Helsinki

Home care service description

City of Helsinki Social Services and Health Care
14 February 2022

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1 Home care to support your ability to function

We are glad to have you as a customer of City of Helsinki home care!

We want to support your wellbeing, ability to function and health. This service description contains information on home care services and the ways in which we will support you in cooperation with your loved ones.

The self-monitoring plan details the laws, regulations and quality requirements that our round-the-clock care is based on and how we ensure the quality and safety of the service. You can also read our self-monitoring plan, which is available online on the City of Helsinki website and as a printed copy in home care operational units. You can find useful website addresses at the end of this service description.

1.1 Arranging for home care

Home care is a service entity combining home nursing and home services. We provide home care through the City's own home care, outsourced service providers and service voucher providers. Swedish-language home care and home care for war veterans and disabled war veterans are mainly provided as outsourced services.

We implement some areas of home care as remote care with the help of image and sound. In remote care, a health care professional contacts the customer at predetermined times. Reminders of important things to remember and checking in on you, for example, are often carried out as remote care services. We use automated medicine-dispensing robots to support your initiative in terms of medication. If you are a remote home care customer, we will offer you an opportunity to participate in various exercise, art and culture groups and events via the remote connection. Home care staff will tell you more about these groups.

1.2 Your home care content

Home care is based on the treatment and service plan. When drawing up plans, we use a comprehensive health and functional ability assessment tool called RAI (Resident Assessment Instrument), which features questions and tests for assessing your ability to function and your health. The treatment and service plan is drawn up together with you and, if you wish, your loved ones. The treatment and service plan is based on your care and treatment needs, and will be updated when your health or situation changes. The participation of loved ones in your care and the need for any support services are also agreed in connection with making the

home care plan. Support services are services that supplement personal care. These may include cleaning, meal and safety services, for example. The content and number of visits and their need are continuously assessed in connection with home care visits.

The home care visit times are discussed with you. Your wishes concerning times of day will be taken into account, where possible. In the mornings, we visit customers who need lots of services and several home care visits each day. During morning visits, we help customers with getting out of bed and eating breakfast. If you do not need daily home care visits, we will primarily visit you during the day. We assist customers in the shower at day time, for example.

1.3 Home care staff

Practical nurses, public health nurses and nurses will be responsible for your daily care and support. Your wellbeing will also be looked after by many other professionals, such as home care assistants, home help, physiotherapists and occupational therapists.

At the start of home care, you will be appointed a nurse or a nurse pair in charge of your care, or a team of nurses, if necessary, as well as a nurse and public health nurse from the home care team.

The appointed carer will be responsible for your care and its planning and assessment together with other professionals. Your appointed carer will be working in shifts, meaning that you will also be visited by other carers. Home care employees represent many different cultural backgrounds.

We ensure that our staff are skilled and maintain their competence.

1.4 Flow of information and communications

We will record information related to your care in the client and patient record system Apotti. We do not use notebooks for relaying messages in connection with home care visits; instead, we prefer the Maisa client portal when communicating with loved ones. We will ensure the consistency of your care by communicating through Maisa. We will advise you and your loved ones in using Maisa. You can find further information on Maisa online (Maisa.fi). We will answer Maisa messages within three weekdays.

Your customer information is confidential. We are only able to disclose your information to external parties and your family with your permission. You can consent to information sharing in the Maisa client portal or submit a power of attorney to home care, indicating whom you are authorising to view your information. Home care staff will provide you with the power of attorney, if necessary. The Maisa client portal enables you or a person of your choosing to examine your customer information and contact home care staff.

If you use ordinary e-mail, confidential customer and personal information may end up leaking to unauthorised parties. In addition to Maisa, your loved ones may contact us by calling or via e-mail, if necessary.

We will bring you a home care folder containing essential documents in terms of care continuity, such as a medication list. The folder will also contain our contact details.

We hope that you and your loved ones will contact us if you have any questions, feedback or development ideas concerning home care. The best time to reach home care staff by calling is on weekdays 8.00–14.00. In other times, our contact telephone will be carried by the nurse on home visits, which is why you may not be able to reach them at all times.

We will communicate with you and your loved ones in the way you prefer. We hold events for loved ones a few times a year, in which we talk about our operations and listen to the views of loved ones on home care.

