



Better at Home

Why live-in homecare is a real alternative to residential or nursing home care



The Live-in
Care Hub

The home of expert advice

Foreword



There are now 11.6 million people aged 65¹ or over in the UK. When it comes to caring for our ageing population, there's overwhelming evidence that constant, person-centred, one-to-one care produces a far better experience as well as improved health and wellbeing 'outcomes' for the vast majority of people. We know that 97 per cent² of people don't want to go into a residential care home if they become ill or less able to cope; it can be unsettling to move away from friends, a partner or pets. Ageing in our own home – in a safe and therapeutic environment – is the oldest and most respected form of social care, though still little known about in the UK.

So, what is the alternative and how do we know if it's better?

The Live-in Care Hub is a coalition of leading 24/7 live-in care providers that champion live-in care as a wonderful alternative to residential care. Live-in care means dedicated carers provide around the clock care for people in their own home. Last year it published the **No Place Like Home** report which looked at our fears for our older loved ones and how we plan (or don't) for their care.

This year, The Live-in Care Hub's **Better at Home** report shares findings from fresh research it has commissioned. It investigates, for the first time, how wellbeing outcomes for people receiving live-in care differ from those in residential or nursing homes.

The research, which was conducted by members of The Live-in Care Hub – and their clients, looked at two key areas: falls and associated hip fractures, both of which are major concerns in the health of older people and cost the NHS millions of pounds in hospital admissions.

The findings conclusively show that people who have live-in care are less likely to fall, and far less likely to have a hip fracture than people in residential and nursing homes.

But it's not just about physical health. Its study found people receiving live-in care have higher levels of happiness with 'softer' positive outcomes. They enjoy their home-cooked meals and the sense of freedom and independence that's maintained.

For wider context, The Hub also commissioned further research, this time with the general public, to examine just how much time we have for our elderly relatives in these days of time-poor lifestyles. And according to all age groups, it's not nearly enough. While it makes for sad and worrying reading, it does underline how high quality 24/7 live-in care could be the perfect solution for many, many families, if only they knew about it.

I'm sure you'll find this report informative and valuable.

Katherine Murphy,
Chief Executive, The Patients Association



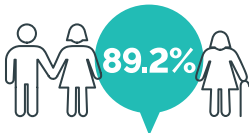
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NEWS: Families' guilt

As more and more people are unable to see older relatives regularly due to the demands of younger families, work pressures or living far away, the lifeline that highly experienced, highly empathetic live-in care can give has never been more relevant.

To find out more about the dynamics of today's frantic, fragmented families The Live-in Care Hub commissioned a nationwide consumer study³ which reveals common attitudes and actions relating to older relatives. The research found:



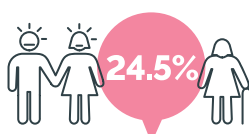
Nine out of 10 Brits (89.2%) say they think it is important to speak to elderly relatives regularly



AND three quarters of people say they should make at least weekly contact with them... BUT fewer than half actually do so



One in ten (10.3%) admit they ONLY see elderly relatives at Christmas or on special occasions



One in four (24.5%) feel guilty for not seeing elderly relatives more, rising to well over a third (35.9%) of 16-24 year olds, a generation not normally associated with spending time with 'oldies'



Just over one in seven (15%) admit they're worried about not being in contact elderly relatives – and then something happens to them



A staggering 11% of men say you should NEVER contact elderly relatives

The case for live-in care vs care from residential care and nursing homes

Quite apart from the overall benefits around the clock live-in care offers (see pages 9 and 12), additional research by the Hub^{4,5} also now PROVES common 'older age' incidents, which will always happen as part of the risks of ageing, are significantly lower with live-in care than in an institutional care setting. They include:

- **A THIRD FEWER falls**
- **A QUARTER of the hip fractures**

Plus:

