



The Standard




July 2010

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



Back, L to R: Louise Taylor, Lyn McArthur, Tracey Avis, Alison Dores, Tony Moxham
Front: Eileene Faulkner (resident of Shawford)

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Aegis Shawford Lodge wins Better Practice Award for Nutrition Program

Shawford Lodge (part of the Aegis Aged Care Group) in Western Australia has been awarded a Better Practice in Aged Care Award for its Nutrition Program.

A combined clinical and hospitality project was developed to identify and reduce the incidence of malnutrition through nutrition screening, weight monitoring and the implementation of a

standardised approach to nutrition support. Malnutrition is a major health problem among the aged that is difficult to define and consequently to identify for early treatment.

The nutrition project involved implementing a malnutrition screening tool, the Mini Nutritional Assessment (MNA), by clinical staff to develop a baseline score for each resident. Education was

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Aged Care Standards and Accreditation Agency Ltd



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Just a word



This issue you'll read our new feature 'case in point' where a hypothetical case study briefly reflects an issue, its complexities and the dilemmas faced by providers.

This month's issue focuses on residents living in residential aged care homes, who are long term smokers.

Each issue will provide various points of view. This month's issue includes our view on smoking policies, the view of a residential aged care provider and recent preliminary findings by a South Australian Coroner.

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

Mark Brandon
Chief Executive Officer

New accreditation fees from 1 July 2010

Each year, accreditation fees are adjusted in line with the Consumer Price Index. Our website www.accreditation.org.au has a table with the new fees that are effective for applications for accreditation submitted on or after 1 July 2010.

If your home has less than 20 places allocated, you will not have to pay any fee as the Department of Health and Ageing fully subsidises the accreditation fees for these homes.

Fees can be paid either by cheque or electronic funds transfer.

The use of bedpoles

A South Australian Coroner has warned that residential aged care homes should undertake risk assessments on the use of bedpoles, and to ensure there are no gaps between the side of a bed and the bedpole where bedpoles have been installed.

The Coroner also cautioned against the use of bedpoles where users had a history of falling from bed, or were cognitively impaired.

The warning followed the Coroner's investigation of the death of a resident who was asphyxiated after he fell from his bed and his neck became trapped between his bed and a bedpole.

The home had installed bedpoles as an aid to the resident's mobility and independence in bed. The resident was a partial amputee, diagnosed with dementia, and was prone to fall from bed during the night.

"These preliminary findings are intended to serve as a warning to those institutions, persons and entities who utilise bedpoles that in certain circumstances there is an element of risk involved in their utilisation. In particular, and without intending to limit the circumstances in which a bedpole may place a user at risk, the evidence before me demonstrates that bedpoles should not be used in circumstances where there is a gap between the bedpole vertical component and the mattress, or potential gap if the device or the mattress moves, and / or where the intended user has a history of recurrent falls from bed, has a cognitive impairment, with or without limited mobility, or where the intended user's faculties are compromised by medication," the Coroner said.

"Any person or organisation that utilises bedpoles must ensure the use of a bedpole is risk assessed in each application."

The Coroner noted that the resident was prone to fall from his bed, and that this could have been addressed by installing rails on both sides of the bed.

"However, this would have made the fixing of a bedpole apparatus more difficult if not impossible, with the result that (the resident) would have been deprived of the benefits that the bedpole provided in terms of mobility and independence. In short, there was a balancing exercise that came down in favour of (the resident's) independence and in my view nobody can be criticised in relation to that."

The Coroner's decision is available at:
<http://www.courts.sa.gov.au/courts/coroner/findings/index.html>

Assessment: First, Fun, Forensic, Futuristic and for Funding



◀ Professor Rhonda Nay

Assessment is fundamental to quality care; it is essentially the first action required of health professionals and care workers within their scope of knowledge and practice. Professor Rhonda Nay is a keynote speaker at better Practice 2010 illustrates the five elements of assessment in her much loved style.

Professor Rhonda Nay said, "Assessment is not for funding – never has been, never will be! It is not burdensome paperwork, but exciting and can be fun if approached as it should be. We can learn a lot from those popular forensic shows like CSI and House.

"Assessment has to be futuristic, not just a task we do for today, for the government, or for managers. It requires evaluation and a cyclical approach with the data feeding into the care we plan and provide. In the end (indeed from the beginning) it is for the resident and integral to person centred, evidence based care," Professor Nay said.

Professor Nay is Foundation Professor of Interdisciplinary Aged Care and Director of the Institute for Social Participation (ISP); TIME – the Victorian and Tasmanian Dementia Training Studies Centre; the Australian Centre for Evidence Based Aged Care (ACEBAC) and the Australian Institute for Primary Care (AIPC) at La Trobe University.

She also leads the Victorian hub of the Dementia Collaborative Research Centre. Professor Nay has chaired the Minister's Awards for Excellence in Aged Care and has been a judge for the ACSA Awards. Her research is focused on getting evidence based, interdisciplinary, person-centred care into practice. Professor Nay is a Director of the Aged Care Standards and Accreditation Agency Ltd.

