

Dangerous caregivers for elderly

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If you hire a caregiver from an agency for an elderly family member, you might assume the person had undergone a thorough criminal background check and drug testing, was experienced and trained for the job.

You'd be wrong in many cases, according to new Northwestern Medicine research.

A troubling new national study finds many agencies recruit random strangers off [Craigslist](#) and place them in the homes of vulnerable elderly people with dementia, don't do national criminal background checks or drug testing, lie about testing the qualifications of caregivers and don't require any experience or provide real training.

"People have a false sense of security when they hire a [caregiver](#) from an agency," said lead study author Lee Lindquist, M.D., an associate professor of medicine at Northwestern University Feinberg School of Medicine and a physician at Northwestern Memorial Hospital. "There are good agencies out there, but there are plenty of bad ones and consumers need to be aware that they may not be getting the safe, qualified caregiver they expect. It's dangerous for the elderly patient who may be cognitively impaired."

(See Lindquist's "10 Questions to Ask Before Hiring a Caregiver" below.)

The study will be published in the July 13 issue of the *Journal of*

American Geriatrics Society.

Lindquist, a geriatrician, personally has seen a number of bad caregivers accompanying patients in her clinic. "Some of the paid caregivers are so unqualified it's scary and really puts the senior at risk," she said.

Lindquist had a 103-year-old patient whose illiterate caregiver was mixing up her own medications and the patient's medications. The caregiver was giving her own medicines to the elderly patient by mistake. Another patient had dropped 10 percent of her weight and developed [pressure ulcers](#) because her caregiver was not properly feeding her or getting her out of bed.

"It was easier for the caregiver to sit and watch TV and not to try to feed the patient or move her," Lindquist said.

Several agencies surveyed in the study actually made up names of screening tests they claimed to give their job applicants.

"We had agencies say they used a 'National Scantron Test for Inappropriate Behavior' and an 'Assessment of Christian Morality Test'," Lindquist said. "To our knowledge, these tests don't exist. If you're not a smart consumer, you won't recognize which agencies are being deceitful."

Identifying the good agencies from the bad is difficult because many agencies have slick websites and marketing campaigns, she added.

"It's a cauldron of potentially serious problems that could really hurt the senior," Lindquist said. "These agencies are a largely unregulated industry that is growing rapidly with high need as our population ages. This is big business with potentially large profit margins and lots of people are jumping into it."

For the study, researchers posed as consumers and surveyed 180 agencies around the country about their hiring methods, screening measures, training practices, skill competencies assessments and supervision. They found:

Only 55 percent of the agencies did a federal background check.

"A number of agencies don't do a federal background check or look at other states besides their own," Lindquist said. "Someone could move from Wisconsin to Illinois and could have been convicted of abusing an elder adult or theft or rape and the agency would never know."

Only one-third of agencies interviewed said they did drug testing.

"Considering that seniors often take pain medications, including narcotics, this is risky," Lindquist said. "Some of the paid caregivers may be illicit drug users and could easily use or steal the seniors' drugs to support their own habits."

Few agencies (only one-third) test for caregiver skill competency. A common method of assessing skill competencies was "client feedback," which was explained as expecting the senior or family member to alert the agency that their caregiver was doing a skill incorrectly.

"How do you expect a senior with dementia to identify what the caregiver is doing wrong?" Lindquist asked.

Many agencies (58.5 percent) use self-reports in which they ask the caregiver to describe their own skills. "In the hunt for a job, some people may report they can do tasks that in reality they have no idea how to do," Lindquist said. "We found agencies sending caregivers out into the seniors' home without checking."

Inconsistent supervision of the caregiver.

Agencies should send a supervisor to do a home visit to check on the caregivers more frequently initially and then at least once a month. But this only occurred with 30 percent of the agencies.

"Amazingly, some agencies considered supervision to be asking the caregiver how things were going over the phone or when the employee stopped in to get their paycheck," Lindquist said.

With seniors wishing to remain in their own homes, paid caregivers fill an important role.

"The public should demand higher standards, but in the short term, seniors need to be aware what explicitly to look for when hiring a paid caregiver through an agency," Lindquist said.

Below are Lindquist's 10 questions to ask an agency prior to hiring a paid caregiver:

10 QUESTIONS TO ASK BEFORE HIRING A CAREGIVER

1. How do you recruit caregivers, and what are your hiring requirements?
2. What types of screenings are performed on caregivers before you hire them? Criminal background check—federal or state? Drug screening? Other?
3. Are they certified in CPR or do they have any health-related training?

4. Are the caregivers insured and bonded through your agency?
5. What competencies are expected of the caregiver you send to the home? (These could include lifting and transfers, homemaking skills, personal care skills such as bathing, dressing, toileting, training in behavioral management and cognitive support.)
6. How do you assess what the caregiver is capable of doing?
7. What is your policy on providing a substitute caregiver if a regular caregiver cannot provide the contracted services?
8. If there is dissatisfaction with a particular caregiver, will a substitute be provided?
9. Does the agency provide a supervisor to evaluate the quality of home care on a regular basis? How frequently?
10. Does supervision occur over the telephone, through progress reports or in-person at the home of the older adult?

Provided by Northwestern University

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