- Someone who has a live-in carer is much more likely to have and enjoy the food and drink they want than someone in a residential or nursing home. This aids health and wellbeing, and quality of life generally – and means they are at lower risk of developing urinary tract infections, a major contributing cause of falls, see page 5.
- They enjoy greater independence, despite the fact that people receiving live-in homecare have similar levels of disability to those in residential and nursing homes. In fact a shocking 37 per cent of people in residential and nursing care **DON'T EVER LEAVE THEIR HOMES**, compared with just 21 per cent of people with a live-in carer. A full 16 percentage points difference.
- Some of the most eye-catching examples of this include one 108 year old gentleman who still actively tends his garden and goes for walks – and another, a retired architect who'd suffered a stroke. He'd lost the use of his right side, but has now taken up painting – with his left hand, something that would never have been achieved without the care he's received at home.

SLOMO: that shocking 'whoa' moment

Independent researchers, commissioned by The Hub have identified the 'Suddenly Looking Older Moment'. They've coined the acronym 'SLOMO' to describe the worrying realization that one in five (20.6%) people experience when seeing an elderly relative for the first time in ages. This often results in further family guilt AND, especially where a parent or grandparent is now obviously struggling to cope, frenzied discussions on what on earth to do. They see adequate care as a terrifying time bomb for which few have made plans.

“We tend to be flooded from late November onwards with calls from families who have just seen, or started to think about, elderly relatives as they witness their increased frailty and declining abilities. In an ideal world they'd come to us for advice and personalised options long beforehand and can avoid the dreaded 'Mum needs to go into a home' default setting. It is definitely NOT the only choice and live-in offers a life-enhancing, real alternative for all concerned.”

Dr. Freddy Gathorne-Hardy,
The Live-In Care Hub

³ 1,200 adults were interviewed for The Live-in Homecare Hub by Censuswide in a nationally representative UK survey in November 2016

⁴ An analysis of falls and their outcomes (including hip fracture rates) from Live-in Care Hub members' anonymised client data over 1,498 person-years. Following method outlined in Rapp et al (2012) except using Hub's own incident data (collected and anonymised by UKCHA). The Hub has data for 1,498 person-years. Out of these, there have been 1636 falls. Therefore 1636/1498 = 1.09 falls per person-year. 'Person-year' definition: number of full years measured, per individual, ie: a person's health recorded in April 2013, 2014 and 2015 would give three person years, but they are not necessarily recorded over a different period as another's person years, which may have been recorded in, say May 2011, 2012 and 2013

⁵ A survey investigating the quality of life of Live-in Care Hub's clients using the ASCOT (Adult Social Care Outcomes Toolkit) survey technique, developed by Personal Social Services Research Unit, University of Kent. 293 responses. Compared to Personal Social Services Adult Social Care Survey, England - 2015-16, <http://content.digital.nhs.uk/search/catalogue?productid=21821&topics=1%2fSocial+care%2fUser+experience&sort=Relevance&size=10&page=1#top>. Accessed October 2016

NEWS: Falls - the quiet menace

They sound relatively innocuous, but every minute, six people over 65 suffer a fall⁶ and falls and fall-related injuries are a common and serious problem for older people. 30% of over 65s and 50% of over 80s fall at least once a year – and eight per cent of the 80+ population in England and Wales were admitted to hospital in 2014.⁷

Due to their age, advanced frailty and medical conditions, people who are in a residential care or nursing home, or who have full time live-in care at home are among the group with the highest risk of falling. In fact a major reason for someone needing to have full time care is a fall, or a history of falls.

The worst falls result in serious injury, including hip fractures of which there are about 60,000 a year (across all ages) in England, Wales and Northern Ireland (excluding Scotland). According to the Royal College of Physicians: "hip fracture patients face a significant risk of dying or of losing their independence."

