



The Standard

Special edition 2010

Newsletter for aged care home staff, managers, residents and their families

10 years of accreditation experience

Ten years of accreditation of the residential aged care industry in Australia has marked a period of significant and sustained improvement in performance against the Accreditation Standards.

The industry has lifted its benchmark performance with 94.2 per cent of homes nationally found to comply with all 44 expected outcomes of the Accreditation Standards at their last full audit.

This is an improvement from 91.8 per cent three years earlier and a significant improvement from 63.5 per cent in 2000.

The Chief Executive Officer of Aged Care Standards and Accreditation Agency Ltd, Mr Mark Brandon said "These are great results for the industry. This tells us that the industry is committed to continuous improvement and knows how to achieve it.

"These latest results clearly demonstrate the adaptability of the industry and a commitment

to quality care by those who own, manage and work in residential aged care".

Mr Brandon said that the results reveal a very low incidence of poor performance in residential aged care and a strong capacity for homes to quickly resolve issues when they are identified."










The industry benchmark is a review of each home's performance at their last full audit, taken every three years to approximate the notional 'accreditation round'. The data as at 31 December 2009 comprised 2,756 accreditation decisions from a home's last site audit or review audit.

The same criteria were applied to data as at the end of 2006, 2003 and 2000 so that a 'like for like' comparison was possible.

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Special edition

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Aged Care
Standards and Accreditation Agency Ltd



Better Practice in Aged Care awards

The Better Practice in Aged Care Awards program recognises the industry's high achievers who have used an evidence-based approach to developing programs which promote high quality care for residents.

The programs featured in this special issue celebrate high performance in the industry, provide inspiration and ideas for the development of better practice programs in aged care.

Better Practice in Aged Care Awards are a way of encouraging homes to strive to exceed the Standards and look at ways they can improve care for residents.

Our website www.accreditation.org.au lists all recipients of the awards, along with a summary of the winning program and photos. Potential residents and their families regularly visit this area of the website to identify high-performing homes in particular areas of care and service.

When visitors to the website look at a winning home's site audit report, there is a link to the home's Better Practice ub Aged Care award details. This is a valuable opportunity for homes to show they are exceeding the Standards and have been recognised as demonstrating better practice.

Award winning homes may also present details of their program at one of our Better Practice conferences held around the country.

With a focus on research, continuous improvement and achieving better outcomes for residents, there is a rigorous assessment process involved in awarding a Better Practice in Aged Care Award. Homes must meet a set of criteria, and an expert judging panel analyses the home's application and assessment team's recommendations.

Just a word



The industry has a lot to celebrate after 10 years of Accreditation.

The results of round four demonstrate that residential aged care homes across Australia continue to meet the Accreditation Standards.

Congratulations to the Better Practice award winning homes and their staff. Better Practice programs are a reminder that many homes are performing above and beyond the requirements of the Accreditation Standards, achieving excellence through programs that result in a better quality of life for residents living in residential aged care. Summaries of recent award winning programs are included in this special issue of The Standard.

While there are times when homes do not achieve compliance with the Accreditation Standards, it is important when issues are identified they are resolved as quickly as possible to minimise the impact on residents. We have seen that the vast majority of homes have been able to resolve issues and achieve compliance within the timetable for improvement.

In this issue we have included a list of 'risk creators' that potentially lead to non-compliance. Being aware of the presence of risk factors is a first step to averting non-compliance.

Also included in this issue are statistics about the structure of the industry. We have seen many changes take place over the past 10 years, including the consolidation of ownership in the industry across all types of organisations from the church-owned and charitable sectors, government and privately owned organisations. At the same time we have seen residential aged care homes grow in size to accommodate larger numbers of residents.

A handwritten signature in black ink, appearing to be 'Mark Brandon'.

Mark Brandon
Chief Executive Officer

Continued from page 1 – Celebrating 10 years of industry achievement

Using this benchmark data, the industry's performance has improved from 63.5 per cent in 2000, to 87.9 per cent in 2003, 91.8 per cent at the end of 2006 and 94.2 per cent at the end of 2009.

Over the same period of time, the extent of non-compliance, where it has been found, has substantially lessened.

“The effectiveness of a home’s monitoring systems in identifying deficits and risks is therefore key to developing actions to minimise the risk,”

The evidence also shows that homes act quickly to address problem areas with 98.4 per cent of homes successfully meeting their timetable for improvement.

Mr Brandon said there were usually a series of inter-related causal factors which contributed to failures.

“The effectiveness of a home’s monitoring systems in identifying deficits and risks is therefore key to developing actions to minimise the risk,” Mr Brandon said.

“It is clear that in recent years the sector better understands that the Accreditation Standards are not a management system; providers have developed a stronger focus on training staff and building systems and processes to support care to residents in the full and complete knowledge that good systems and focussed people will deliver three years’ accreditation as a by-product.

“Put another way, the systems and processes are in place to support care delivery, not to satisfy the accreditation body or assessors.”