Professor Nay is a keynote speaker at Better Practice 2010. For more information or to register, go to www.accreditation.org.au or call 1800 728 589.

Presenters and participants both have a lot to offer so this is an opportunity to share and learn from each other.

Better Practice 2010 diary dates

Perth	22-23 July
Melbourne	26-27 August
Sydney	16-17 September
Brisbane	14-15 October



RCNA
CNE points
offered

For more information go to www.accreditation.org.au or call 1800 728 589.



Case in Point

We are introducing a new feature called 'Case in point' where a hypothetical case study briefly reflects an issue, its complexities and the dilemmas faced by providers. A range of individuals will comment on their approach to the issue.

Do you have a 'case'? Let us know. Email editor@accreditation.org.au

Management is reviewing the home's smoking policy in light of the February 2010 edition of the Residential Aged Care Communique (add weblink)

The review must take into account the rights of residents (some of whom are long-term smokers and who have to be assisted), their safety, the home's obligation to provide a safe and comfortable living environment for residents, and the home's OHS obligations in relation to staff, contractors, etc..

The home currently has designated smoking areas for residents only. This annoys some residents who want the home to be smoke-free. Alternatives such as nicotine patches have been suggested but declined, and there is at least one resident with cognitive impairment who becomes agitated and aggressive if he does not have a regular cigarette

Staff are not allowed to smoke while on site. This annoys the smokers who have to go off-site while the non-smokers have complained about secondary smoke from residents and the absences of their colleagues during 'cigarette breaks'.

Smoking Policies

From the Aged Care Standards and Accreditation Agency Ltd.

Developing and implementing smoking policies can generate considerable controversy and present a number of challenges as organisations attempt to address the rights and preferences of all individuals involved. When developing and

implementing smoking policies aged care homes need to consider legislation relevant to smoking in workplaces and 'enclosed public places', as well as the rights of residents.

Requirements to provide a smoke free environment falls primarily under state and territory control. Most jurisdictions have adopted legislation prohibiting smoking in workplaces (there are some exceptions and variations laid out in state and territory requirements). And all states and territories prohibit smoking in 'enclosed public places', although there is some variability between the jurisdictions in terms of how far the ban on smoking is extended, what types of places are granted exemptions, and what constitutes an 'enclosed public space'. The legislative requirements of each jurisdiction therefore need to be considered when developing smoking policies.

The rights of residents also need to be considered. Both the Accreditation Standards and the Charter of Residents' Rights and Responsibilities refer to the rights of residents to their personal, civic, legal, and consumer rights. Expected Outcome 3.9 Choice and decision-making requires that 'each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people'. The Charter of Residents' Rights and Responsibilities also refers to the right of residents to maintain control over, and continue making decisions



about, the personal aspects of daily life and to maintain personal independence. Independence, according to the Charter of Rights, 'includes a recognition of personal responsibility for his or her own actions and choices, even though some actions may involve an element of risk which the resident has the right to accept, and that should then not be used to prevent or restrict those actions'. Both documents refer to the responsibility of each resident to consider the rights of other people within the residential care service. Therefore, when developing policies that may restrict smoking to a particular area or areas, consideration needs to be given to the rights of residents who smoke, the right of others to a smoke free, safe environment and the requirements laid out in the relevant legislation in each jurisdiction. The pending introduction of self-extinguishing cigarettes in Australia may also influence the content and implementation of smoking policies.

A view from a residential aged care home Holy Spirit Croydon, New South Wales

Holy Spirit Croydon has 127 residents onsite, 87% of which have some form of dementia or mental health illness.

Many of these residents have been life long smokers whilst institutionalised in state run hospitals. As a consequence smoking has become an accepted part of their everyday management.

It works successfully in our facility as a behavioural management tool.

The process is closely managed by the clinical staff that distribute and monitor all episodes of smoking.

Residents are not permitted to carry cigarettes or matches/lighters, all of which are locked in a secure cupboard accessed by registered staff only.

Smoking is in a designated area away from smoke free sections. A staff member is present when a resident/s are smoking. Those staff who do not smoke and do not want to be exposed to secondary smoke do not have to supervise the residents. In most cases only those staff who are smokers tend to supervise, turning it into a social event rather than a policed one.

While we do not condone smoking we understand the needs of those staff who do smoke. 'Cigarette breaks' are not permitted and staff are to smoke in the designated area which is away from residents, relatives and visitors. Smoking is only allowed during their official break times.

Brochures are available for those staff wishing to stop smoking.

Over time as the resident's dementia progresses their desire to smoke diminishes while those residents with a psycho geriatric disorder continue to rely on their cigarettes.

A view from a recent preliminary finding by a South Australian Coroner

A South Australian Coroner has warned that residential aged care homes need to provide appropriate assessment and close supervision of a resident who is smoking.

The Deputy State Coroner indicated "that the practice of allowing residents who are disabled by dementia and/or by deficits in terms of manual dexterity to smoke while unsupervised, is intrinsically unsafe."