A month after suffering a hip fracture 1 in 12 people will have died and only half will have returned home.⁸

The annual cost for all hip fractures in the UK, including medical and social care, is about £2 billion.⁹



Almost ONE THIRD fewer falls: live-in care vs care from residential care and nursing homes



Live-in care at home

One fall every 1.09 person years

VS



Residential care & nursing homes

One fall every 1.2 - 2.2 person years^{4, 10, 11, 12}

Cost to the NHS:

- Each hip fracture likely to need hospital admission, at £5,744 per patient¹³
- Each ambulance call-out costs £230¹³
- Falls account for up to 40 per cent of ambulance call-outs for people aged 65+¹⁴
- Falls are estimated to cost the NHS more than £2.3 billion per year¹³
- Social care costs are 70 per cent higher in the year following a hospital admission for a fall than in the previous year¹⁵



⁶ Age UK: Stop Falling: Start Saving Lives and Money

⁷ The Health and Social Care Information Centre, Hospital Episode Statistics for England. Admitted Patient Care statistics, 2014-15

⁸ Falls and Fragility Fracture Audit Programme (FFFAP): National Hip Fracture Database (NHFD) extended report 2014. London: Royal College of Physicians. (National Hip Fracture Database National report 2013)

⁹ NHS Choices website: <http://www.nhs.uk/conditions/hip-fracture/Pages/introduction.aspx>

¹⁰ Rubenstein LZ, Josephson KR, Robbins AS. Falls in the nursing home. *Ann Intern Med* 1994;121:442-451

¹¹ Todd C, Skelton D. (2004) What are the main risk factors for falls among older people and what are the most effective interventions to prevent these falls? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; <http://www.euro.who.int/document/E82552.pdf>, accessed 5 April 2004

¹² Rapp K, Becker C, Cameron ID, König H-H MD, Büchtele G Epidemiology of Falls in Residential Aged Care: Analysis of More Than 70,000 Falls From Residents of Bavarian Nursing Homes; *JAMDA* 13 (2012) 187.e1 - 187.e6

¹³ NICE: The National Institute for Health and Care Excellence 'Falls: assessment and prevention of falls in older people' - 2013-14 tariffs – admitted patient care and outpatient procedures. Average tariff based on Health Resource Group codes HA11A–HA14C (hip procedures)

Making a difference for families – and savings for the NHS

Along with hip fractures and other injuries, falling also affects family members and the carers of people who fall. It has an impact on quality of life, health and healthcare costs.

People often experience a loss of independence and confidence after a fall and some become housebound. This is a vicious circle because anxiety about the fall, pain and lack of activity can reduce quality of life further and make people weaker and often more vulnerable to further falls.

It's a massive problem that can only increase with an ageing population – but live-in homecare can reduce the incidence and a growth in the sector can deliver a real cost saving in both human and financial terms².

Live-in home care offers an effective solution to the issue of hospital bed blocking, which **currently costs £900m a year for NHS England alone** (BBC Feb '16). Early discharge from hospital is thought to **save around £700 per bed per night**. Live-in homecare means clients have an evolving personal care plan and ongoing bespoke, person-centred attention means they're far less likely to suffer from falls. This releases pressure on NHS A&E departments and significantly mitigates the risk of readmission.

Live-in homecare also means, even if someone has been in hospital, they are able to be discharged quickly and rehabilitation at home is far less traumatic and more comfortable in familiar surroundings. There's also less chance of contracting the ever-present risk of a hospital-acquired infection.

Avoiding emergency hospital admissions is a major concern for the National Health Service (NHS), not only because of the high and rising unit costs of emergency admission compared with other forms of care, but also because of the disruption it causes to elective health care – most notably inpatient waiting lists – and to the individuals admitted*



“ Staying safe and well at home is the best solution for people, their families and communities. Live-in homecare has an essential role working with the health service. It can make a real difference to avoiding hospital admission, which is traumatic for anyone, but particularly for people with dementia or advancing frailty. ”

