

ASSESSING QUALITY OF CARE OF FAMILY CAREGIVING IN THE HOME

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Family caregiving

A caregiver is an unpaid individual (typically family member) that is involved in assisting others with ADLs, IADLs, healthcare management, household management or provides general supervision and assistance



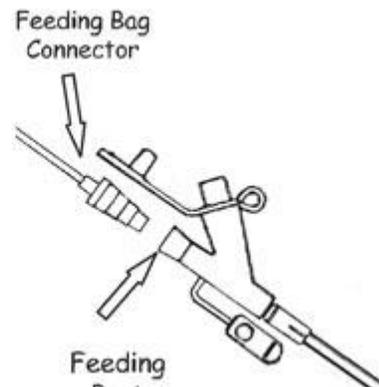
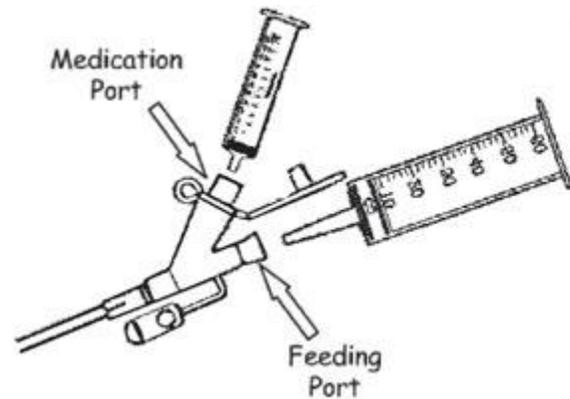
Family caregiving

- 34.2 million Americans provide unpaid care to an adult age 50 or older
- The average caregiver is a 50 year old woman
 - Though 33% of caregivers are over 65+
- The average caregiver assists with 1.7 ADLs and 4.2 IADLs and has been providing care for 4.6 years

National Alliance for Caregiving and AARP. (2015)

Caregiving Trends

- Patients are discharged home sooner and sicker
- 57% of caregivers are responsible for “medical/nursing tasks”
- The majority (75%) of caregivers doing these tasks reports they had no training



Which is probably why...

- Family members are more likely to commit elder abuse/neglect than other types of relationship
 - Most often, adult daughters (also, the most typical caregiver)

(You have to be a caregiver in order to neglect)



Risk Factors for Elder Abuse in Caregiving

- Caregiver stress, burden and depression
- Caregiver mental illness and substance use
- Pre-morbid relationship quality
- Social isolation



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Importance of a home assessment

- A home assessment provides an advantageous opportunity to directly observe assessment criteria rather than relying on self-report of victims or caregivers
- It allows you to consider the quality of the caregiving situation (rather than solely the quality of the caregiving relationship) when making decisions about elder abuse and neglect
- *The QualCare Scale (Phillips, 1995; Pickering, 2017)*

QualCare Scale Assumptions

1. The standard used for evaluation is the care that the elder should receive under optimal conditions. The circumstances surrounding care and capabilities of the caregiver are not to be considered in the rating.
2. The caregiver has total responsibility for assuring that all care the elder gets is optimal, even care given by another or self-care activities.
3. The caregiver is responsible for intervening to meet existing needs, and not for the actual outcome of care. For example, the elder having a decubitus ulcer is not the caregiver's responsibility, but it is their responsibility to provide appropriate skin interventions.

Assessment Areas

- Environmental (Elder's space, residence at large)
- Psychosocial
- Physical
- Human Rights
- Medical Maintenance
- Financial



Environmental Elder's Space—Areas to Consider

- Sleeping space is clean and adequate
- Sleeping space is comfortable
- Elder's room is well maintained
- Sensitivity for safety is evident
- Elder's space reflects their personhood and personal history
- Elder's room reflects sensitivity for comfort
- Elder's personal storage space is adequate
- Elder's room is clean



Environmental Assessment Techniques

- Ask to see where elder sleeps and where belongings are kept. Ask about privacy and storage.
- Ask how caregiver manages care for the elder in this space.
- Ask about degree to which the room is comfortable, pleasant, and easy to use for the elder.
- Observe for curtains/blinds, reasonably clean bedding, pillows. Observe for access to things, such as is the closet obstructed by things?

Environmental Resident at large – Assessment Areas

- Residence appears safe from burglary
- Residence is well maintained
- Residence is designed for comfort and mobility of the elder
- Residence is free of potential hazards
- Residence is clean
- Facilities related to personal hygiene are clean and well kept



Environmental Assessment Techniques – Residence at Large

- Ask to see kitchen and bathroom.
- Ask how caregiver manages care for the elder in different areas of the house (bathroom, kitchen, getting in/out of the house).
- Ask if elder feels comfortable in environment and why.
- Observe for safety hazards like bugs, unruly pets or pet waste, frayed cords and rugs. Observe for paths of mobility (e.g. could the walker make it from the living room couch to the kitchen table?)



