



The Standard

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

Tackling depression

Staff at Killara Gardens in NSW understand that depression and anxiety are not a normal part of ageing. Their refusal to accept it as normal has led to positive outcomes for residents.

Executive Manager, Leone Muffett was struck by the alarming number of residents who had experienced depression and anxiety in their lifetime. Sixty per cent of residents coming to live in the home had a prior history or symptoms of depression and/or anxiety. Symptoms were evident in some of the residents' behaviours and lifestyle choices. Many residents were finding participation in large group activities overwhelming and some resisted social interaction altogether. Expressions of hopelessness were not uncommon among some of the residents.

It was these observations that led Leone and the Killara Gardens team to introducing a program aimed at reducing depression and anxiety among residents.

To begin with, a series of education sessions and workshops were held to increase staff awareness of the signs and symptoms of depression and its impact on health and wellbeing. All staff including care, lifestyle and hospitality staff were involved in these sessions.

A targeted pilot program consisting of small groups of three to four residents each were incorporated into the lifestyle schedule. The sessions involved a variety of non-threatening and inclusive activities such as gentle exercises, reminiscing and tai chi.

Almost immediately, residents involved in the pilot started to engage more in community life. They all started to come to the dining room for meals, rather than eating alone in their rooms.

"We found that many of them had simply lost the art of socialising. Particularly those who had been living at home alone for some time prior to coming to live at Killara; they had just forgotten how to talk to people and they needed to get their confidence back to mix with people," Leone said.

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Aged Care
Standards and Accreditation Agency Ltd





Mental health social worker facilitating discussion group over morning tea

The evaluation of the pilot program showed a significant reduction in symptoms of depression and anxiety for all the residents involved. They were more willing to socialise, more confident to join activities, less self-isolating and expressions of hopelessness were fewer. The pilot also provided insights for improving assessment tools to identify residents at high risk of episodes of depression and anxiety.

The success of the pilot led to the extension of the program to all residents experiencing depression or anxiety symptoms. The program includes a focus on smaller group activities that enable greater participation, aromatherapy, pet therapy and a weekly discussion group facilitated by a mental health social worker.

Results from the resident questionnaire indicate that there has been a significant improvement in the way the home enables residents to socialise with each other and increased staff awareness of residents' emotional needs.

Since the program was implemented there has been a marked increase in participation in small group activities, signs of anxiety among residents have reduced by 63 per cent and expressions of hopelessness have decreased by 90 per cent.

And the benefits of the program extend to staff as well according to Leone. "People go into nursing because they care and they want to make a difference. By providing a work environment and encouraging a work ethic that is not just about getting people to the toilet and getting people dressed, it gives staff job satisfaction, it gives them a sense of worth".

Killara Gardens has been recognised for its unique program by the awarding of NSW Health's Positive Living in Aged Care Awards for their wellbeing program.



Just a word



Nominations closed last month for the new Better Practice Awards. A panel of aged care experts will review the applications and winners will be announced in the coming months.

You will also notice in the coming months that we will be introducing a revamped version of *The Standard*. Work is under way at the moment. Your input on what you would like to see more or less of in the publication and any other feedback is welcomed. Drop us a line at editor@accreditation.org.au and we will consider your thoughts.

A white, handwritten signature of Mark Brandon on a blue background.

Mark Brandon
Chief Executive Officer

New accreditation fees from 1 July 2011

Each year, accreditation fees are adjusted in line with the Consumer Price Index. Our website has a table with the new fees that are effective for applications for accreditation submitted on or after 1 July 2011.

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.

For more information go to our website, www.accreditation.org.au

Feedback about site visits

Feedback from our site visits has shown a high level of satisfaction. Results for the six-month period July to December 2010 showed more than 90 per cent of respondents were satisfied with the overall performance of the assessment team that conducted their site visit.

As part of our commitment to measuring and evaluating our performance, we routinely seek feedback from the residential aged care sector about our performance at site visits, including site audits, review audits and announced and unannounced support contacts. This feedback can be provided anonymously.