Bridget Warr CBE,
Chief Executive, United Kingdom Homecare Association



¹⁴ Snooks, H., Cheung, W. Y., Gwini, S. M., Humphreys, I., Sánchez, A., & Siriwardena, N. (2011). 09 Can older people who fall be identified in the ambulance call centre to enable alternative responses or care pathways? *Emergency Medicine Journal*, 28(3), e1-e1

¹⁵ Occupational Therapy in the Prevention and Management of Falls in Adults. Practice guideline. College of Occupational Therapists 2015

* Audit Commission 2009

NEWS: Hip fractures – and shattered lives

Every year, 5,000 people die shortly after a hip fracture – that is more than one person every two hours. Hip fractures are the commonest cause of injury related death.⁸

Nearly one in five of those accidents take place in residential or nursing homes.⁸

Nearly 75% FEWER hip fractures: live-in care vs care from residential care and nursing homes



Live-in care

One hip fracture every 1.2 person years

VS



Residential care & nursing homes

One hip fracture every 3.9 person years

Across 1,682 'person years'

Why do people fall?

The impact of falls increases with age and some conditions such as dementia, Parkinson's or stroke can pre-dispose people to the risk.

The reasons for falls are many and varied. Most commonly, in elderly people it is getting out of bed during the night to use the toilet, when they are disoriented. Physical obstacles are often to blame, for instance transferring from – or to a chair bed or wheelchair, loose shoelaces, falling in the shower, tripping over a pet, getting into a car or losing balance with a walker.

Medical issues are also frequently the cause and include confusion, dementia, cognitive and functional impairment including stroke, not eating enough before bed (causing low blood sugar in the morning), postural hypotension (low blood pressure and dizziness when getting up). They can also be due to poor eyesight, inner-ear problems, sedation and psychoactive medications.

Urinary tract infections (UTIs) are also a frequent cause of falls in older people as they can cause acute confusion and unsteadiness. Carer vigilance means these can be managed very well at home and helps in preventing falls.



¹⁶ Data calculation: All hip fractures reported by 95% of NHS hospitals in England, Wales and Northern Ireland⁸. The 2013 report says whether people came from care homes, hospitals or 'the community'. 19.2% of the 61,508 cases in 2013 came from care homes / nursing homes (11,810 people). 2011 Census (nearest comparison to 2013 study above) records 291,000 people in England and Wales living in a residential / nursing home and 10,407 in Northern Ireland (total 301,407). Therefore $11,810 / 301,407 \times 100 = 3.9\%$ all care / nursing home residents can expect a hip fracture in a year. Live-in care had 20 hip fractures over 1682 person-years. $20 / 1682 \times 100 = 1.2\%$ of Live-in Care Hub clients can expect a hip fracture in any one year. Or there are 0.012 hip fractures per person-year with live-in care

NEWS: Home = happiness

Anecdotally, it's recognised that the freedom of being able to ask for a favourite meal, see a football match, sit with a much-loved pet, listen to a story, or be taken to the seaside on a sunny day means quality of life is truly enhanced.

Live-in care honours dignity and independence. It offers the least restrictive environment for people as they age, with none of the rules associated with institutionalised care. Home care is one-to-one and personalised as no one person is the same. It can truly enrich quality of life.

The Live-In Care Hub's new quality of life study⁵ backs this up. As people get older, weaker and less active, and especially where they have medical conditions, the simple things, such as food, drink and a sense of independence often become life's most important aspects. Having tasty, nutritious meals can become a highlight of the day, while conversely, meals that are unappealing or of low quality can make eating a tedious and unpleasant chore, risking a further decline in health.



of Hub clients say: "I get all the food and drink I like when I want", compared with just two thirds (66 per cent) in residential care and only half (52 per cent) of those in nursing homes



One in 12 (over 8 per cent) of nursing home patients said: "I don't always get adequate or timely food and drink" – or "I don't always get adequate or timely food and drink and I think there is a risk to my health"



This was echoed by three per cent of people in residential care, but NOT ONE of the 293 live-in care respondents