Better Practice Award winner 2009
BCS Kara Centre, New South Wales
Better oral health

This award-winning project developed an evidence-based best practice model to promote better oral health using the *Oral Health Assessment Tool* (2005). The project involved a comprehensive staff education program, the recruitment of oral health champions from across all levels of staff and the establishment of a dental treatment room complete with a dental chair. The program resulted in a better quality of life for residents, with reduced pain and improved oral and dental health.



Better Practice Award winner 2009
Geelong Aged Care, Victoria
Education program

The home’s education program focuses on enhancing staff knowledge and skills for the delivery of best care practices for residents’ wellbeing. The program includes a staff induction program, traineeship program, full-day training programs for all staff and access to training programs for residents and families. To ensure the education sessions are effective the home uses quizzes, crosswords, word finds and surveys. Awards are presented in recognition of staff commitment to ongoing education.



Industry structure

Nationally, the number of residential aged care homes continues to consolidate. As at 31 December 2009, there were 2,756 accredited residential aged care homes. This is 171 less homes than in 2000, despite an average of 38 commencing homes opening each year across Australia.

At the same time, the number of residential aged care places has increased from approximately 157,600 in 2000 to 181,600 in 2009, representing approximately 24,000 more residential aged care places across Australia.

Homes by organisational type				
	2000	2003	2006	2009
NFP	64%	63%	62%	60%
Government	12%	12%	12%	11%
Private	24%	25%	26%	29%

The large majority of aged care homes are located in major cities, while approximately one quarter of homes are located in inner regional centres, and only 22 homes, representing 0.8% are in very remote areas. These statistics have remained relatively stable since 2000.

Homes by location	
Major cities	61.0%
Inner regional	24.9%
Outer regional	11.9%
Remote	1.3%
Very remote	0.8%

Number of homes
• 2000 – 2,927
• 2003 – 2,893
• 2006 – 2,872
• 2009 – 2,756

At a state/territory level, the share of homes per state/territory has remained relatively stable.

Homes by state/territory				
	No of homes 2000	%	No of homes 2009	%
NSW	928	31.7%	880	31.9%
Vic	813	27.8%	769	27.9%
Qld	483	16.5%	474	17.2%
SA	303	10.4%	269	9.8%
WA	264	9.0%	243	8.8%
Tas	98	3.3%	82	3.0%
NT	15	0.5%	14	0.5%
ACT	23	0.8%	25	0.9%

Since 2000, the broad ownership structure of the industry has not significantly changed. Homes managed by not-for-profit organisations are still the dominant group with 60 per cent of the 'market share' as compared with 64 per cent in 2000. State and local government operated homes represent 11 per cent of the industry, only slightly down from their 12 per cent share in 2000. The percentage of privately owned aged care homes has increased from 24 per cent in 2000 to 29 per cent in 2009.

While 41 per cent homes accommodate between 31 and 60 residents, a growing number of homes accommodate larger numbers of residents. The number of homes with more than 101 places has more than doubled since 2000 when there were 155 homes with more than 100 places compared to 399 homes at the end of 2009. At the opposite end of the scale, the number of small homes continues to decline. In 2000, there were 109 aged care homes that accommodated 10 or less residents. This number has more than halved since then, from 109 homes in 2000 to 49 homes in 2009.

The size of commencing homes has also increased since 2000. Residential aged care homes that opened in 2000 had an average of 66 places, in 2009 commencing residential aged care homes had an average of 88 places.

Homes by size	
1-10 places	1.8%
11-30 places	14.7%
31-60 places	40.9%
61-100 places	28.2%
101 + places	14.5%

Industry performance

Just as the percentage of homes with full compliance has increased with each round of accreditation, the extent of non-compliance has also reduced significantly.

In 2000, a total of 340 homes were identified with non-compliance in four or more expected outcomes. In 2009, the comparable number is only 31.

Performance by state/territory among homes assessed as complying with all 44 outcomes to the Accreditation Standards (44/44) at last full audit

Qld	95.6%
NSW	94.8%
ACT	92.0%
Vic	94.3%
Tas	92.7%
SA	92.6%
NT	85.7%
WA	92.6%

Performance by location (44/44)

Major cities	95.1%
Inner regional	93.6%
Outer regional	91.5%
Remote	91.7%
Very remote	95.5%

Performance by size (44/44)

1-10 beds	95.9%
11-30 beds	92.8%
31-60 beds	94.9%
61-100 beds	94.1%
101 + beds	94.0%

Performance by ownership (44/44)

Charitable	94.5%
Community	92.2%
Religious	95.6%
Government	91.9%
Private	94.8%

Better Practice Award winner 2007

Macleod Village, Victoria

Medical advisory committee and Medication management system

Southern Cross Care Macleod Village Hostel and Terry Barker Nursing Home in Victoria, are two-time Better Practice Award winners for their Medication advisory committee and Medication management system initiatives.

