



The Standard

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

An ordinary man living an extraordinary life

Dr Ron Fitch OBE PHD ME FIEAust earned recognition from the *Guinness Book of World Records* when his thesis on South Australian railways made him the oldest recipient of a PhD in 2002.

He has published three books and has been inducted into the South Australian Engineering Hall of Fame; nevertheless, 101 year old Dr Fitch insists he is not extraordinary.

“I reckon I’m just an ordinary bloke who got lucky” Dr Fitch says.

But a conversation with Dr Fitch suggests otherwise. Besides his impressive career and great age, his sharp wit, good humour and gentle humility make him the type of ‘ordinary’ that most people aspire to.

Dr Fitch was born in 1910 into a railway family. His father was a signaller. Dr Fitch has been involved with railways since the age of eight when he used to visit his dad at work on the signal boxes.

His 46-year career on the railways started as a 16-year old engineering cadet and saw him rise to Railway Commissioner of South Australia in 1956, a post he held until his retirement in 1973.

The most rewarding part of his career, Dr Fitch says, was when he was 22 and charged with responsibility for a ‘gang’ of unemployed relief workers to build railway tracks in Western Australia during the Great Depression.

“I don’t think those men got enough credit for what they achieved in that time,” Dr Fitch says. “They were tough times and tough conditions but I never heard a complaint from any of those men in all those years.”

Dr Fitch and his gang of workers camped out for weeks at a time building railways in some of the most remote parts of Australia. He worked between Kalgoorlie, Port Augusta and Alice Springs, and there were times when temperatures soared to nearly 50 degrees Celsius and stayed that way for days during the summer months.

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Aged Care
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After he retired, Dr Fitch published two books about his experiences and then decided to start work on his doctorate – a study about the financial and operational performance of South Australian rail between 1900 and 1970.

In 2002 at age 92, Dr Fitch completed his doctorate and became the oldest recipient of a PhD. With a sense of relief, Dr Fitch says he is no longer the record holder. “I understand someone else holds the record now and I’m not jealous about it a bit.”

Since completing his doctorate, Dr Fitch has published another book, *Australian Railwayman* and has been a keynote speaker at a number of events including the Accreditation Agency Better Practice conference Adelaide in 2010.

Now living in an aged care home, Dr Fitch shows little signs of slowing down.

“The solution for age is not to vegetate” says Dr Fitch. “That’s my motto.”

Dr Fitch is currently working on his speech for the 90th anniversary of University of Western Australia where he completed his Bachelor of Engineering as a young man.



Dr Ron Fitch at the National Railway Museum

New awards program – nominations closing soon!

Nominations are closing on 30 June for our new Better Practice Awards program. The Awards recognise the industry’s high achievers and showcase better practices in aged care homes. The new awards are presented annually and are not linked to the accreditation cycle.

Awards will be given in five categories - Health and personal care; Resident lifestyle; Staff development and retention; Environmental management/living environment; and Innovation.

You can nominate up to three initiatives, programs or projects per home; and providers can nominate corporate-wide projects, initiatives or programs that have been implemented across a number of homes.

Nomination forms and a guide about Better Practice Awards are available on our website.

Hurry! Nominations close on 30 June.

Just a word



Welcome to our men's issue of *The Standard* to celebrate International Men's Health Week.

This issue highlights some of the specific care needs associated with older men living in residential aged care and in the broader community. Some of the fantastic programs that are in place to meet the care and social needs of older men in Australia are featured in this issue.

Following our May issue, we received some responses about documentation for accreditation. The number of responses does not suggest the problem is as big as I envisaged. However, to give us the best opportunity to address this I have extended the last date to receive submissions to 31 July 2011. The report will now appear in the September issue of *The Standard*.

A stylized, handwritten signature in white ink, consisting of a large, looped 'B' followed by a horizontal line.

Mark Brandon
Chief Executive Officer

More vitamin D, less falls

Increased vitamin D levels can lower the risk of falls for older men, according to latest research undertaken by Neuroscience Research Australia.

The study, undertaken between 2005 and 2008, involved community-based participants aged between 70 and 90 years. Of the 463 participants, 21 per cent of men and 43 per cent of women were found to be vitamin D 'insufficient'. Participants who were vitamin D 'insufficient' had reduced leg strength, poorer balance control and stepping ability, and performed worse in cognitive function tests. For men in particular, vitamin D deficiency was associated with poorer dynamic balance and a higher rate of falls.