At the exit meeting of every site visit we provide a questionnaire and a reply-paid envelope. The questionnaire asks respondents to rate the performance of the assessment team and the home's overall experience of the visit. The response rate to the questionnaire was 54 per cent. Homes have the option to identify themselves or complete the questionnaire anonymously. Nearly two thirds of respondents identified themselves on the questionnaire.

Comments received from respondents have highlighted improvements on past visits.

"Marked improvements were noted regarding the way the assessor conducted the unannounced visit. The process was more informative than in the past," was one comment.

And another: "This latest support contact visit was by far the best experience I have had with assessors since accreditation audits began."

We continue to look for opportunities to improve our visits and our communication, and analyse all responses with a view to improving. As a result of some confusion on the site visit questionnaires, we have revised the questions to make them clearer, and are currently publishing an Assessor Handbook that has been written with consideration of feedback received after our visits to homes.

During the period we conducted 224 site audits, 776 announced support contacts and 1,846 unannounced support contacts across Australia.

Across all visits, 97 per cent of respondents were satisfied with the way the assessment team explained how the visit would be conducted – 99 percent for announced and 97 per cent for unannounced support contacts. Less than two per cent said the team's explanation was 'poor'.

Approximately 96 per cent of respondents expressed satisfaction that care staff were able to continue their duties during the visit – 98 per cent for announced and 96 per cent for unannounced support contacts. Less than two per cent of respondents rated the team's performance in this regard as 'not satisfactory'.

The overall performance of the assessment team was rated as 'excellent' or 'very good' by 94 per cent of homes. This was 96 per cent for announced support contacts and 95 per cent for unannounced support contacts. Approximately three per cent of the homes rated the overall performance of the team as 'fair' and just over one per cent of respondents rated the overall performance of the team as 'poor'.

Toolkits for better practice drug use in aged care

A toolkit is now available online to assist residential aged care homes improve the way opioid medications are used.

The National Prescribing Service Ltd (NPS) has published a drug use evaluation (DUE) toolkit online for the use of health professionals to improve the way opioid therapy is delivered in residential aged care.

The Opioid DUE toolkit is one of four toolkits available online to help aged care homes improve practices related to medication use and improving resident wellbeing. The toolkits include current data on best practice drug use and tools to assist health professionals to evaluate and improve medication use for individual residents as well as overall prescribing practices in the home.

The four residential aged care toolkits available are:

- Opioid therapy for chronic non-cancer pain
- Hypnotic medicines for the management of insomnia
- Antipsychotic use in the management of dementia
- Laxative use for chronic constipation.

Visit the NPS website at www.nps.org.au/DUE to download the toolkits.



Case in point

This case in point is about the difficulties faced by people from culturally and linguistically diverse (CALD) backgrounds living with dementia and some of the challenges for managers and carers working in residential aged care in assessing and meeting the needs of residents when language is a barrier to communication.

Mr Antonio Giannini has been a resident at Mayfair Home for the Aged for nearly three years. Born in Southern Italy, he migrated to Australia at the age of 22 in the late 1940s to work on the Snowy Mountains hydro-electric scheme. His progressing dementia has meant he is reverting to his first language (a combination of Italian and the Meridionale dialect) and he rarely speaks English anymore.

Staff at Mayfair Home are finding it increasingly difficult to communicate with Mr Giannini. This is further complicated by the fact that many of the carers at Mayfair come from non-European backgrounds and also have English as a second language. They find it difficult to understand Mr Giannini even on the rare occasions when he does speak in his heavily-accented English.

Mr Giannini, who has always been easygoing and liked among staff, is becoming aggressive when receiving assistance with his personal care. There have also been two incidents in recent weeks where Mr Giannini has thrown his walking frame at other residents – incidents that are uncharacteristic of the Mr Giannini staff have come to know and love.

Management and staff are aware that the current care strategies for Mr Giannini aren't working but they are unsure of what the next steps should be.

Response from Marcia Fisher, Chief Executive, Mary MacKillop Care SA Ltd

When caring for an older person from a non English speaking background, many factors need to be considered. These should not only deal with the cultural issues, but also evaluate the individual's emotional and health status.