Medical advisory committee

The Macleod Village Medical advisory committee is responsible for the integration of medical care, policy development, quality improvement and education. Positive outcomes as a result of the committee include increased clinical care time with residents through the introduction of computer software, development of correspondence for residents to take with their medication charts for external appointments, a 69.9 per cent decrease in the number of residents admitted to hospital between 1999 and 2005 and 100 per cent attendance by GPs at all committee meetings.

Medication management system

To improve legibility of medication charts the home introduced a medical clinical software program that directly prints prescribed medications on to medication charts. The software was introduced in consultation with key stakeholders including the Medical advisory committee and supported by education for all relevant staff and general practitioners. The initiative has resulted in positive outcomes for residents including reduced medication incidents and admissions to hospital as a consequence of these errors and increased satisfaction by GPs leading to GPs being retained and attracted to the home.

Better Practice Award winner 2009

De Paul Villa, Queensland

Healthy Ageing Positive Partnerships

The Healthy Ageing Positive Partnerships Innovation (HAPPI) program was developed in partnership with GPs and allied health professionals to increase the amount and relevance of information in the Comprehensive Medical Assessment, which nurses update with changes in resident care needs for review by GPs. By involving GPs in planning care, referrals can more easily be made to allied health professionals via Medicare. Other benefits achieved include improved quality and access of resident information to nursing staff and at hospital transfers, improved staff morale, less time spent collecting information and a reduction in resident incidents.



Better Practice Award winner 2009

*Macquarie Care Centre,
New South Wales*

Optimal timing of medication for Parkinson's disease

To better understand the significance of medication administration times for residents, staff undertook research into best practice in relation to administration of medicines associated with Parkinson's disease. A number of discoveries were made about the impact of medication administration practices and medication timing on the health outcomes for a resident with Parkinson's disease. As a result of acting on the research the home achieved improved quality of life for residents by individualising administration times.



Industry performance (continued)

Just as the percentage of homes with full compliance has increased with each round of accreditation, the percentage of homes with significant levels of non-compliance has decreased. For example, in 2000 8.3 per cent of homes were non-compliant with four or more expected outcomes. In 2009 0.1 per cent of homes were non-compliant with four or more expected outcomes.

Areas of non-compliance were similar to those identified during round three accreditation. The highest incidence of non-compliance was identified in expected outcome 1.8 Information systems, this reflects a similar pattern identified in round three. The higher incidence of non-compliance in information systems compared with other expected outcomes is perhaps best explained in the Results and processes guide which states "the effectiveness of information management systems in all expected outcomes impacts on the performance of the home. Therefore, non-compliance in one or many expected outcomes may indicate gaps in the home's information systems".

Clinical care, medication management and human resource management were the expected outcomes that had the second, third and fourth highest incidence of non-compliance respectively. While this is similar to the pattern of non-compliance identified in 2006, the incidence of non-compliance for each of these expected outcomes has continued to trend downwards in each round since 2000.

Historical analysis

2000

- clinical care (245)
- living environment (240)
- infection control (222)
- medication management (208)

2003

- medication management (112)
- clinical care (72)
- information systems (70)
- continuous improvement, Standard one (50)

2006

- information systems (75)
- clinical care (73)
- medication management (52)
- human resource management (46)

2009

- information systems (72)
- clinical care (42)
- medication management (39)
- human resource management (21)

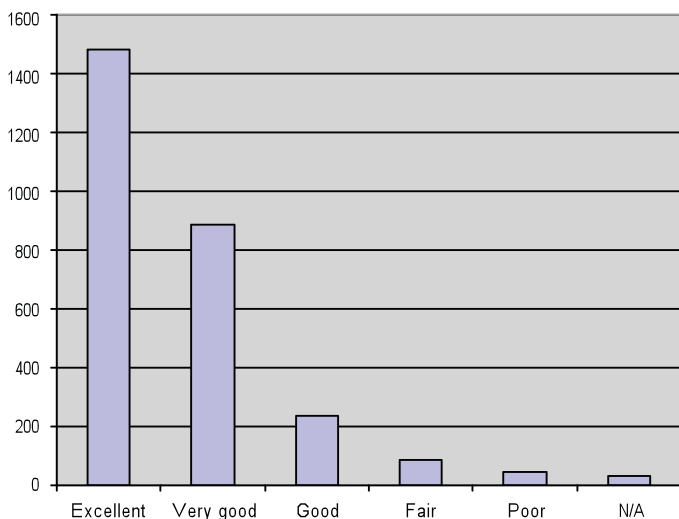
Industry feedback

Ninety five per cent of site visit questionnaires received in the last financial year rated overall satisfaction with the assessment team's performance as 'good' to 'excellent'.

In 2009/10 financial year 2,769 questionnaires were returned from 6,119 visits. This is a response rate of approximately 45 per cent. The questionnaire asks the home to rate the performance of the team in terms of how the visit was conducted, how staff were enabled to continue their duties and the knowledge, flexibility and feedback provided by the assessment team.