These comments come after the preliminary inquest findings of the death of a resident on 27 May 2010. The resident passed away in 2008 having received significant burns when her clothing accidentally caught alight while smoking in a designated outdoor smoking area at the home.



The preliminary findings also indicated that “any facility that chooses to permit its residents to smoke on the premises should ensure that in the care of each individual smoker the risk of harm to the resident, having regard to the level of dementia, the loss of manual dexterity of the resident and other matters relevant to the ability of the resident to smoke safely, and thus the need for and level of supervision, is properly assessed.’

The Coroner went on the state that “Such an assessment should take place on an ongoing basis having regard to the possibility of deterioration in the level of cognitive ability and dexterity of the individual over time. All staff responsible for care and their supervisor should be made aware of such an assessment.”

The Department of Health and Ageing sent out the preliminary findings to approved providers on behalf of the South Australian Deputy Coroner shortly after the inquest findings were released.

The Coroner’s preliminary finding is available at: <http://www.courts.sa.gov.au/courts/coroner/findings/index.html>

South Australia response

South Australian Health provided a Directive, SA Health Smoke-free Policy effective 31 May 2010.

This document directs all SA health entities to implement the SA Health Smoke-free Policy. The policy aims to protect the health of all persons entering the premises of SA Health entities by prohibiting smoking, and providing assistance to staff and consumers who wish to address their tobacco smoking. Compliance with this Directive is mandatory.

The purpose of the SA Health Smoke-free Policy is to:

- Protect the health of SA Health entity staff, consumers, contractors and visitors from passive smoking.
- Assist staff and consumers who wish to address their tobacco issues.
- Provide a clear message to the community that all SA Health entities are committed to reducing the harm caused by tobacco smoking by providing safe and health promoting smoke-free services.

The policy applies to all

- Department of Health divisions, branches and units
- All health units incorporated under the Health Care Act 2008
- All hospitals incorporated under the Health Care Act 2008
- SA Ambulance Service.

Northern Territory - Tobacco Control Act

This Act restricts smoking in certain public places and workplaces, to regulate packaging, advertising (including through sponsorship), and display of tobacco and other smoking products, to regulate conduct of premises at which tobacco and other smoking products are sold by retail, to prohibit sale and supply of tobacco and other smoking products to children, and for related purposes.

Residential aged care homes are included in this Act under the definition of shared accommodation.

This Act was in forced on 14 December 2005.

Do you have a ‘case’? Let us know. Email: editor@accreditation.org.au

Education courses and seminars dates and locations



Courses

Understanding accreditation: a practical toolkit for homes course – three day
This course attracts 22 RCNA CNE points when participants attend the whole course.

NSW	31 August – 2 September 2010, Parramatta
QLD	16-18 August 2010, Stones Corner
SA	9-11 2010, Modbury
WA	19-21 October 2010, Mt Claremont
VIC	Victorian courses are now hosted by Aged and Community Care Victoria (ACCV).

Seminars

This course attracts 7 RCNA CNE points when participants attend the full course.

	Managing risk to avoid non-compliance	Achieving compliance with 1.8 Information systems
NSW	3 November 2010, Wollongong	3 September 2010, Blacktown
VIC/TAS	18 March 2011, Albury	16 February 2011, Mildura
QLD	9 December 2010, Toowoomba	2 September 2010, Byron Bay
SA	23 November 2010, Glen Osmond	3 December 2010, Naracoorte
WA	14 March 2011, Mt Claremont	24 February 2011, Mt Claremont

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provided to nursing staff with the rationale for early identification and treatment of malnutrition where possible, with references for evidence based practice for the prevention of malnutrition to support this practice. Clinical staff are now able to implement nutritional smoothies for early nutrition support prior to a dietetic referral where appropriate and are guided in their practice for nutrition by the established flow chart and nutrition policy. A 'nutrition champion' is responsible for the monthly weight monitoring, review and updating of nutrition care plans, and works with the dietitian on monthly visits for ongoing maintenance of the program.

In conjunction with the nutrition project, texture modified diet and fluids are also standardised using the National Texture Modified Diet and Fluids Terminology and

assessed for nutritional adequacy. Hospitality staff demonstrated their competency to provide safe, nutritious and tasty meals and fluids to ensure residents receive maximum benefit for their nutritional status.

The nutrition project has been evaluated regularly since its inception, including a major review 18 months post implementation. In this review, we were able to establish that we have data for all residents including monthly weights, a malnutrition screening score, and individual nutrition care plans where indicated.

Shawford Lodge is committed to ensuring each resident has an optimal nutrition status, is monitored regularly, and has a tailored nutrition plan to meet their needs. The nutrition project will continue to evolve with further research and feedback from residents throughout the Aegis Group.



Aged Care
Standards and Accreditation Agency Ltd

Contact information

The Editor, Aged Care Standards and Accreditation Agency Ltd.
PO Box 773, Parramatta, NSW, 2124
email: editor@accreditation.org.au

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