

INFORMATION SHEET  
**Residential Care**



**If you are considering moving into residential care, our checklist can help you to make a successful move.**

For a small number of older people, living at home may cease to be a feasible option, and new living options are needed:

- **Rest homes** provide residential care for people who need assistance with their daily lives.
- **Long-term hospital care** provides 24 hour care, supervised by nurses, for those with a significant level of physical or mental disability.

A decision to move to a rest home, or to be admitted to a long-stay hospital, can be difficult for both you and your family.

It can be an opportunity for positive change, giving you freedom from responsibilities such as home maintenance. You can get the support you need and gain new friends and social activities.

But it can bring a reduction in activity and may represent considerable loss of autonomy, with a loss of ability to make your own decisions.

The circumstances surrounding your decision to move and the rest home environment and management are also important.

## Choosing a rest home

As with many aspects of successful ageing, advance planning is beneficial. If you're considering rest home care in the future, start looking now. Moves often need to be made quickly, after sudden ill-health or other crises, so it pays to have information in advance.

When you're looking at rest homes, or asking others to choose for you, ask:

- Does the size and management (small and locally-owned and corporate) suit me?
- Is the location suitable for family and friends to visit and when can they visit?
- What opportunities are there for privacy and time alone?
- Are the external doors locked? Can you go outside whenever you want?
- How much can you bring with you, such as pets, possessions, paintings or favourite pieces of furniture?

### About your care:

- Can the amount of assistance you need be provided, and what happens if the level of support you need changes?
- What's the ratio of staff to residents, what are their qualification and what's the staff turnover?
- Are there any additional costs you are expected to pay?
- How involved can family and friends be in care and decision-making?
- Can you keep your own family doctor?
- Will your cultural needs be met, personally and socially?

### About day-to-day life:

- How are decisions made between staff and residents?
- Is there a choice of food, and when and where it can be eaten?
- What recreational activities are available?
- Is transport to shops, activities and recreation available?
- How many newspapers, TV's, phones and internet-linked computers are available for residents?

- Is there opportunity to cook, garden, do maintenance or housework?
- How are spiritual needs met?



Is there opportunity to do activities you enjoy?

## While the person is in care, what individual services/items do they have to pay for that are not covered by Government funding (the Residential Care Subsidy)?

The services covered by the subsidy (contracted care services) include:

- Food services
- Laundry
- Nursing and other care
- General Practitioner visits
- Prescribed medication
- Continence products
- All health care that is prescribed by a General Practitioner
- Transport to health services

The Age Related Residential Care contract with District health Boards requires rest homes and hospitals to tailor services to meet the needs of each resident. They cannot charge subsidized residents for services that are covered in the contract.

The services a person can expect should be set out in the admission agreement or private contract they sign with their rest home or hospital.

The services that are not covered by the subsidy (that are contracted care services) include:

- Specialist visits (not publicly funded by the DHB or ACC)
- Transport to other services or outside social functions
- Toll calls (made by the residents)
- Private phone or cellphone
- Newspapers, books and magazines (personal)
- Personal toiletries
- Recreational activities, where those are not part of the normal programme
- Hairdresser
- Dietitian, podiatrist or other services that have not been prescribed by a doctor or are not funded by the District Health Board
- Spectacles, hearing aids and dental care

Any extra services a person agrees to pay for must be set out in their admission agreement or private contract with their rest home or hospital.

A person has the right to refuse any or all of the extra services offered by a rest home or hospital (that are not required under the DHB contract). This should be noted in the admission agreement.

## Resources

For more information on residential care see: Age Concern New Zealand's factsheet 'A Caring Decision : Residential Care'.

For people who have dementia, the Alzheimer's New Zealand 'Choosing Residential Care' information will help.

## Certified Providers

Certification of healthcare services is undertaken by HealthCert, a unit of the Ministry of Health.

Information is also available in the following brochure - 'Long-term residential care for older people : What you need to know'.