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	Prepared by: A.Ploriņš Signature:  Date: 04.01.2024.	Approved by: Kristiāns Dāvis Signature:  Date: 04.01.2024.

## HOME SOCIAL CARE CONTENT

### Purpose:

To define the content and provision procedures of the mobile care team's home care service at the RŪRE center of SIA "Magnum Social & Medical Care."


### Relevant Documents:

- Social Services and Social Assistance Law,
- Epidemiological Safety Law,
  - Cabinet Regulation No. 431 "Hygiene Requirements for Social Care Institutions," 12.12.2000
  - Cabinet Regulation No. 138 "Regulations on the Procedure for Receiving Social Services and Social Assistance," 02.04.2019
  - Cabinet Regulation No. 338 "Requirements for Social Service Providers," 13.06.2017
- 001 "Requirements for Hygiene and Anti-Epidemic Regime".


### Levels and Content of Home Care:

Home care services are divided into four levels, individually tailored to each person based on the assessment of their physical and mental abilities by a social worker.

1. **First Level Care** (up to 4 hours per week) includes:
  - 1.1. Providing information about available services;
  - 1.2. Calling family doctors and other medical personnel;
  - 1.3. Medication procurement and assistance with usage;
  - 1.4. Payment arrangements;
  - 1.5. Cleaning of rooms once a week;
  - 1.6. Window cleaning twice a year, including curtain replacement and washing;

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- 1.7. Changing laundry and sending it to a laundromat;
  - 1.8. Escorting services up to one hour per week;
  - 1.9. Clothing repairs – button sewing and other minor repairs;
  - 1.10. Trash removal;
  - 1.11. Bringing in and removing water;
  - 1.12. Fuel delivery to premises;
  - 1.13. Food and other goods procurement and delivery to the residence.
2. **Second Level Care** (up to 6 hours per week) includes first-level care and, if needed, the following additional services:
    - 2.1. Personal care, haircuts;
    - 2.2. Bathing in the bath or shower;
    - 2.3. Nail trimming, shaving;
    - 2.4. Assistance with meal preparation and table setting;
    - 2.5. Hospital visits as needed.
3. **Third Level Care** (at least 7 hours and up to 12 hours per week) includes first and second-level care and, if needed, the following additional services:
    - 3.1. Providing meals;
    - 3.2. Stoking the stove;
    - 3.3. Dishwashing.
4. **Fourth Level Care** (at least 13 hours and up to 35 hours per week) includes first, second, and third-level care and, if needed, the following additional services:
    - 4.1. Feeding the client;
    - 4.2. Helping with getting in and out of bed;
    - 4.3. Dressing and undressing;
    - 4.4. Using the toilet;
    - 4.5. Changing diapers;
    - 4.6. Using a commode;
    - 4.7. Personal hygiene (nail care, etc.);
    - 4.8. Pressure sore prevention.


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## Additional Services According to Social Worker/Caregiver or Medical Professional Assessment

5. The mobile palliative care team provides the following social services at the patient's residence based on the assessment of a social worker/caregiver or medical professional:
  - 5.1. Technical aids:
    - Aids for tissue integrity protection, including anti-decubitus mattresses,
    - Aids for natural needs management,
    - Bathing aids for bathing, using the bath and shower,
    - Mobility aids
    - Wheelchairs,
    - Aids for moving, sliding, or turning persons,
    - Tables, beds, and bed equipment, including functional beds.
  - 5.2. Psychological support for both the patient and their relatives, including during the mourning period
  - 5.3. Chaplain support for both the patient and their relatives, including during the mourning period
  - 5.4. Organization of other municipal or state-funded social services

### Social Service Team for Patient's Residence:


6. Social services at the patient's residence are provided by the following team:
  - Social workers,
  - Social caregivers,
  - Caregivers,
  - Psychologists,
  - Chaplains.
7. Duties of the Social Worker:
  - 7.1. Assessing the patient's needs and self-care abilities and developing an individual social care plan;

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- 7.2. Organizing the implementation and adjustment of the individual care plan as necessary, according to changes in the patient's situation;
  - 7.3. Consulting the patient and their relatives;
  - 7.4. Helping the patient identify and utilize resources to improve self-care, social functioning, and communication with relatives;
  - 7.5. Providing psychosocial support and assistance in solving individual and social problems;
  - 7.6. Representing the patient's interests;
  - 7.7. Evaluating the effectiveness of the provided social services.
8. Duties of the Social Caregiver/Caregiver:
    - 8.1. Providing basic needs (physical care, hygiene procedures, daily household tasks) and maintaining quality of life according to the individual care plan;
    - 8.2. Training relatives on care techniques and the use of technical aids;
    - 8.3. Maintaining respectful communication with the patient and their relatives.
  9. The psychologist's duty is to provide psycho-emotional support to the patient and their relatives.
  10. Duties of the Chaplain:
    - 10.1. Ensuring that the service is provided voluntarily and without evangelization during the service;
    - 10.2. Assessing the spiritual needs of the patient and their relatives;
    - 10.3. Providing spiritual support and pastoral care to the patient and their relatives in personal, existential, spiritual, ethical, and moral matters, including during the mourning period;
    - 10.4. Inviting a clergy member if necessary, according to the patient's or their relatives' wishes and chosen faith or denomination.