Physical Care Areas & Assessment

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| Caregiver attends to elder's personal hygiene needs | Ask about how caregiver manages bathing for the elder (how often, who helps, any problems) (include hair and nails). Observe elder's appearance. |
| Caregiver attends to elder's need for physical activity and movement | Ask about how much elder moves around each day (where they go, what they do) (any exercises if bedridden). |
| Caregiver ensures that elder's dress (including footwear) is appropriate | Observe dress and footwear. Ask elder what kind of dress they prefer. Ask about difficulties getting dressed. |
| Caregiver provides for elder's oral hygiene | Ask about how caregiver manages oral hygiene (dentist). Look in elder's mouth. Ask elder who brushes their teeth/dentures. |
| Caregiver attends to elder's hydration adequately | Ask what the elder drinks during the day (how much). Ask if they need help drinking. Ask elder if they are often thirsty. |

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| <p>Caregiver attends to elder's skin care</p> | <p>Ask if elder has any skin problems. Ask how caregiver helps manage skin care. Observe elder's skin appropriately (look at back and feet if bedridden). Ask about redness/soreness/dry skin (and what is done about it).</p> |
| <p>Elder's bowel/bladder management is adequate and timely</p> | <p>Ask how often elder goes to the bathroom (has bowel movement). Ask about incontinence. Ask about bladder/bowel training. Ask about catheter care if applicable and observe in elder if present. Observe for commode, safety rails in bathroom.</p> |
| <p>Caregiver's attends to elder's nutrition adequately</p> | <p>Ask who plans/preps meals for elder. Ask about special food preferences/needs. Ask if they need help eating. Do a 24 hour recall. Ask elder if they ever do not get enough to eat.</p> |
| <p>No history or evidence of physical abuse</p> | <p>Ask about a time when the caregiver had a difficult time caring for the elder (how did they handle it). Ask elder about a time when they had to get a lot of care from caregiver (what did they help with and how did they handle it).</p> |
| <p>Caregiver ensures that items related to elder's basic needs are available and well-kept</p> | <p>Observe. Check elder's glasses for cleanliness, hearing aids, any other devices. Access to towels for bathing. Access to clean drinking glasses, dishes.</p> |

Medical Maintenance Areas & Assessment

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| Evidence indicates that regular contact is maintained with health care providers (including dentist and podiatrist) | Ask about any problems caregiver has in taking elder to health care providers (dentist, podiatrist, specialists). Ask frequency of visits. Ask elder when the last time they saw (doctor, dentist, podiatrist) and when they are to see them again. |
| Evidence indicates that appropriate urgent/emergency care is provided | Ask if caregiver has had to call for emergency assistance (what did they do). Ask if elder has had any non-emergent accidents (what did they do). Ask elder about any emergency problems (what happened, who helped). |
| Evidence that health care accessories are used appropriately | Ask if elder has had problems with medications (dizziness, nausea). Ask if caregiver helps them take their medications. Ask how caregiver and elder decide when and how to take. |
| No evidence or history of untreated symptoms or injuries | Ask about any problems that elder will not see doctor about. Ask about symptom complaints (usual/unusual patterns). Ask elder why they did not want to see a doctor for an accident/sickness. Observe for injuries or symptoms that may have gone unattended to. |

Psychosocial Areas & Assessment

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| Caregiver's actions reflect sensitivity to elder's interpersonal needs at home | Ask what caregiver and elder do for fun together. Ask about visitors (elder's friends, family). Ask about holidays and birthdays. <i>Ask elder what they like to do for fun.</i> |
| Caregiver's actions reflect sensitivity to elder's interpersonal needs outside the home | Ask what social events the elder goes out to. <i>Ask elder how often they speak with friends/family on the phone or get to visit them.</i> |
| Provisions are made for elder's orientation | Observe for time-orienting items throughout environment. Use data from mental status exam. |
| Provisions are made for elder to meet needs for warmth and affection | Observe caregiver-elder interaction for affection and touch. |

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| <p>Provisions are made for elder to fulfill usual roles</p> | <p>Ask how elder helps caregiver out during the day (do they make caregiver's day easier or more difficult). Ask elder what they like to do around the house and if they are able to do these things.</p> |
| <p>Overall, appreciation for elder's history, experiences, and expertise is conveyed</p> | <p>Ask about things the elder does/did that make caregiver proud of them. Observe for photos of the elder or people important to the elder.</p> |
| <p>Overall, sensitivity to elder's self-esteem is evident</p> | <p>Ask about things that the caregiver does to make elder feel good about themselves. Ask about topics that are avoided. Ask how caregiver knows elder is upset (how does caregiver handle this).</p> |
| <p>Elder is given opportunity to express feelings</p> | <p>Observe for caregiver's response to feelings expressed by elder and acknowledgement of elder's contribution to the conversation. Ask caregiver about the last time they got angry with the elder (what did both of them do).</p> |
| <p>Emotional support is regularly provided</p> | <p>Observe for caregiver's encouragement and support of the elder.</p> |
| <p>Elder's need for safety and security is respected</p> | <p>Ask caregiver whether they worry about elder's safety when they are left alone (can elder contact caregiver when not together). Ask elder if they ever worry when they are alone and if they feel safe in their living arrangement.</p> |