1.5 Prerequisites for successful home care and safety

Home care is a joint effort with you and your loved ones. Functional cooperation requires commitment and appropriate behaviour from home care staff, you and your loved ones or anyone visiting your home. We will be reviewing these matters with you during the first home visits.

As an employer, the City of Helsinki is responsible for the occupational safety of home care staff, ensuring that home care employees are not exposed to the risk of injury, harmful factors in the working environment or detrimental workload factors in your home. (Occupational Safety and Health Act of 23 August 2002/738). Factors related to safety are described on the following page.

- We can promote your functional ability and mobility and support the occupational safety of our employees with the help of different aids and devices. If necessary, we will arrange for an electric bed or lifting device to facilitate your functional ability or care. We will use the necessary aids if failing to use them will result in an occupational safety risk.
- When needed, we will guide and assist you in arranging your furniture to ensure a safe living and working environment.
- You or your loved ones cannot smoke in the presence of the home care employees.
- If you have pets, put them on a leash or place them in another room for the duration of the home visits, if required by care.
- You or your loved ones may not be emotionally or physically violent towards home care employees or threaten them with violence. If you or your loved ones behave threateningly towards the carer, we will check your overall condition during the visit and carry out planned treatment on the next visit. If threats or violence occur repeatedly during home care visits, we will discuss other alternatives to home care with you.
- A well-lit and gritted walkway will ensure that you, your loved ones and home care staff can move safely.

We will need your home key at the start of home care. When you provide your keys to us, we will sign a written contract and keep the keys safe in a locked cabinet in the home care unit.

Your name or address will not be marked on the keys used by home care. Support service workers may also need keys.

2 Home care services

The home care service entity and content of the home care visits will be tailored to your needs.

Your home care may consist of areas specified in the following chapters.

2.1 Support for functional ability and wellbeing

Your own goals will be used as the basis for home care and we will respect your autonomy. We will support your initiative in all functions to maintain your functional ability and mood. We will be assessing your functional ability, mobility and service need regularly.

We will draft a mobility plan (liikkumissopimus) with you. You can find further information on the mobility plan on the City of Helsinki website (in Finnish).

The objective of the mobility plan is to support your coping at home, because mobility plays an important role in maintaining your functional ability. You will determine your own objectives in the plan. The mobility plan can look like this, for example:

- We will agree on the roles you, your loved ones, home care and other professionals, such as physiotherapists and occupational therapists, will play in supporting your functional ability and mobility.
- We will support you in functioning and moving in your home.
- We will assess, maintain and promote your functional ability.
- We will make changes to the mobility plan with you if your functional ability changes.
- We will refer you to remote care or service centre mobility groups or services offered by service centres / day activities, if necessary.

We will assess your need for aids and provide the necessary aids for you. You and your loved ones are responsible for transporting the aids from the assistive device services to your home and returning them.

2.2 Assisting with medication

We will advise and guide you and your loved ones in drug treatment. We will utilise the expertise of pharmacists and their observations concerning your drug treatment. We will cooperate with home care contract pharmacies; we will transmit prescriptions to the doctor for renewal and order drugs from the pharmacy. We will bring you the medicine supplied to the home care unit by contract pharmacies.

If you are on at least two medicines suitable for dose dispensing, the pharmacy will dispense your medication into dose dispensing bags. We will dispense temporary drugs and drugs that are unsuitable for dose dispensing bags into your medicine doser at home.

We encourage you to take initiative and be self-motivated in terms of your medication. We will help you with using the medicine-dispensing robot and refill the robot with drugs. We will participate in guiding, checking and reminding you concerning drug treatment through remote care.

We will ensure that your drug treatment is implemented in accordance with the doctor's orders. If necessary, we will administer the medicine dosed by the pharmacy or your home care nurse. We cannot administer drugs dosed by your loved ones due to the principles of safe drug treatment. If you use vitamins and natural products that you have bought yourself, please tell your doctor or home care nurse that you are taking them.

We will arrange for laboratory tests related to drug treatment. If you only need blood tests for monitoring your drug treatment, we will refer you to health station services.

When you are discharged from the hospital, for example, we will cooperate with the staff at the other care unit to ensure that your drug treatment is safe.

We will regularly assess the effects of your drug treatment.

2.3 Health monitoring and medical measures

We will support you in using health station services instead of home care services, if you are able to visit the health station. We will work together with the physician treating you and consult the doctor, when necessary.