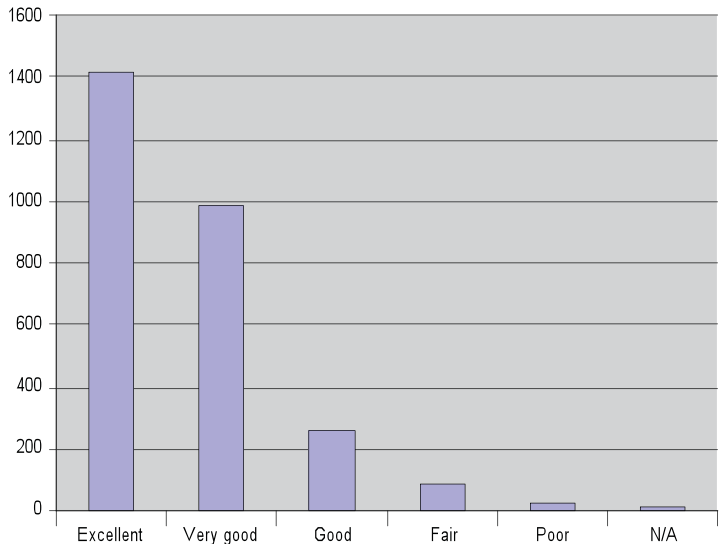
Of the responses received, 54 per cent rated their overall satisfaction with the assessment team's performance as 'excellent', 32 per cent rated overall satisfaction as 'very good', nine per cent responded 'good' to overall satisfaction. Of the 2,769 questionnaires, two per cent rated overall satisfaction level as 'poor'.

Overall satisfaction with site visits

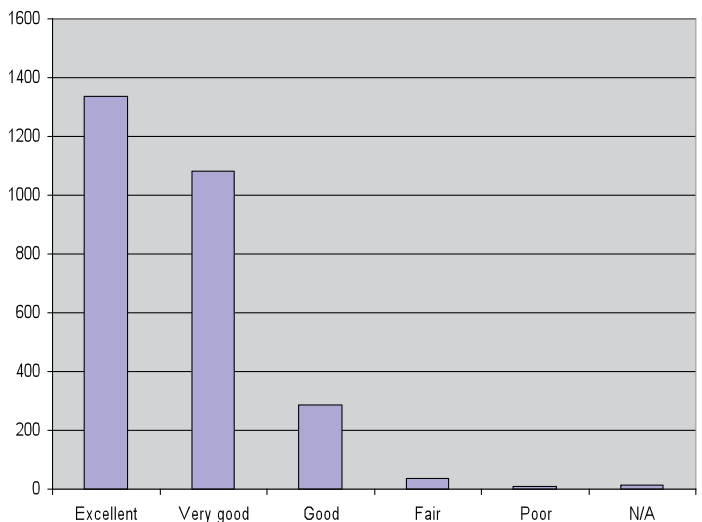


Ninety five per cent of homes rated the assessment team's performance in terms of allowing care staff to continue their duties during the site visit as 'good', 'very good' or 'excellent'.

The performance of the team in terms of allowing care staff to continue their duties during the visit



The performance of the team in terms of explaining how the visit would be conducted



In terms of the team's performance in explaining how the visit would be conducted 98 per cent of homes rated the assessment team's performance in relation to explaining how the visit would be conducted as 'good', 'very good' or 'excellent'.

Better Practice Award winner 2008

Hibernian Nursing Home, Queensland

Falls management program: Active, independent and upright

A team of residents, families, staff and management at Hibernian Nursing Home developed a falls management program as an integral part of providing a supporting environment that facilitates resident independence and aims to improve the quality of life for residents. The falls management program involved monthly falls prevention forums where residents and their families are the key decision makers. Staff are trained in the falls prevention program and a nationally recommended falls risk assessment tool is used to identify the risk of falling. The program achieved a reduction in falls rate of more than 50 per cent.



Better Practice Award winner 2008

Peter Cosgrove House, New South Wales



Peter Cosgrove House is a three-time award winning home for its programs related to communication, wound management and model of practice for contemporary care.

Positive connections

Positive connections is a process where genuine relationships are fostered between residents with high levels of mental confusion and general care staff. The program involves the development of resident biographies that are written with family involvement and presented in an 'easy to read' format on resident case files to orientate staff to residents. The program has had a very positive impact on the care giving relationships as well as the communication that occurs between staff and residents.

Wound management

The wound management strategy at Peter Cosgrove House is managed by a specialist wound care clinician, providing a best practice, whole-of-organisation approach to resident wound prevention, treatment and management. The approach involves consultancy with professional staff on wound etiology and treatments, staff in-service on wound care and skin maintenance and individually designed treatments for specific wound and conditions affecting the skin.