Vitamin D deficiency is common among older adults due to reduced exposure to sunlight as they tend to spend more time indoors. Frailty, immobility or illness can be obstacles to spending time outdoors. Also, older people's skin has less capacity to absorb vitamin D.

Professor Stephen Lord says sunshine is the best way to get vitamin D. "But research has indicated this is harder to achieve than you would think in an aged care setting. That is where vitamin D supplements come in. There are very few side-effects or contra-indicators of vitamin D tablets so it really should be a case of why *aren't* older people in residential aged care on vitamin D supplements rather than why *are* they."

The study, "Relationships between serum vitamin D levels, neuromuscular and neuropsychological function and falls in older men and women," was published in the journal *Osteoporosis International*. For more information go to Neuroscience Research Australia's website, www.neura.edu.au

Accommodating Elders

Homes at the heart of Indigenous culture

More than 700 kilometres west of Cairns, near the coast of the Gulf of Carpentaria, lies Kukatja, a small aged care home that accommodates 12 people who have lived most of their lives in and around this remote area of Queensland.

Kukatja is vital to the local people because it is home to many of the Elders, keepers of Aboriginal culture and cultural law; the story tellers who provide the critical link to their tribal history since the beginning of time.

What is unique about Kukatja, is the customs and cultural law that underpin the daily life of the residents. Its remoteness means that many of the staff are from the local community and have kinship ties with the residents. This is a big advantage because the staff have a deep understanding of the customs and laws of their clans and an innate sense of how to care for their Elders.

On the flipside, local staff with kinship ties can pose challenges to staffing arrangements. National Quality Manager of D&R Community Services Pty Ltd, Debra Smith said in some homes cultural laws dictate that family cannot be involved in the personal care of residents. Men, in particular, feel a sense of shame to have their personal care provided by a female member of their own family. For this reason most homes try to achieve a staff mix that includes local and non-local people.

Kukatja's administration officer, Ina Swain, is not from the local area. She said she had a lot to learn about the local traditions when she came to Kukatja and said her own knowledge did not extend to the unique ways of the Indigenous people around Normanton.

"I'm Indigenous myself but I didn't know a lot of the ways of the people here. I've been to a lot of communities, but it's different everywhere".

This is an important point for health workers and carers working with Indigenous people, Debra says.

"You can't assume that all Indigenous people have the same customs and laws. Anything we do, we consult with the Elders at the home to make sure it's alright, and as a mark of respect."

One of the customs common to many Indigenous people is the distinct cultural practices and story telling traditions that exist between men and women.

The male Elders are regularly collected by the local men and taken out into the communities or out to the bush to partake in men's rituals. The Elders are central to these events because of their respective roles among their family and community.

"Each Aboriginal Elder has a different position within their families and community and in some instances hold specific roles and responsibilities that will never be taken away from them," Debra said.

Ny-ku Byun in Cherbourg, Queensland, located three hours northwest of Toowoomba is an aged care home that accommodates 16 Indigenous residents who have a broad range of tribal backgrounds. Ny-ku Byun means "our home" and Service Coordinator, Dianne Sullivan said that is exactly what it is.

One of our visitors recently commented that 'it runs like a home'. Because that's what it is.

Elders are essential to community life in Indigenous culture. This means that aged care homes that accommodate Indigenous Elders are central to community life. This is a great privilege and a great challenge for the managers of Indigenous homes. Their responsibilities extend beyond the usual associated with the care of older people living in residential care. They have the immense responsibility of understanding and adhering to the local customs and cultural laws of the residents for whom they provide care.

Case in point

This month's Case in point explores some of the issues around maintaining a lifestyle of choice as care needs increase.

Mr Bill Clifton is a pensioner who has been living alone for a number of years. His life has revolved around going to the races most Saturdays, and being a well-known regular at his local pub where he has a corner stool in the bar named in his honour. However he is no longer able to look after himself properly and so has become a resident at Green Bay Aged Care Home.



He is very happy and well cared for. He still goes to the races on Saturdays (though less frequently and usually only for an afternoon), and he likes to visit his 'local' at least once a week. However sometimes he has one too many and he can be disruptive when he returns, and some of the other residents have complained that he smells of liquor.

