to the farm and have afternoon tea. Iris loves cracking the eggs and watching the beaters go round. While the cake cooks they go for a walk to the river where Iris feeds the birds. Mary waits for her. It is her daily routine; she loves to walk, loves the birds and the river. She has done it for years, long before she and John received her diagnosis of Alzheimer's disease.

When they return home it's time for lunch. Iris, with Mary by her side, make a salad and serves the cold meat from last night's roast, Iris reminds Mary to "cut it thinly". Iris then sets the table using her best silver and serviettes; they call John and sit together. It's 12.30pm. Mary tidies up and takes Iris to her room for her afternoon rest. She enjoys classical music so Mary sets this up for her, quietly reassures away all the queries and questions and when Iris is settled, leaves the room. Mary does some general house work, ironing and packing for the night away. She makes a thermos of tea and gets the picnic hamper ready. Iris wakes at 1.30pm and they leave for the 2hr journey. Mary drives the family car and John sits in the back with Iris, they reminisce. After an hour Iris is restless and needs a break. They stop, enjoy the picnic afternoon tea and arrive at the farm just on 6pm.

Mary makes the beds and prepares a light meal while John takes Iris for a walk. After tea they play cards and Mary accompanies Iris, assisting her with personal care needs and assists her to bed. Iris does wake in the night, John attends to her and she quickly settles. Next morning Mary prepares breakfast for them all and then she and Iris busy themselves with a drive and visit some old neighbours while John goes about catching up with farm business. After lunch and a rest, they head back to the city. John drives and Mary sits in the back with Iris, they sing.

They arrive home and the routines are repeated. Mary shares this role with two other support workers; they are part of the family. Mary says her goodbyes, she will be back tomorrow. John takes over as sole carer.

John is always worrying about the money, will it last? He funds all the care himself. He has tried day centres but Iris becomes very anxious and unsettled, making her time at home a stressful experience for them both. John is not in the best health, however, he wants the best for Iris and this is their choice.

Imagine what it would be like to have no choice...

Community Nursing

Community care is the preference for many older Australians and in the future their needs and expectations will change – private agencies can meet client needs and the distribution of government funding should recognise this. Private agencies should have the opportunity to work alongside government funded agencies, to provide the best possible services to older Australians.