We will monitor your health during visits, including any pain and changes in mood. We will also monitor any acute symptoms, and we have the option of consulting a doctor every weekday, including nights.

We will order a laboratory sampling at home or take laboratory samples from home care customers who are unable to visit the laboratory. If you only need to have your blood sample taken at home, we will refer you to health station services.

We will agree with your loved ones on how to contact them if your condition changes.

2.4 Nutrition

We will guide and help you with maintaining a good nutritional state. Good nutrition will support your functional ability and coping at home.

- We will assess your nutritional state and sufficient intake of drink / fluid balance:
  - We will weigh you on your own scale
  - We will monitor your meals and address any challenges related to eating
  - We will discuss your food-related preferences with you
- We will draft a plan to support your nutrition based on an assessment of your nutritional state and consult a nutritional therapist, when necessary.

We will check that you have enough food supplies and help you in ordering food from the store while keeping your preferences in mind or agree that your loved ones do this. We will guide and help you in placing meal service orders or meal robot orders.

We will guide and help you in eating and heating up food, if necessary. Some of the mealtime guidance, reminders and monitoring may be conducted remotely. We will guide you in acquiring supplements, if necessary.

2.5 Ensuring the cleanliness and safety of the home

It is important that you are able to operate as safely and smoothly as possible in your home. We will guide and support you in making your home environment safe by doing the following, for example:

- We will assess the accessibility, functionality and possible safety risks, such as the risk of falling, of your home together:
  - e.g. carpets, furniture, lighting.
- We will help you in organising the necessary aids and making small changes to the home (e.g. safety railings, handles).
  - We will ensure that you know how to use the aids.
  - We will monitor your use of aids and help you in acquiring aids, if necessary.
- We will test your fire alarm and safety phone for you.

We will guide and support you in taking out the rubbish and take them out with you, if necessary. We will guide and support you in arranging suitable cleaning services.

We will guide and help you in washing laundry in your own washing machine. Use of the washing machine requires that you are able to monitor the machine yourself. If necessary, we will help you in using laundry services. During daily visits, we will work together with you to ensure that your kitchen and washroom are clean.

2.6 Helping with personal hygiene

We will regularly assess your functional ability and support you in taking initiative in washing and dressing yourself. We will consult the physiotherapist and occupational therapist to gain an insight into how you could manage washing yourself.

We will guide and help you with oral and skin care and dressing. If necessary, we will make an appointment with dental and oral health care for you or agree on a home visit by a dental hygienist.

We will guide you in acquiring assistive devices if it is difficult for you to wash yourself. We will guide you in selecting any incontinence products (pads/products for urinary and fecal incontinence) and submit an order for the necessary self-care supplies upon referral from the doctor.

We will assist in cutting your nails regularly. A podiatrist will cut thickened toenails; we will help you with arranging for a podiatrist to visit you at home.

We will help you with arranging for a barber or hairdresser to visit you at home, if necessary.

2.7 Cooperation with loved ones and professionals in various fields

We will work together with your loved ones according to your wishes. We will arrange for a treatment negotiation on your own goals in your everyday life and concerning your treatment, your needs and wishes and how to implement the service and what to include in your home care service. The treatment negotiation will be held at the start of your home care and any time the need arises or if you or your loved ones request it. A more detailed description of treatment negotiations can be found at the end of the service description.

Your appointed nurse will agree on how to contact your loved ones with you and your loved ones. Your appointed nurse or team nurse will coordinate the care entity and work together with several social welfare and health care professionals, if necessary.

Our contact details

If you are not a customer of home care services, but are thinking about the need for home care, please contact Senior Info, tel.: +358 93 104 4556

If you have any questions about the care or its content, please contact home care staff, whose contact details can be found in the home care folder or online: hel.fi/kotihoito

You can also call the telephone exchange for more detailed contact information: tel: +358 9 310 5015
Our e-mail addresses follow the format firstname.lastname@hel.fi

Southern home care unit

Areas: Eira, Hernesaari, Hietalahti, Jätkäsaari, Kaivopuisto, Kamppi, Katajanokka, Kluuvi, Kruununhaka, Lauttasaari, Punavuori, Ruoholahti, Suomenlinna, Töölö, Ullanlinna