The home's management is concerned that Mr Clifton is becoming less mobile and less reliable in his comings and goings to the point that on three occasions, they were about to report him as missing. Efforts to persuade Mr Clifton to curtail his visits to the races and the pub have resulted in Mr Clifton only becoming defensive and insistent on spending more time at the pub, and on one recent occasion the pub contacted the home and asked them to come and collect Mr Clifton.

Response from Steven McNamara, Area Manager Far West, Churches of Christ Care

Residents should be encouraged to be as independent as they can and do 'as they wish' providing the level of risk does not place the resident (or staff) at unacceptable harm. Homes and staff have a legal obligation and a duty of care to protect residents; and to adhere to the Accreditation Standards (particularly expected outcomes 3.5, 3.7 and 3.9) and the Charters of Resident Rights and Responsibilities. In short, each resident has a right to move freely within and outside the home, make decisions for themselves, associate with whom they choose, be treated as an individual, and accept responsibility for personal risk. On the other hand, each resident also has the responsibility to respect the rights and needs of other people within the residential care home, and to respect the needs of the residential care home as a whole.

In the case of Mr Clifton, he should be encouraged to attend the pub and the races on a Saturday. The issues raised (and the associated risks) need to be discussed with Mr Clifton in an open manner by management and the publican; and Mr Clifton should have a right of reply. Perhaps a way to manage this situation would be to establish an agreement/action plan with Mr Clifton with input from the publican and the manager of the facility. This agreement could include implementing an agreed set of actions (parameters) that all parties adhere to. For example an agreement could be struck that when the publican believes Mr Clifton has had enough to drink, he is allowed to call a taxi for Mr Clifton; and that Mr Clifton agrees to go back to the home without a fuss. The facility has an agreement with Mr Clifton to save a meal for Mr Clifton and serve that to him in his room – thus reducing the exposure of Mr Clifton infringing on the rights of other residents whilst smelling of liquor. A solution may be as simple as setting the length of time Mr Clifton spends at the pub therefore reducing the likelihood of his being disruptive; perhaps an agreement to drink light beer whilst out at the pub. The difficulty here is managing the consequences if any party fails to uphold their side of the agreement. Another solution to this could be in the use of a volunteer to go with Mr Clifton – perhaps a family member if this is an option. A mobility assessment should be undertaken to provide strategies to assist Mr Clifton's mobility (perhaps a walking stick could be used when he visits the pub).

In relation to the risk of Mr Clifton 'going missing', a risk management approach should be adopted. Strategies to ensure he gets home safely may include the pub contacting the facility when Mr Clifton is on his way home, organising a taxi home for Mr Clifton, limiting the time at the pub (having set times) and/or serving light beer to name a few. All of these risk mitigation strategies need to be well communicated to staff and the publican.

Response from John Murray, Chief Executive Officer, MYVISTA

At first glance it appears that Mr Clifton's last perceived active connection with the world that he loves is gradually diminishing. This is due to his loss of mobility and indeed his need to fit within the expectations of living in a community with other older people.

My personal experience with people like Mr Clifton is that you need to spend some time understanding what it is he values about getting to the races on a Saturday, being able to go to the pub and sit on his allocated chair.

In a situation like Mr Clifton's we would explore things like:

- who are the people that he is trying to maintain connections with?
- is there a way that we as an organisation can work with them to assist Mr Clifton in maintaining his independence but also providing some help and protection when he is out in the community?

In doing so, it may enable us to help maintain his connection with the broader community but also have a set of parameters around the time and alcohol he is consuming whilst out. This may in turn reduce the impact it is having on the other residents within the home upon his return.

Further investigation could be made into what is provided internally for him to enjoy a social drink. An area could be allocated where we could create "Bill's bar" with his favourite stool. There could be an allocated time that the bar is open and we could encourage other residents within the home who may have similar interests to develop a social group within the organisation. This may include inviting his friends to join him within the home so that he can maintain his social connections from outside.

We would also need to establish whether Mr Clifton's long term drinking is impacting his capacity to negotiate and rationalise his social activities and behaviours. It may require a more formal process to try to come to some agreement on these behaviours so that it doesn't impact on the fellow residents upon his return to the home or indeed place himself at risk while he is out in the community.