Model of practice for contemporary aged care

A combined nursing and management program differentiates the role of registered nurses working in aged care environments versus nursing practice at acute hospital environments. The implementation of the Model of Practice for Contemporary Aged Care has led to positive outcomes for residents in terms of continuity of care and the building of trust between families, residents and nurses as a result of acknowledging the full role of aged care registered nurses at Peter Cosgrove House.



Better Practice Award winner 2009

St Anne's Nursing Home, New South Wales

Pain management

The home's award winning pain management program involves prevention of pain through exercise programs, activities programs, falls prevention, and the minimisation of pain through massage and hot packs. Improved monitoring and assessment systems for pain and improved responsiveness and effectiveness of nursing staff interventions have been achieved through education and an improved buzzer system.





Better Practice Award winner 2009

*RSL ANZAC Village,
New South Wales*

RSL ANZAC Village is a two-time award winner for its 'Adding life to years and years to life' program and mental health clinical pathway program.

Adding life to years and years to live

In order to monitor the health and life experience of residents in a way that informs practice, a program of evidence gathering that is transferred to practice has been developed. The program involves the use of combined measures of physical capacity and quality of life to provide an informed base to build better practice. Quarterly measures of physical function and quality of life have been collected since 2006 to quantify health status and quality of life. This base-line information allows the home to measure resident benefits derived from interventions geared around maintaining functional ability as well as their concurrent experiences in relation to quality of life.

Clinical pathway program

RSL LifeCare has responded to the mental health needs of residents by providing a comprehensive mental health service to the residents of the village. Consistent with the research literature, the mental health care of residents is enhanced by providing a best practice model, specifically through the introduction of psychosocial and non-pharmacological approaches to the management of challenging behaviours arising from dementia as well as psychiatric problems. In this program residents diagnosed with mental health issues have access to a mental health clinical pathway which tailors care, treatment and support to their individual psychiatric needs.



Better Practice Award winner 2009

St Agnes Lodge, New South Wales
Memories of my youth

An intergenerational program was developed in conjunction with the home's residents and local primary school. Residents have been included in school activities such as cross country events, swimming carnivals, school masses and computer lessons. They have also worked together on projects such as memories books and games days. Serving as mentors, residents are provided with invaluable opportunities to remain useful and vital and make a positive difference in their communities. The visits have also provided students with the opportunity to think about their own attitudes towards the ageing population and the images of ageing.



Better Practice Award winner 2009

Uniting Aged Care Ningana, Tasmania
Lifestyle program

Uniting Aged Care Ningana initiated *Artlink* – a project-based program of creative activities. The aim of the program is to promote friendship between people of all ages and backgrounds and a sense of self worth. Over six months, the project resulted in an art installation six metres long, two metres high and two metres wide - called 'beneath the jetty'. Residents benefitted from the increased social interaction with other residents living within and outside the home and with the wider community. New skills and talents were discovered and participants' sense of self worth was increased.



Better Practice Award winner 2009

*Southern Cross Homes Fullarton Hostel,
South Australia*

Nutrition and hydration program

This program aimed to improve the quality of life for residents requiring consistency-modified diets. The program's success was due to the multi-disciplinary approach taken by the home. The program involved comprehensive assessment, individualised care plans and care delivery and regular evaluation including weight monitoring and resident feedback. Management guidelines were developed to ensure clear communication and consistent quality outcomes for residents. The identified resident group requiring altered consistency diets have had their self esteem promoted and their socialisation of meals enhanced.

Through the eyes of an assessor

Chris Schubert is an aged care quality assessor who has been assessing aged care homes since the first round of accreditation in 2000. For this special issue of *The Standard* she reflects on her time as an assessor and her impressions of the changes that have taken place over the past 10 years.

The changing face of continuous improvement systems

Chris Schubert

In the early days, homes had varying levels of understanding about continuous improvement. Those who were less confident often sought advice from consultants, and implemented 'off the shelf' systems that were not always well understood, or well implemented. These were mostly audit packages; some were better suited to a manufacturing environment and had no scope to address the human element that often throws up the unexpected result! Other homes bravely used their own simple processes that they had been using for some time, and found that these did the job for them. Assessors became adept at understanding and finding their way around each particular continuous improvement program, in much the same way we are now learning and adapting to the various electronic care systems. After the first and second round, some homes recognised that their continuous improvement program was not meeting their needs, and opted out of the commercially available programs, developing their own. The passage of time has seen the "corporatisation" of continuous improvement within larger organisations. Where previously they may have had different processes operating in each of their homes, processes have become standardised across homes within the organisation, enabling easier monitoring and tracking of activities. The same has happened with reporting and disseminating achievements and improvements.

Over the years, the range of achievements and successes has varied enormously. I believe that homes have progressed substantially in the past 10 years in their understanding of continuous

improvement principles. Agency staff, resources and training opportunities have also supported this. Perhaps one downside is that a mobile workforce, and over reliance by some on a single person to take ownership of continuous improvement means that not all the good projects and examples of CI become embedded into practice for the long term! There may be some complacency as well, now that homes are more confident in their CI approach. We encourage homes to extend themselves beyond the Accreditation Standards and try new ideas or adapt initiatives that have shown a real difference for residents.