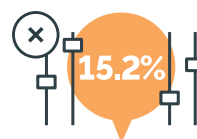
99 per cent of live-in clients say the care and support they receive helps them have a better quality of life



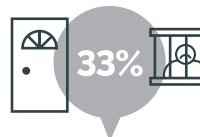
99 per cent do at least some of the things they value and enjoy (despite many being sick and frail)



Four per cent of those in residential care and one in eight (11.6 per cent) in nursing homes say they DON'T do anything they value or enjoy with their time



One in six people (15.2 per cent) in nursing homes say they have 'no control over my daily life', compared with 4.6 per cent in residential homes, but only three per cent of live-in care clients, although many of these will have comparable medical conditions to those in nursing homes



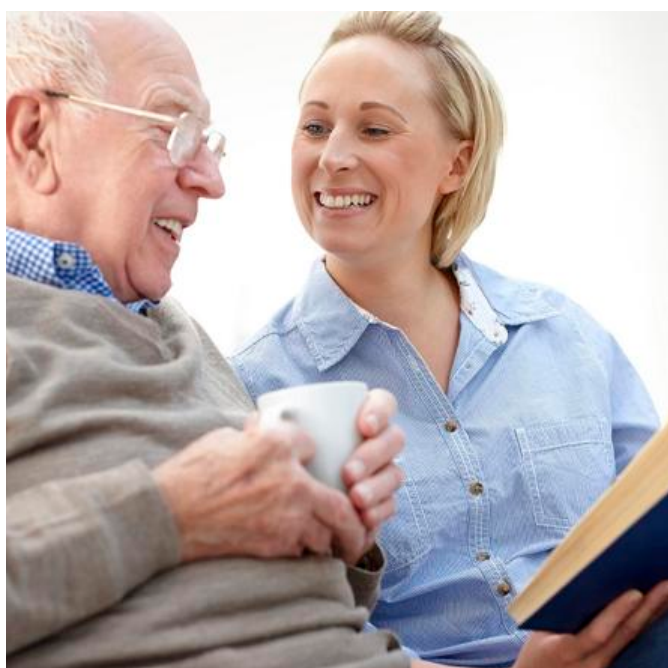
A THIRD of those in residential care and OVER HALF (53.5 per cent) in nursing homes NEVER LEAVE THEIR HOME, compared with just one in five (21 per cent) live-in

Bringing the generations together: the art of conversation

In this fast-paced world, it's easy for families and older relatives to feel poles apart, but in fact there are tried and tested conversational gambits that can easily get the generations talking – and make both sides feel wanted and appreciated.

With their passion and commitment to enhancing quality of life as far as possible for their clients – and forging warm relationships – 300 of the Live-in Homecare Hub's carers were asked what subjects are likely to stimulate conversation with elderly people.

They provided a colourful and varied list of tried and tested icebreakers and topics for warm chit chat.



The Live-in Carers' talk Top 20:

- 1 The elderly person's personal memories
- 2 Family
- 3 The Royal Family
- 4 The weather
- 5 Travel
- 6 Food and drink
- 7 Classic musicals or musical films such as *The Sound of Music*
- 8 Politics
- 9 Entertainers from the 1940s and 1950s
- 10 TV series *Dad's Army*
- 11 TV series *Great British Bake Off*
- 12 The price of things today
- 13 Old films such as classic *James Bond*
- 14 Classic TV comedy double act *Morecambe and Wise*
- 15 Football
- 16 Foreign affairs
- 17 Pets
- 18 Gardens and gardening
- 19 Wildlife & nature programmes
- 20 Their health & wellbeing



What is live-in care?

- “ Since my husband died I'm lonely.”
- “ I want to stay independent for as long as possible.”
- “ I don't want to leave my home – I've been here 40 years!”
- “ Who will help me when I leave hospital?”