Human Rights Areas & Assessment

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| Elder's value system is respected | Observe elder's reaction to caregiver's language and approach. Note any conflict that may arise in discussions. Ask about taboo topics. Ask elder to compare how they now celebrate holidays/birthdays to how they used to celebrate them. |
| Elder's preference for privacy is protected | Observe for elder's privacy in belongings and care activities, ask about privacy with interactions with visitors (phone calls). Ask elder whether they feel privacy is a problem. |
| Elder's right to make choices is protected | Observe caregiver-elder interaction for ability of elder to make choices. Ask how schedules are determined for elder's care. Ask elder what happens when they refuse to do something the caregiver thinks is good for them. |

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| <p>Elder's right to freedom from discomfort and harm is protected</p> | <p>Ask what elder complains about and how caregiver handles these. Ask elder and caregiver about advocacy with health care providers. Ask elder about a time when they weren't feeling well (what did the caregiver do, how fast). Ask elder if family has ever threatened living somewhere else.</p> |
| <p>Elder's right to respect is protected</p> | <p>Observe how caregiver describes the elder and names used (introductions). Ask elder what caregiver calls them when they are alone.</p> |
| <p>Elder's right to self-expression is respected</p> | <p>Ask about religious views and abilities to express these (arranging to see a priest). Ask how voting is managed. If elder is cognitively impaired, ask about attempts to provide stimulation (radio, reading) and not prohibit all activities (walking). Ask elder how caregiver helps them when they want to go to church or vote and what they think about their opinions.</p> |
| <p>No evidence or history of abuse of human rights</p> | <p>Observe whether there is evidence that the elder is forced to do something or live in a place they do not want to live. Ask elder if anyone has made them do something that they did not want to (including living situation).</p> |

Financial Areas & Assessment

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| <p>Evidence that elder's belongings and resources are used as elder prefers</p> | <p>Ask how decisions about the elder's money/property are made. Ask elder if there was a time when they disagreed with caregiver about management of money/property.</p> |
| <p>Evidence that elder's belongings and resources are appropriately used to meet elder's needs</p> | <p>Infer from stories about medical management and personal care management. Observe whether items needed for care are available. Ask elder if there is any time where they didn't have things they needed (how caregiver handles this). Ask elder about caregiver using elder's money for something else when elder had need of it.</p> |

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| Evidence that caregiver is willing to act to supplement financially when necessary | Ask if there has been a time when the caregiver has had to supplement elder's income. Ask elder how caregiver handles it when elder does not have enough money for what they need. |
| Evidence that elder's belongings and resources are conserved for elder's use | Ask about what happened to elder's belongings when moving in with caregiver. Ask elder if there was a time when possessions disappeared or their money was mismanaged. |
| Elder receives fair distribution of family resources | Observe surroundings and possessions of elders compared to others in the family (any disparity). |

Classifying Care Based on Your Assessment – Excellent Care

- Excellent Elder Caring: the physical, safety, medical, emotional, financial, social, and environmental needs of the elder are met in the best way possible; caregiver consistently demonstrates concern and attention to the elder's comfort and desires; nurse perceives that the caregiver is comfortable with the caregiving role and pleased to be providing care to the elder.

Classifying Care Based on Your Assessment – Adequate Care

- Adequate Elder Caring: the physical, safety, medical, emotional, financial, social, and environmental needs of the elder are adequately met within the constraints of the situation; caregiver sometimes demonstrates concern and attention to the elder's comfort and desires; nurse perceives that the caregiver is struggling with the caregiver role, but trying.

Classifying Care Based on Your Assessment – Poor Care

- Poor Elder Caring: the physical, safety, emotional, medical, financial, social, and environmental needs of the elder are not met by the caregiver; caregiver demonstrates insensitivity to the elder's comfort and desires; nurse perceives that the caregiver is unwilling to perform as caregiver, alienated from the caregiver role and hostile toward the elder.

Care planning

- Use these assessment areas to create a care plan for the dyad with things such as:
 - Informal/formal counseling for stress, poor interpersonal dynamics and psychosocial abuse
 - Caregiver education on skills they struggle with
 - Supporting the dyad by connecting to resources to either lighten the load or take over areas caregiver struggles with