Through the eyes of an approved provider

Dr Mike Rungie is the CEO of the ACH Group, a not-for profit organisation based in South Australia that has been providing aged care services since 1952. Winner of the Aged and Community Services (ACSA) award for excellence in aged care, Director, Aged Care Standards and Accreditation Agency Ltd, Dr Rungie reflects on a decade of aged care in Australia.

ACH Group: Changes that have taken place over the past 10 years

Dr Mike Rungie

The last 10 years in aged care feels like we've done the Hogan Decade and have positioned well for the Roma Mitchell Decade. The Hogan decade was dominated by the need to: mature, increase viability, grow, develop IT enabled systems, and improve building stock and qualifications for care workers which all deliver reliable and much improved quality.

In addition to this, we saw dementia come out of the closet and almost lead the way in understanding what might be the key components of great aged care medical treatment, care at home, flexibility and consumer control. Care at home grew significantly in response to consumer preference; even so, still falling short of consumer demand. With all this going on, innovation took a bit of a back seat, really only emerging late in the Hogan Decade.

We started to see the emergence of evidence-based practice and growing practice-based research relationships, the airing of consumer expectations,

(consumer directed care, joining up of services), health of older people (health reform initiatives including rehabilitation, health care coordinated around GPs, and fitness and preventative health), providing care in a way that enables older people to stay engaged and contributing (good lives), and professional training that creates a new aged care that people want to work in.

It's a great credit to Providers, Government and the Accreditation Agency that so much was achieved in the Hogan Decade that the Roma Mitchell Decade has been able to be born.



Better Practice Award winner 2010

Shawford Lodge, Western Australia

Nutrition project

The project aimed to reduce the prevalence of potential malnutrition of residents through nutrition screening, weight monitoring, and the implementation of nutrition support where needed. The project involved staff education and training, recruitment of 'nutrition champions', a standardised approach to implementing nutritional support and the purchase of 'hoist scales'. The program resulted in improved knowledge and skills of staff and improved diets for residents requiring consistency-modified meals.



Industry trends and risk management from an accreditation perspective

Mark Brandon, Chief Executive Officer

Since 1998, Aged Care Standards and Accreditation Agency Ltd has made over 13,000 accreditation decisions.

When we identify a home that has a sudden and significant change in compliance with the Accreditation Standards we review the full history of our assessments of the home as part of our case management. We look at previous and current audit reports and other information available to us to identify factors that may have contributed to the change in compliance status of the home.

Arising from these reviews is a series of risk factors associated with a change in compliance status. The risks themselves, or the activities that create the risk, are not the problem. The problems arise when the risks are not identified and managed.

The identified risk factors are:

- **Change of ownership** – compounded when new owners bring new management and staff, and new systems.
- **Changes in systems and processes** – problematic when training is inadequate
- **Loss of key staff** – particularly where the management pivots on one or two people; exacerbated where the response to a departure is to expand the role of another manager.
- **Building programs** – these can be energising and reinvigorating, but can also be a significant distraction from core business: the care of residents.
- **Change in resident mix** – where the increase in residents' care needs creeps up on you and has not been accompanied by relevant training and resourcing.

These activities do not, of themselves, create non-compliance. Our research shows it is the failure to identify and manage the risks that leads to non-compliance.

There are a small number of homes that continue to fluctuate between compliance and non-compliance with the Standards. This suggests the home has provided a 'fix' but the root cause of non-compliance is unresolved.

Over time, there has been a shift in the expected outcomes where non-compliance is frequently identified. In the early years of Accreditation, 4.4 Living environment was an expected outcome frequently identified as non-compliant. More recently, expected outcome 1.8 Information systems has emerged as an area of concern.

Information systems are the foundation of any organisation's operations and in the delivery of residential care, information systems are linked to most expected outcomes.



Better Practice Award winner 2010

Aldersgate Village, South Australia

Art therapy

Aldersgate's art therapy program was introduced in 2006 to broaden the recreational program at Aldersgate Village. The program, now in its fourth year has significantly improved the quality of life for many of the residents living in the Village. More than 40 residents are now involved in the art therapy program, resulting in profound results for many of the residents who participate in this program.



One of the features of non-compliance in information systems is ineffective monitoring systems used to ensure that information-gathering is effective and that it supports the delivery of services. Common reasons for non-compliance with 1.8 Information systems include:

- Lack of skills to analyse, develop and implement appropriate actions that target process deficits.
- Monitoring may be limited to the use of a specific tool which is not broad enough in its coverage.
- Monitoring systems and management approaches that create an underlying culture which hinders the effectiveness of self-reporting – that is, where the system becomes an end in itself rather than the tool.

The effectiveness of the home's information and monitoring systems in identifying deficits and risks is key to identifying the appropriate actions to be implemented to minimise non-compliance and prevent it occurring.