In the case of Mr Giannini there are three factors which should be considered:

- his increasing aggression which seems to have exacerbated in a short time frame
- his progressing dementia
- his difficulty in communicating.

Mr Giannini's recent aggression may be an indication of a change in his health status or an increase in pain. This should be investigated initially instead of assuming it is a cultural issue.

The home could seek assistance from its state Alzheimer's Association and/or behavioural advisory services as they will be able to develop strategies to assist in dealing with the progression of Mr Giannini's dementia. It may be that Mr Giannini needs help in dealing with depression which is a common problem for people suffering from dementia and can cause an increase in aggressive behaviours.

The state Partners in Culturally Appropriate Care (PICAC) would have tools and information available to assist in communicating with Mr Giannini. Charts with pictures and words are available, which would assist Mr Giannini to communicate his needs to all carers and especially those for whom English is also a second language.

In all states of Australia there are numerous regional Italian clubs and associations. It may be useful to discuss the option of accessing these and either receiving visitors from the club, or if Mr Giannini's behaviour allows, arranging for a short visit or meal at the venue.



Response from FECCA (Federation of Ethnic Communities Councils of Australia)

The issues highlighted in this month's Case in point scenario are extremely pertinent to culturally and linguistically diverse (CALD) people, the service workers who assist them, and the wider community in general, as research shows that the ageing of the CALD population is increasing at a faster rate than in the Australian population overall. This demographic reality means that scenarios such as that of Mr Giannini and the Mayfair Home will become more common in future. It is therefore imperative that aged care providers and services are equipped with the skills and resources to prevent, limit, and manage the difficulties that can emerge from loss of English language literacy amongst the CALD ageing population.

The implementation of cultural competence staff training and the employment of bilingual workers in residential care providers such as Mayfair home would be greatly beneficial to limiting the communication difficulties experienced between residents such as Mr Giannini and the Mayfair Home staff. In this particular scenario, many of the carers at Mayfair are bilingual but do not speak Mr Giannini's language and dialect. In this case, an interpreter for Mr Giannini should be brought in to help mediate relations between Mr Giannini and the staff, and to ascertain whether his aggressive behaviour is due to needs of Mr Giannini that he feels aren't being addressed adequately. If formal interpreters aren't available for Mr Giannini's Meridionale dialect, Mayfair Home could look towards the community for informal language speakers who could be employed to provide interpreting assistance. Building links between aged care services and local language communities is an important step in celebrating and managing Australia's cultural diversity.

In light of Mr Giannini's unusual and aggressive behavioural changes, it would be useful for Mr Giannini to undergo a health evaluation mediated by a culturally-aware interpreter or bilingual health provider, in order to ascertain whether his aggression is related solely to the progressing dementia or to feelings of helplessness caused by his loss of language literacy. While the staff at Mayfair Home are surely doing their best to assist Mr Giannini, it is imperative they be allocated the resources and time to incorporate cultural and language competence into staff training, so that the changing health and social needs of all CALD residents can be met. Access to interpreters, translators, and bilingual and culturally aware health, service, and community workers are crucial steps for attaining this.

Response from the Accreditation Agency

Mr Giannini's story is a familiar one in residential aged care. People from CALD backgrounds often revert to their first language with the onset of dementia. This contributes to the complexities of adequately meeting the physical, psychological, emotional and social needs of the person.

In this scenario, it is obvious that there are communication difficulties between staff and Mr Giannini, and current strategies to care for Mr Giannini are no longer effective. However, the underlying cause of Mr Giannini's behavioural changes is not clear.

Language is the first barrier the home needs to overcome to be able to assess and provide the appropriate care for Mr Giannini. The home would need to engage an interpreter from either the local community or a professional service. In remote areas, interpreter services are not always readily accessible. In this instance the home could contact one of the state-based Partners in Culturally Appropriate Care (PICAC) organisations for assistance and advice.

Health assessments could identify whether there are any exacerbating health problems triggering Mr Giannini's recent bouts of aggression. The presence of a translator during health assessments might be beneficial if Mr Giannini is comfortable with this.