There may also be other men within the home that would enjoy this type of outing as well. We could look at the activity structures to see whether visits to the races and alternatively visits to the local pub with Mr Clifton can be structured into the activities. This would enable him to socialise and build relationships with people within the home but also have some structure around these activities. He would be supported in travelling to and from the activities and not placed in a position where he potentially could drink too much and then become difficult in the public and ultimately on his return to the home.

Response from the Accreditation Agency

The underlying principles of the Accreditation Standards specify for residents that:

- management systems are responsive to their needs (Standard one);
- their physical and mental health is "promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health team" (Standard two);
- they "retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives" (Standard three); and
- that residents live in a safe and comfortable environment to ensure quality of life for residents, staff and visitors. (Standard four)

This case challenges aged care homes in weighing up resident lifestyle with health and personal care. Of consideration are expected outcomes for residents related to their cultural and spiritual lives, independence, choice and decision making as well as behaviour management.

Assisting residents to maintain their lifestyle and achieve active control of their lives within the home and the community is a fundamental aspect of Standard Three. 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".

Going to the races and visiting his 'local' is a fundamental component of Mr Clifton's lifestyle and as such should be assisted to enable him to achieve active control of his own life. However, prior to making a decision to fully support Mr Clifton in this respect, the home should give consideration to whether Mr Clifton's "physical and mental health is promoted and achieved at the optimum level, in

partnership between each resident (or his or her representatives) and the health care team” (Standard two). Consideration should also be given to the potential impact of Mr Clifton’s behaviour on the fabric of community life in the home and the rights of other residents.

Management of this issue will depend on a number of considerations. Ensuring Mr Clifton participates in decisions about his lifestyle as specified in expected outcome 3.9 Choice and decision making may include jointly consulting with the relevant people involved such as relatives and representatives, the home, the pub operator, Mr Clifton and his doctor.

It is appropriate for the home to take a risk management approach to this issue. In its approach, the home must consider weighing the issues that will impact on Mr Clifton’s general health attributable to the consumption of excess alcohol. This must be done in consideration and in the context of allowing Mr Clifton to continue in a manner which enables him to maintain his lifestyle within the home and community but with careful regard and consideration to the potential impact on the rights and lives of other residents.

Secret men’s business at Lefroy Hostel

The ladies don’t come “within a bull’s roar” of the men’s shed at Lefroy Hostel at Bulls Creek, WA particularly on a Thursday afternoon when the men’s group is in session, according to Volunteer and Men’s Group Facilitator, Mike Brown.

The group started over 12 months ago when Mike approached Care Manager, Ann Nolan about it.

“We wanted to have some activities for men. They didn’t seem to want to get involved in anything. One of them didn’t even want to come to the dining room for meals,” Ann said.

There are 36 residents at dementia-specific aged care home Lefroy Hostel, and nine of them are men. Occupational Therapist, Victoria Ludlam and Occupational Therapist Assistant, Karen Godwin said that women tend to dominate the mainstream activities because they are in the majority.

The garden shed was quickly transformed to become the men’s shed. A sign was erected and Lefroy’s Men’s Group was born.

One of the first activities was a trip to Bunnings where the men were presented with a hat each and a toolbox. The hats have become part of the group’s ritual.

“We shake hands, put on our hats and the Men’s Group is in session,” says Mike.

There are usually about six or seven men at each session and they do things like sorting out tools, sanding, and tying knots. Or sometimes they just “have a good old yarn”, Mike says.

“It doesn’t matter how old or how sick they are, if you give a carpenter a piece of wood to hold they will hold it up to make sure it’s straight. It’s amazing. And they never forget the name of a tool.”

In the last month, Lefroy Hostel has erected a huge, army-style tent in its grounds as part of Amana Living’s Enrichment Program. The Men’s Group has been meeting in the tent which provides more room for the men to spread out and get comfortable.

The tent will also be used to bring the outside community in to Lefroy. There will be a monthly schedule of events held at the ‘Happy Campers’ campsite.

There is a noticeable difference in Lefroy Hostel’s men since the Men’s Group began. They are more likely to talk and camaraderie has developed among them. The success of the Men’s Group is in no small part due to volunteer Mike Brown’s contribution, according to Ann, Karen and Victoria.

“It’s a different feeling when it’s just men. That’s why it’s so great to have Mike” said Victoria who has run programs for men in her previous jobs but thinks it works better having a male facilitator.