When we examined non-compliance with expected outcome 2.4 Clinical care, we found the overarching reason for failure was the absence of adequate systems, or the failure to follow established systems.

Knowledge of a home's systems can be limited, and this can become a pressure point when there is a high reliance on the use of casual staff who are not familiar with the systems. Staff handover is critical to understanding the needs of residents. Poor knowledge of the home's systems can add to the risk. Documentation requirements may not be completely understood or followed, thus creating a knowledge gap for future shifts or staff.

Key to establishing "effective" information systems is creating sustainable documentation that is necessary to support care and services for residents, not creating documentation because you think an assessor might want to see it. There is no requirement to create documents exclusively for accreditation.

Expected outcome 1.6 Human resource management requires that there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the standards and the residential care service's philosophy and objectives.

The underlying cause for failure in this expected outcome can vary greatly from home to home. There is no one 'big ticket' factor, but typically non-compliance in human resource

Better Practice Award winner 2008

Bupa Bellarine, Victoria

Bupa Bellarine is a two-time Better Practice Award winner for its Men's Club and Playgroup.

Men's club

To improve the quality of social life for male residents at Bupa Bellarine the home introduced a men's club. The club was formed after talking to the men living in the home to determine their individual needs and preferences in relation to how the men's club would proceed. Meetings with the residents are held to identify and plan activities then the therapist speaks to each resident individually to ascertain and address any individual concerns regarding these activities. Results achieved by the program include increased involvement in community life of the home by the men, an increased sense of belonging and the formation of new friendships among the men.

Playgroup

To improve residents' contact with children, the home has been set up to provide for a welcoming environment for children. There is a toy cupboard, a colouring station, a computer and lots of pets. The home has established a relationship with the local primary school and launched Bupa Bellarine treasures in 2006. Bupa Bellarine treasures is a group of first time mums and their babies who meet each Thursday at Bupa Bellarine. Residents have been able to watch the babies grow into toddlers and enjoy interactions with the mothers. Outcomes of the program include an increased sense of happiness and wellbeing for residents involved in the playgroup.



management is closely linked to the level of education and training of staff, and information systems that support decision-making when rosters are being created.

Expected outcome 2.7 Medication management requires that residents' medication is managed safely and correctly. If a single incident occurs, that does not necessarily mean that medication is not being managed safely and correctly. At the same time, if nothing has gone wrong, you still need to assess the communications processes and core systems to ensure it is not simply a matter of an accident waiting to happen.

Communication and the relationship with key players needs to be strong and efficient. Changes in medication orders, dosage strength and frequency need to be communicated quickly and effectively. Good information systems support this outcome.

Expected outcome 2.13 Behavioural management requires that the needs of residents with challenging behaviours are managed effectively. Good information systems, education and staff development, human resource management and clinical care all link to this expected outcome.

The common cause of non-compliance with this expected outcome is linked to the home's systems for assessing residents' needs. Where there is non-compliance we routinely find that the system is not comprehensive or the staff have not followed the system.

Continuous improvement is one of the universal expected outcomes. Statistically, homes with non-compliance in continuous improvement are more likely to have non-compliance in other expected outcomes. Non-compliance with continuous improvement is commonly associated with failure to carry out planned work, failure to follow established procedures, failure to monitor and effectively supervise staff, and failure to measure the quality and effectiveness of resident care and service delivery.

In identifying causes of non-compliance, there are usually a series of inter-related causal factors. The effectiveness of a home's monitoring systems in identifying deficits and risks is therefore key to developing actions to minimise risk.

It is clear that in recent years the sector better understands that the Accreditation Standards are not a management system. Providers have developed a stronger focus on training staff and building systems and processes to support care to residents in the full and complete knowledge that good systems and focused people will deliver three years accreditation as a by-product.

[This is an extract of a speech delivered to the Tristate Conference, Mt Gambier, South Australia.](#)

Better Practice Award winner 2010

SomerCare, Victoria

Rainbow chimers project

SomerCare is a two-time award winning home for its SomerCare Rainbow Chimers project and its Advance care planning project.

The SomerCare rainbow project began in November 2007 when residents enthusiastically embraced the idea of learning to play hand bells. The SomerCare Rainbow Chimers now have over 20 songs in their repertoire and perform regularly both within and outside the home. Benefits of the program for the residents involved include increased dexterity and coordination and improved concentration, anxiety has been reduced for residents with a diagnosis of anxiety. Such is the success of the program, SomerCare is now home to two chimers groups including the SomerCare Rainbow Chimers and the exclusively internal performing group – the Kool Kats.



Advance care planning project

The advance care planning project is based on findings of research and feedback undertaken with the Joanna Briggs Institute of Evidence based Health care. SomerCare wanted to make a difference with the residents and felt that the residents required a more effective and comprehensive Advance Care Plan with a view to residents and relatives having an understanding of the project and an empathetic approach that would dispel the fears of discussing terminal illness. This was a multi-phased project that involved getting staff, residents and residents' families on board. It has resulted in the development and documentation of advance care plans for all residents currently living at SomerCare.