We've all heard comments like these before, but live-in care offers high-quality care that addresses these concerns. We all want to ensure elderly relatives are happy, healthy, and able to enjoy later life. And live-in care is a fast growing alternative to residential care and nursing homes. Combining high levels of quality care with the independence of life at home, live-in care involves personal carers living in their client's home around the clock. It provides great peace-of-mind to be in familiar surroundings, with treasured possessions, beloved pets, with friends close by, and receiving tailored, professional care.

What do live-in carers do?

Depending on the provider and level of care agreed, core services include: help with mobility and safety, personal care, medication, night time support, shopping, cooking, housework, pet care, admin, trips out, companionship and emotional support. Many are trained to cope with particular conditions, such as dementia (in fact around 75% of Hub clients have the condition), stroke, MS, Parkinson's or palliative care.

Live-in carers also help clients enjoy some of the things in life that bring them happiness: seeing friends, baking, gardening or reading a great book. General administration in today's digital world creates many challenges and live-in carers are on-hand to help and give guidance. Carers'

work doesn't cover heavy moving or lifting, constant night care or nursing procedures unless specified in the care plan and delivered by a Nursing & Midwifery Council nurse or care worker signed off as competent by a healthcare professional. Nurse led or nursing care is offered by a number of Hub members.

What are the key benefits?

With no rigid rules or timetables, each day is planned around the client. Really getting to know an elderly person is one of the key advantages; everyone has their own routines and preferences. For someone with dementia, something as simple as knowing how they like their toast makes a real difference to their lives. Live-in homecare is about caring for the whole person, not just an age or health issue. Carers can adapt quickly and easily to any changes in needs.

How live-in carers are vetted

Good carers tend to possess a special balance of dedication, reliability and compassion, combined with sociability, good humour and common sense. Care providers have in-depth carer-client matching procedures to ensure sensitive and compatible pairings; an essential part of making live-in care so rewarding and beneficial.

How much does live-in homecare cost?

Live-in fees can compare favourably with residential homes, particularly where couples are looked after. The costs varies depending on requirements; some people may need companionship and support with housekeeping, others may have complex medical needs.

Real lives

Jean's story:

When Jean, 90, from Fife in Scotland was diagnosed with Parkinson's disease it was clear she would need round-the-clock support. Her daughter organised live-in homecare, which has proved to be highly effective and has truly enriched Jean's quality of life.

“The carers have all been very sensitive and attentive to my requirements. They've all brought something different to the job – different stories, recipes, mementoes from wherever they're from. Some enjoy reading to me while others will sing along and they all have a sense of adventure and usually return from time off with photographs of their friends, family and travels.

It never occurred to me that anybody would find me interesting – I know I'm in my twilight years – but they do! And instead of being anxious about a new carer I'm excited to learn about someone new; it's turned into an adventure for me too and my family enjoy hearing all the stories when they visit. Live-in homecare has proved an excellent choice.”

Marjorie's story:

Marjorie is 64 and has chronic obstructive pulmonary disease (COPD). She is classed as obese and has type 2 diabetes. Marjorie has severe mobility problems, with a high risk of falls. She has been in hospital four times over the last six months to be treated for a chest infection, a urinary tract infection (UTI) and the impact of two falls.

Emotionally she had lost her confidence and preferred to stay at home. Marjorie required regular blood sugar monitoring, regulation and supervision of continuous oxygen, help with personal care, supervision of medication, assistance to attend medical appointments and considerable emotional support.

A team of two handpicked carers, experienced in delivering specialist care to people with a long term condition, were appointed and work on a rota basis. Marjorie's diabetes is now stabilised, she has a nutritionally balanced diet and her emotional well-being has improved through personalised meaningful activity.

“I've been able to achieve things I never thought I'd do again; like a walk in the park, learning how to Skype so I can talk to my son and entertain guests at home.”

Ken and Elsie's story:

Ken from Buckinghamshire is 100 and lives with his wife Elsie, who has advanced dementia. Ken's eyesight and hearing has deteriorated and he has become increasingly reliant on live-in carers and feels that they are lucky to still be in their own home considering Elsie's condition.