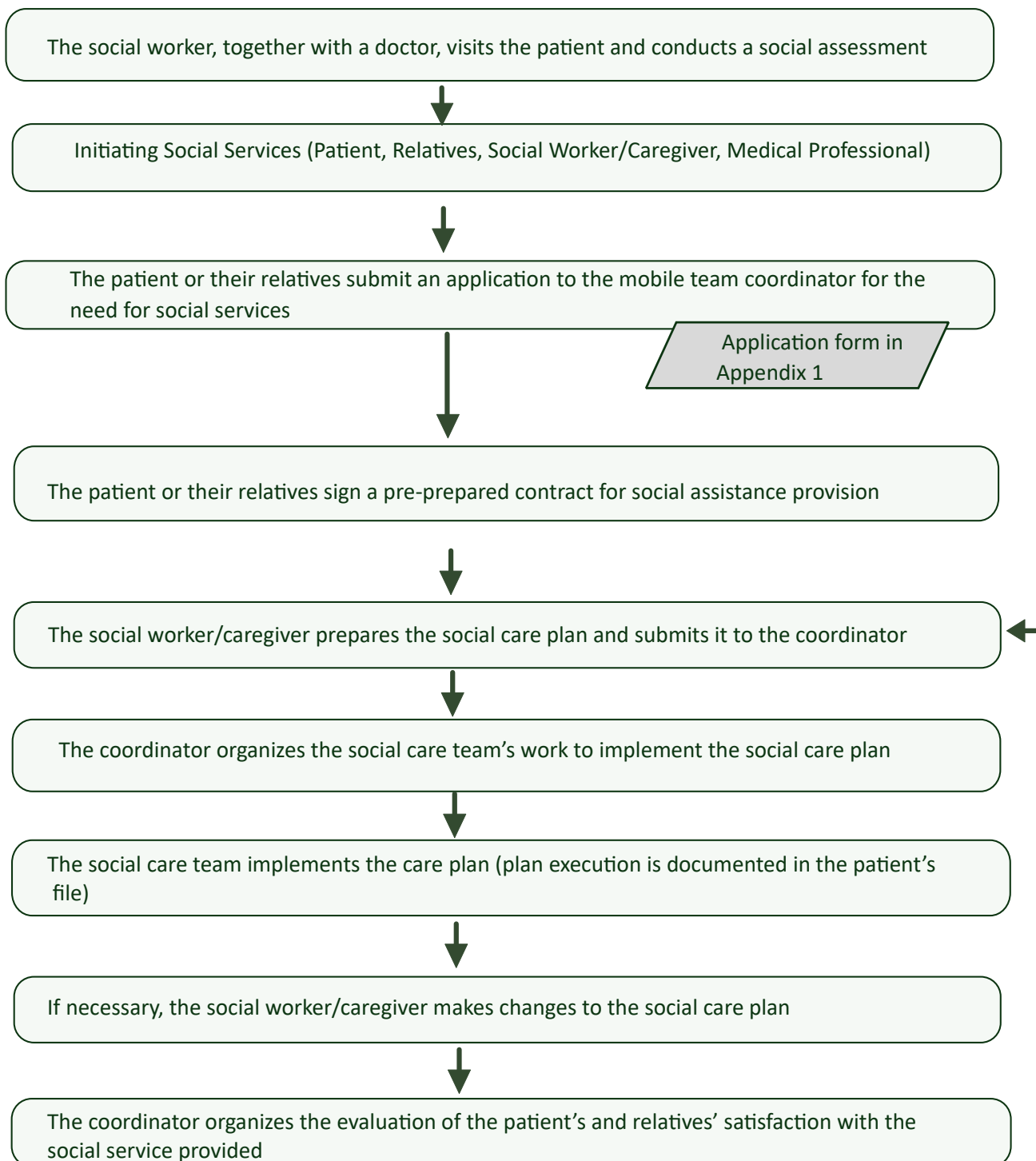
### **Social Service Provision Period at the Patient's Residence**


11. Social services are provided to the patient as long as needed, 7 days a week. Psychosocial support for relatives is also provided during the mourning period.
12. The duration of social services provision may be limited by insufficient funding.
13. The social service provider is not available at the patient's residence during nighttime hours.

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## Organization of Social Services

Social services at the patient's residence are organized according to the scheme outlined below.



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### Patient and Relatives Information:

14. The following service coordinator phone numbers are available 24/7:
15. 8882 – Kurzeme region
16. 8884 – Riga and surrounding areas
17. 8886 – Latgale region
18. Training for patients and their relatives is provided by any social service provider according to their competence.
19. Training for patients and their relatives is provided by any social service provider according to their competence.
20. The patient and their relatives may request changes to the social care plan. In this case the social worker/caregiver will make the changes to the social care plan.