In terms of Mr Giannini's ongoing needs, a translator could also assist the home establish some basic communication strategies such as visual cues, communication cards or a basic use of sign language to aid communication between Mr Giannini and care staff on a daily basis.

To ensure Mr Giannini's social and cultural needs are being met the home may be able to assist Mr Giannini re-establish links with the Italian community, access Italian books, radio, television, DVDS etc. Insight about Mr Giannini's life story and leisure interests from his family might also assist diversional care staff in identifying recreational activities that Mr Giannini finds enjoyable and engaging.

Information about PICAC is available from the Department of Health and Ageing and there is a list of state-based organisations to assist at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-specneed-picac.htm>

Geographe's garden

The garden a community built

Residents, staff and visitors are reaping the rewards of a rejuvenated sensory garden at Geographe, a 17-bed dementia specific unit that forms part of William Carey Court Residential Aged Care Facility, Busselton, WA.

"We wanted something more homelike and more stimulating; we wanted to create areas that reflect the residents' interests," Occupational Therapist Vicki Leishman said.

It took a whole community to turn the vision into reality. Involved in the creation of the garden were residents' families, service clubs, the local school and the local hardware store. The 'inspired' team of occupational therapy assistants at William Carey Court were also integral to the project.

Large reminiscence objects were sourced including an old concrete wash trough, a pipe stove, a cement mixer, a little windmill and an old kerosene fridge.

Two open sheds were created, a men's shed and a women's shed, fitted out with these reminiscence objects.

"This is a community of fishermen and farmers," Vicki said. "The local high school created and installed a mural of the beach and the pottery club created a sculpture of the jetty; there are surprises all through the garden that reflect the life and times of the community."

A circuit path around the garden leads through three separate sitting areas; including an outdoor dining area that can be used for family functions.

The activities program has incorporated garden activities including special al fresco morning teas, lawn games and gardening.

Vicki said the garden has enhanced community life because the families involved in its creation have a strong sense of ownership of it.

"The whole place feels like a family."



A men's shed and a women's shed house reminiscence objects sourced from the Busselton community

Staff at Woodfield Nursing Home and Hostel sink their teeth into continuous improvement

Residents' oral and dental health has never been better after a thorough review of oral and dental care systems at Woodfield Nursing Home and Woodfield Hostel, NSW.

A passing remark by a visitor to the homes and a glance at documentation prompted Deputy Manager, Leah Berton, to look at the homes' oral and dental program.

After a review of resident files and some networking with local dental services, Leah embarked on a journey to improve residents' oral and dental care at the co-located homes in Haberfield, in the inner west of Sydney.

Leah identified gaps in baseline details about residents' oral and dental health and thought this was a good a place to start the project.

"The timing was really good. We were in the process of moving from a paper-based system to a computer-based system and so we had the opportunity to really make a difference to the way we capture and record residents' care needs," Leah said.

Three care staff took part in the Department of Health and Ageing's oral and dental education program, Better oral health in residential care. They returned as the homes' oral and dental champions. Oral and dental care education was provided to all staff and has been incorporated in the orientation program for new care staff. Education posters displayed in the homes are used to reinforce the approach for staff to maintain the program.

Dentists from Sydney Dental Hospital provided free dental services to all residents in dental clinics set up in the homes. The assessments led to a number of residents being treated at the dental hospital for more severe oral and dental health issues.

New equipment such as denture brushes have been purchased for all residents requiring them and treatments were recommended and prescribed for residents diagnosed with gingivitis.

Coincidentally, at around this time the hostel was contacted by Dr Bettine Webb, from the University of Sydney to take part in a study related to dental health in residential aged care. This has led to participation in the study and a lasting partnership with the University whereby final year Bachelor of Dentistry students visit the Hostel annually as part of their dentistry training.

Dr Bettine is passionate about the need to improve dentistry services to older people and is currently researching perceptions among aged care residents about dental health. She said she particularly enjoys her visits to aged care homes with the dentistry students.

"The residents simply love the students. They're a very pleasant diversion for them," Dr Bettine said.



Dr Bettine Webb (centre, back row) and her final year dentistry students visit the Woodfield homes





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