



Older Adult Home Care Assessment and Coordination Training Course

16 – 20 May 2027
Chicago





Older Adult Home Care Assessment and Coordination Training Course

Ref: 1472_208686 **Date:** 16 – 20 May 2027 **Location:** Chicago **Fees:** 12000 Euro

Overview

Older Adult Home Care Assessment and Coordination Training Course is a one-week intermediate course for home-care nurses, care coordinators, rehabilitation staff, social-care practitioners, quality personnel, and supervisors who leave with an Older Adult Home Care Coordination Pack. Participants apply person-centered home assessment, functional ability review, care planning, home safety and fall prevention, medication and nutrition support boundaries, skin and infection controls, caregiver coordination, safeguarding, escalation, documentation, and continuity of care. Agile Leaders Training Center presents older adult home care as a coordinated health and social-care practice.

Who Should Attend

- Personnel responsible for assessing older adults and planning home-based support
- Teams responsible for home nursing, rehabilitation, and functional assistance
- Functions responsible for coordinating families, caregivers, and referral services
- Personnel responsible for safeguarding, documentation, and service quality
- Supervisors responsible for continuity, escalation, and home-care performance

The course assumes participants already support older adults or home-care services and leaves out diagnosis, independent prescribing, invasive treatment, and work beyond professional authorization.

Departments and Industries

The course supports departments and industries that coordinate health and social care for older adults in home and community settings.

- Home healthcare and community nursing services
- Rehabilitation and allied health departments
- Social-care and caregiver support organizations
- Hospital discharge and care-transition teams
- Quality, patient safety, and service-governance functions

Learning Objectives

By the end of this course, participants will be able to:



- Apply person-centered methods to home-care assessment
- Analyze functional ability, home hazards, and support needs
- Build coordinated care and caregiver communication plans
- Use mobility, skin, infection, nutrition, and medication support controls
- Evaluate safeguarding concerns and escalation triggers
- Prioritize documentation, continuity, and quality improvements

Course Agenda

Day 1: Person-Centered Home Assessment

- Older Adult Preferences and Daily Priorities Interview Guide
- Functional Ability and Support Needs Assessment Matrix
- Cognition, Communication, Hearing, and Vision Review Sheet
- Home Environment and Social Support Map
- Person-Centered Home Care Goal Record

Day 2: Mobility, Nutrition, and Daily Care Controls

- Mobility and Transfer Assistance Risk Checklist
- Home Fall-Hazard Assessment and Action Plan
- Nutrition, Hydration, and Swallowing Observation Log
- Medication Support Boundary and Escalation Guide
- Activities of Daily Living Support Plan

Day 3: Skin, Infection, and Emergency Readiness

- Skin Integrity and Pressure-Risk Observation Chart
- Home Infection Prevention Practice Checklist
- Personal Care and Continence Support Record
- Change-in-Condition Recognition and Escalation Pathway
- Home Emergency Readiness and Contact Card

Day 4: Caregiver Coordination and Service Quality

- Family and Caregiver Role Agreement
- Safeguarding Concern Recognition and Reporting Map
- Home Visit Documentation and Handover Template
- Care Transition and Continuity Checklist
- Home Care Quality Indicator Review Sheet



Day 5: Older Adult Home Care Practice

- Suggested Exercise: Person-Centered Assessment Review
- Suggested Exercise: Home Safety and Fall-Control Plan
- Suggested Exercise: Change-in-Condition Escalation Drill
- Suggested Exercise: Caregiver Handover and Safeguarding Decision
- Capstone Exercise: Older Adult Home Care Coordination Pack

Practical Exercises

The course uses suggested activities with fictional home healthcare, rehabilitation, and social-care scenarios.

- Suggested activity: assess preferences, functional ability, home conditions, and available support for an older adult.
- Suggested activity: identify mobility, fall, nutrition, medication-support, skin, and infection risks and assign controls within role boundaries.
- Suggested activity: recognize a change in condition or safeguarding concern and document the correct escalation route.
- Suggested activity: coordinate a caregiver handover and assemble a continuity and quality pack.

FAQs

Who suits older adult home care training, and what does it assume?

Older adult home care training suits personnel who already support older adults, families, or home-care services. It assumes practical care or coordination experience and excludes diagnosis, independent prescribing, invasive treatment, and tasks outside professional authorization.

How does older adult home care training differ from geriatric medicine training?

Older adult home care training develops assessment, coordination, safety, caregiver, documentation, and continuity practices in the home, while geriatric medicine training focuses on medical diagnosis and clinical treatment of age-related conditions.

What should an older adult home assessment examine?

An older adult home assessment should examine preferences, functional ability, cognition and communication, mobility, nutrition and hydration, skin, medicines support, home hazards, social support, caregiver capacity, and changes requiring referral.

How does fall prevention fit into older adult home care?

Fall prevention fits into older adult home care through mobility review, medication-related observations, home-hazard checks, safe transfer support, suitable lighting and pathways, caregiver communication, and referral when risk exceeds the team's role.



How should home-care teams respond to safeguarding concerns for older adults?

Home-care teams should recognize possible abuse, neglect, exploitation, abandonment, or loss of dignity; record objective observations; protect immediate safety; follow the service reporting pathway; and escalate without conducting an unauthorized investigation.

Conclusion

Participants leave with an Older Adult Home Care Coordination Pack containing assessment tools, risk controls, care and caregiver plans, escalation pathways, documentation templates, a continuity checklist, and a quality review. The pack connects daily observations with coordinated decisions. It supports safer home visits, clearer role boundaries, traceable handovers, and service improvement.