Lefroy’s Men’s Shed and ‘Happy Campers’ campsite.

It's raining men at Lourdes Home Hostel

Twelve months ago, Diversional Therapists at Lourdes Home Hostel, Toowoomba, Pat Carey and Kate Turner decided to start a men's group. They scheduled a monthly barbecue just for men.

And the idea took hold. The men's group is now an institution in the home and includes residents from the dementia specific unit and the co-located nursing home. Also, members of TOMNET, a community group that support older men's networks in Toowoomba, are regular visitors to the group.

The group has already grown out of one room and now a sheltered outdoor area is bursting at the seams. But it doesn't stop the men coming in droves.

"They are really a group now," Kate says. You can just see their eyes brighten as the other men arrive at the group."

They even have their own entertainment. One of the men is a well-known country and western singer and he regales the group with his songs.

"They'll stay there for ages listening to him," Pat says.

The men's group has seen old friendships rekindled and new friendships formed. Hostel Supervisor, Mavis Plant described the visible difference she observed in one particular gentleman who attends men's group. "He's now shining having people around him, where previously he was isolated."

The area occupied by the men's group is decorated in Broncos paraphernalia donated by the Broncos football club and they have just had a sign made up, 'Our Aussie pub'.

However, Kate and Pat (the only two women allowed at the men's group) have their eye on another larger space that they plan to fit with a bar, a fridge and their new sign.



Back row (left to right): Ron Peters; Col Daye, Jim Seal, Kate Turner (DT). Front row (left to right): Jim McGovern, Pat Carey (DT), Kev McGovern, Barrie Hughes.

Arming ex-servicemen with life skills in later years

On the menu for lunch tomorrow is a mini topside roast with a side of dry-roasted vegetables, followed by a warm seasonal fruit salad with cream for dessert.

It is the final cooking task for a group of veterans who will complete the Cooking for one or two course at Geelong RSL, Victoria.

Remarkably, some of these men had never cooked in their lives before, until they walked into their first class facilitated by ex-restaurateur and volunteer facilitator, Peter Podbury.

The program is a basic six-week cooking program originally developed by Queensland Division of Nutrition Australia. It aims to give veterans and the wider community confidence in preparing a variety of healthy meals.

Peter has been running the course for the past three years. In that time he has changed the lives of many older men in his community by teaching them to cook nutritious and delicious meals at home.

“The men who come to our cooking class are often men whose personal situation has changed in recent times. Their wives may have become ill, or they may have become a widower.” Peter says.

Many of the men come to the class with very few cooking skills and they have to start with the very basics.

During the course the men cook dishes like beef stroganoff and quiche, as well as desserts such as apricot strudel, and apple bread and butter pudding. They receive a cookbook at the beginning of the course and they leave equipped with some basic cooking skills for life.

For further information about the Cooking for one or two course contact Nutrition Australia in your State or Territory.



Robert, Eddie, Jack and Peter (Chef/Facilitator)

Q&A at Better Practice

All you need to know about the revised Accreditation arrangements

Have all your questions answered about the revised accreditation arrangements at Better Practice programs across Australia. Our General Manager, Accreditation, Victoria Crawford will be hosting a Q&A session on the revised accreditation arrangements.

Victoria is the General Manager Accreditation for the Aged Care Standards and Accreditation Agency Ltd. She is responsible for quality on accreditation and she has over 12 years experience with the Accreditation Agency.

Over the last 12 months Victoria has been the Accreditation Agency's lead person together with others from the aged care industry working on the Accreditation Grant Principles 2011 that were released on 20 May. She has a solid working knowledge of how the Accreditation Grant Principles impact the accreditation arrangements.

Victoria became an accredited surveyor with the International Society for Quality in Health Care Ltd (ISQua) in 2009. In this role Victoria undertakes assessments for ISQua's International Accreditation Program. There are three sets of standards: organisation, surveyor training and standards setting. She recently completed an audit of the Joint Commission International Organisation based in Chicago. ISQua is the accreditation body of accreditation bodies.

More information on the International Society for Quality in Health Care is available at www.isqua.org



Better Practice 2011

Adelaide	28-29 July
Sydney	25-26 August
Melbourne	6-7 September
Brisbane	27-28 October
Perth	10-11 November



Aged Care
Standards and Accreditation Agency Ltd

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