“We have a live-in carer who looks after us very well and then support workers come in three times a day to help with the hoist that Elsie needs to get in and out of bed. We did look at a couple of residential homes but they could only offer us separate bedrooms. Elsie wants me to be with her. She wants to know that I'm going to be in the bed alongside her at night.”



Five top tips for avoiding falls

Judy is one of The Live-in Care Hub's experienced carers. Here she shares her recommendations for minimising falls at home.

It's a combination of good practice and common sense that help us to minimise falls. But there are some basic, low cost precautions:

1 Help to maintain and build muscle strength -

keep active to improve strength, balance and functional impairment. Gentle exercise, such as a short walk or balance retraining like tai chi, is beneficial for the more mobile.

2 Reduce environmental hazards -

special modifications can make the world of difference. Make sure furniture, clutter and loose wires don't block common routes throughout the house. Areas of concern include:

- Floor surfaces – use wall-to-wall carpet and ensure there are no unsecured mats, rugs or other trip hazards. Keep wood floors dry and clean, use non-skid wax and remove any raised thresholds. Dry spillages immediately.
- Lighting – ensure the house is well-lit throughout, especially on stairs and landings and use easy-access switches.
- Bedroom – a lot of falls happen at night when people are disoriented. Beds with a firm mattress and at the right height are easier to get up out of and rails near the bed can help steady people. A bedside lamp that's easy to switch on, call button, torch and a monitor or bell can also be handy.
- Bathroom – ensure there are non-slip surfaces, grab bars, a shower seat or non-slip mat in the bath.
- Sitting room – getting in and out of an armchair or sofa can be problematic so use 'elephant feet' to make standing up easier.

3 Chose the right mobility aid -

a tripod with wheels and brakes or walking frames can improve manoeuvrability considerably. A wheelie commode (concealed portable toilet) can help people move in and out of a shower room. And for those with frail mobility living in a house, stair lifts make life easier.



4 Get tech savvy -

homecare and technology go hand-in-hand and innovations such as automatic sensors, smart pillboxes and remote monitoring systems that share health data make it easier to monitor people and avoid distressing hospital stays. The latest models of fall alarms are incorporated into watches and bracelets and are more attractive.

5 Gain familiarity -

interventions tailored to the individual are best practice. Being with someone 24/7 means we can monitor changes in behaviour linked to UTIs, a common cause of falls, as well as risk factors like eyesight, blood pressure and medication. Our members provide personalised advice on preventing falls during the initial assessment phase.

Live-in care – find out more

The Live-in Care Hub – the guiding light for live-in care

The Live-in Care Hub is a non-profit organisation committed to raising the quality of care in the UK by giving people the opportunity to be cared for at home, where they can still feel part of everyday life. As the experts in live-in care, The Hub guides families through all the options in an honest, impartial way. It's all about offering an enhanced life at home that challenges the traditional view that residential care homes are the only answer.

Founded in 2013, all The Hub's care providers are members of the United Kingdom Homecare Association. Both organisations share a vision to enlighten everyone on the benefits of live-in care and guarantee the very highest standards.

Live-in homecare options

There are two models of live-in homecare: full management and introductory live-in homecare.

With full management, the company providing the care employs and trains its carers and oversees all aspects of care. It suits families with significant other demands on their time, or those living some distance away.

Introductory care service is where agencies do not employ carers directly. They match clients with carers and provide training. Their carers are responsible for their own tax and NI contributions, and are paid directly by clients or their families. This care option is appropriate for those families able and keen to be more closely involved.





Find out more about live-in homecare

If you would like to find out more about 24/7 live-in care, www.liveincareshub.co.uk is an invaluable information resource that illustrates how, with the right professional support, loved ones can stay in their own home, often right through to the end of life. www.liveincareshub.co.uk

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