Street address:
Hietaniemenkatu 9 B, 2nd floor,
FI-00100 Helsinki

Eastern home care unit

Areas: Fallbacka, Itäkeskus, Karhusaari, Kivikko, Kontula, Kurkimäki, Marjaniemi, Mellunmäki, Myllypuro, Puotila, Puotinharju, Salmenkallio, Talosaari, Vartioharju, Vartiokylä, Vesala, Östersundom

Street address:
Kivikonkaari 21,
FI-00940 Helsinki

South-eastern home care unit

Areas: Aurinkolahti, Herttoniemi, Kallahti, Kulosaari, Laajasalo, Rastila, Roihuvuori, Santahamina, Tammisalo, Vuosaari

Street address:
Kivikonkaari 21,
FI-00940 Helsinki

Central home care unit

Areas: Alppila, Arabianranta, Hakaniemi, Hermanni, Kalasatama, Kallio, Koskela, Kumpula, Käpylä, Merihaka, Pasila, Sörnäinen, Vallilla

Street address:
Rautalammintie 2, 4th floor,
FI-00550 Helsinki

North-eastern home care unit

Areas: Ala-Tikkurila, Alppikylä, Heikinlaakso, Jakomäki, Pihlajamäki, Pihlajisto, Puistola, Pukinmäki, Savela, Siltamäki, Suurmetsä, Suutarila, Tapaninvainio, Tapulikaupunki (partly), Viikinmäki, Viikinranta, Viikki

Street address:
Oltermannintie 32,
FI-00620 Helsinki

South-western home care unit

Areas: Etelä-Haaga, central and northern Töölö, Kivihaka, Kuusisaari, Laakso, Lehtisaari, Meilahti, Munkkiniemi, Munkkivuori, Niemenmäki, Pikku Huopalahti, Ruskeasuo, Talinranta

Street address:
Hiomotie 6 A,
FI-00380 Helsinki

Western home care unit

Areas: Kannelmäki, Konala, Kuninkaantammi, Lassila, Malminkartano, Maununneva, Pajamäki, Pitäjänmäki, Pohjois-Haaga, Tali, Tolari

Street address:
Hiomotie 6 A,
FI-00380 Helsinki

Northern home care unit

Areas: Ala-Malmi, Fallkulla, Itä-Pakila, Länsi-Pakila, Malmi, Maunula, Metsälä, Oulunkylä, Paloheinä, Pirkkola, Tapanila, Tapulikaupunki (partly), Torpparinmäki, Tuomarinkartano, Töyrynummi, Veräjälaakso, Veräjämäki

Street address:
Oltermannintie 32,
FI-00620 Helsinki

Treatment negotiation

The treatment negotiation is a cooperation meeting with the customer and the staff. The customer's family and loved ones may also participate in the negotiation, if this is what the customer wants.

Objectives of the treatment negotiation:

- getting to know each other
- finding common ground and strengthening the shared view to draft an agreement (treatment plan)
- utilising the customer's own objectives, wishes and resources
- tapping into versatile competence for the benefit of the customer
- reviewing the home care services required by the customer
- mapping and utilising the customer's own support network
- agreeing on the roles of family members and loved ones in supporting the customer's everyday life
- agreeing on the frequency and manner of communications with family members and loved ones.

The appointed nurse will arrange the treatment negotiation when the customer becomes a regular home care customer. The treatment negotiation is held whenever needed and at least once a year.

The customer and the appointed nurse will participate in the treatment negotiation, joined by the following, when necessary:

- nurse / public health nurse
- family member / loved one at the request of the customer
- physiotherapist or occupational therapist
- social instructor/worker
- home care supervisor / doctor.

The appointed nurse must ensure that everyone's voice is heard. If some issues are difficult to approach, they may be discussed separately. The appointed nurse will record the necessary information in the client and patient record system after the negotiation and advance the plans as agreed.

Example treatment negotiation:

- introductions
- starting negotiations and stating the objectives of the negotiation
- customer thoughts and feelings on their own situation
- home care and related matters
- summary, agreements, plans going forward
- thanks

Internet links:

Unit self-monitoring plans:
https://www.hel.fi/en/health-and-social-services/data-and-the-rights-of-the-client/quality-control-of-services

The Maisa client portal:
https://www.maisa.fi/maisa/Authentication/Login?lang=britishenglish

Mobility plan (Liikkumissopimus):
www.hel.fi/kotihoito

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