Growth of an Industry

Australia's aged care industry has grown substantially to keep pace with the growing numbers of older Australians.

The number of residential aged care places has increased more than 15 per cent from 158,000 places in 2000 to 182,000 in July 2009.

During 2008/09, around 211,300 people used permanent residential aged care services, and the number of people who used respite residential aged care was 41,864.

Consistent with peoples' desire to remain in their own home for as long as possible, community care has grown from around two per cent of aged care places in 1995 to around 20 per cent of all aged care places.

Number of clients, aged care programs, 2008-09

Program	Number of clients
Permanent residential aged care	211,332
Respite residential aged care	41,864
CACP	54,354
EACH	6,449
EACH-D	3,296
TCP	12,631
HACC	862,488

Source: Productivity Commission Report on Government Services 2010

According to the Department of Health and Ageing, some 900,000 older Australians receive some form of aged care each year, with more than one in 13 people aged 70 and over receiving permanent residential care.

The aged care workforce has expanded significantly to support this growth.

According to the Department of Education, Employment and Workplace Relations (DEEWR), the health care and social assistance sector is Australia's largest employing industry. Over the past 10 years, it has shown consistent long-term growth and has expanded by 47 per cent over the past 10 years compared with 23 per cent for the all-industries average; and is projected to grow by 3.3 per cent a year over the next five years compared with 1.8 per cent for all industries.

"The aged care system sits within a broader human service framework. There are important interfaces between it and other social policy areas, such as primary health, hospital care, disability services, housing (including social housing), transport and income support. Service delivery in each of these areas affects the performance of the aged care sector and vice-versa."

Productivity Commission issues paper, *Caring for Older Australians*.

Better Practice Award winner 2009

Barossa Village Inc, South Australia

Aged care nurse practitioner program

Five years ago, the now nursing practitioner recognised a gap in resident access to clinical services. With the support of Barossa Village, the nurse completed a Master of Nursing Practice in Aged Care, leading to authorisation with the Nurses Board of South Australia as the first Nurse Practitioner in South Australia. Barossa Village Inc became one of six national trial sites to participate in a study on the aged care nurse practitioner role in Australia. The trial continued until June 2007. Formalising this project allowed for the establishment and evaluation of the nursing practitioner role and defined the benefits for residents in terms of safety, quality, satisfaction, clinical care and outcomes.



As at 30 June 2009, Australia's residential aged care sector employed 188,000 people. Around 17 per cent were permanent full-time, 60 per cent were permanent part-time and 23 per cent were employed on either a casual or temporary basis. Around 86 per cent were women.

In addition, aged care providers also had 50,600 registered volunteers providing assistance.

Just as we have seen a substantial growth in the residential aged care industry, there has also been a significant increase in the level and scope of community aged care. Community aged care options have significantly expanded to more adequately meet the expectations of ageing Australians who have a preference for in-home care in the circumstances where it can be delivered.

Growth of an industry continued.

According to the Productivity Commission's report, *Caring for Older Australians*, May 2010, the last 20 years has seen an increase in community care options including Community Aged Care Packages (CACPs) and Home and Community Care Packages (HACCs). In 1995, community care places made up less than two per cent of aged care places. In June 2009 community care places have increased to account for more than 20 per cent of aged care places.

The community care workforce consisted of more than 87,000 people across Australia in 2007 (Martin and King 2008). The community care workforce consists of registered nurses, enrolled nurses, community care workers and allied health workers.

"Some 900,000 older Australians currently receive some form of aged care each year, with more than one in 13 people aged 70 and over currently receiving permanent residential care" ROACA 2008-09.

Better Practice Award winner 2009

Redhead Gardens Hostel,
New South Wales

Palliative approach model of care

The home's quality management system identified opportunities for improvement in the delivery of palliative care. Based on the Department of Health and Ageing's *Guidelines for a Palliative Approach in Residential Aged Care* the project involved the recruitment of a multi-disciplinary committee, employment of a clinical nurse specialist, staff education on palliative care and the development of a palliative care plan tailored to meet the individual needs of residents. The program has brought about many positive changes and has received much praise from key stakeholders.



Better Practice Award winner 2009

Warrina Village Hostel,
New South Wales

Lifestyle program

'Resiaction' is a resident volunteer program enabling residents to contribute to their home and their community. Resiaction involves more than 70 of the home's 96 residents who volunteer within the home to run activities, write the Village newspaper, run the footy tipping competition, assist with meals, look after the Village animals, run the coffee shop and library and deliver mail and newspapers. The program is based on research that shows volunteering increases feelings of wellbeing and reduces the incidence of depression. The program was implemented gradually and involved staff education to promote a culture change that was necessary to put both staff and residents at ease. Surveys have found that residents enjoy the tasks, claim ownership of their tasks and relish their new responsibilities.



Aged Care
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