



*Left to right: Myra Field, Lucy Pilmore, Dorothy Stone, Elva Norris, Barbara Moulds and Shirley Behenna.*

## Aldersgate's award winning art therapy program

Aldersgate Village is a Better practice in aged care award winner for its art therapy program.

Art therapy has been a life-changing experience for many of the residents living at Aldersgate Village.

As part of Director of Nursing, Cherri Bindley's mantra 'life is more than bingo', art therapist, Katherine Tumes was recruited to join the lifestyle team at Aldersgate in 2006. Starting with only a small number of residents four years ago, the art therapy program now includes over 40 of Aldersgate's residents. The program benefits residents by increasing opportunities for socialisation, providing an avenue for creativity and self-expression and enabling residents to develop new skills.

The program is based on research that shows art therapy can have a positive impact on people living with dementia. "Art provides a medium for communication and expression, enabling people who might have difficulty communicating to express themselves through their artwork", Katherine said.

Margaret Russell, daughter of Nancy a resident at Aldersgate, is delighted her mum has had the opportunity to be involved in the art therapy program. "I think mum has been able to maintain her sense of identity through the art. Even though she hasn't done art before she has really adapted to it. It shows you can still learn things and achieve things as you get older", Margaret said.

Uniting Care Wesley Adelaide Inc. General Manager of Services, Gwen Moore has seen residents transformed by the art therapy program. Residents with debilitating depression who previously were unable to participate in the life of the home, are now regular participants in the art therapy program and engaged in the home's lifestyle program.



Lucy Pilmore and art therapist, Katherine Tumes.

*“The program has given real insights into possibilities for people, it has been inspirational for staff and for all of us”*

Gwen said.

An important part of the art therapy process is 'listening' to what is being communicated through the art. At Aldersgate Village, insights gained through residents' artwork are documented in case notes and used to assist staff provide more effective and individualised care for residents to meet their specific physical, social and emotional care needs.

Due to its success, Uniting Care Wesley Adelaide has expanded the program to another of its aged care homes, community care clients, day therapy centre clients and incorporated as part of their mental health program. Results from the program are being collected to inform international research into dementia and the therapeutic effects of art therapy.

## Free QUEST training sessions

Each year the Accreditation Agency conducts free QUEST training sessions in homes for front-line staff. These QUEST sessions cover topics such as continuous improvement, assessing the Standards and accreditation overview. Each session generally takes around one to one-and-a-half hours and the training is delivered by one of our assessors in nominated homes. There are 300 remaining QUEST sessions to be delivered between now and 30 June. Homes wanting to take advantage of this free training delivered in-house to front-line staff can download the expression of interest from our website, [www.accreditation.org.au](http://www.accreditation.org.au), or contact their local Accreditation Agency office.



Mark Brandon  
Chief Executive Officer

## Congratulations to Aldersgate Village.

Balancing the provision of quality care to residents while listening to the family's view of care for residents is a challenge that care providers regularly face. This month Case in point examines a hypothetical case where a resident's needs and preferences differ from the family's understanding of the resident's needs and preferences.

Since we began the Case in point series, we have received a number of positive responses from readers and I would like to acknowledge that these cases have been well received because of the variety of responses that have been provided from a number of practitioners in the industry.

This month I am pleased to report that we have recently awarded a number of Better practice in aged care awards, all of which will be featured in upcoming issues of The Standard. This month, Aldersgate Village's award winning art therapy program is featured, an inspiring program that has resulted in a better quality of life for many of the residents living at the home. Congratulations to Aldersgate Village.

## Easier access to Australian Clinical Practice Guidelines

Locating current clinical practice guidelines has been simplified with the introduction of the National Health and Medical Research Council (NHMRC) Clinical Practice Guidelines Portal.

The Clinical Practice Guidelines Portal is the first of its kind in Australia. It was developed as a 'one stop shop' for clinicians and policy-makers to access Australian guidelines through a single entry point, making it easier and quicker to access guidelines specifically related to clinical practice.

The portal's multiple search options provide a range of ways to locate guidelines relevant to your work. Guidelines specifically related to residential aged care, for example, can be located by browsing 'Healthcare settings' and selecting 'Homes for the aged'.

The Clinical Practice Guidelines Portal is available at [www.clinicalguidelines.gov.au](http://www.clinicalguidelines.gov.au).



# Case in point

Providing individualised care and services to residents that meet their physical, intellectual and social needs is an ongoing challenge faced by managers and staff of aged care homes. This challenge is made even more complex when the needs and preferences of residents' families are taken into consideration. This month's hypothetical scenario explores a situation where a resident's needs and preferences differ from the family's understanding of the resident's needs and preferences.

*Mary has been a resident of an aged care home for over three years. When she first arrived at the home she had low-level care needs as a result of the onset of dementia. While her care needs have progressively increased, Mary is still able to communicate her personal care preferences with staff in relation to the care and services she receives. Some of her children are concerned that Mary is not in a position to make some of these personal care decisions and have asked the home to make some adjustments to Mary's personal care, such as doing her laundry and making her bed (which Mary has been doing independently up until now). Staff at the home feel that taking this task away from Mary would make her unhappy and are torn between meeting the resident's family wishes and caring for Mary.*

## Response from Robin Christelow, Chief Executive Officer

Netherlands Retirement Village Association of Queensland Inc.

The primary concern here is Mary's well being and assisting her with her wish to undertake her daily tasks. Residents are encouraged to maintain independence and daily routines providing there is no risk to themselves, other residents or staff. It is important to give residents a feeling of self worth and the encouragement to complete tasks which enhance their quality of life.

## Better Practice 2011 diary dates

Launceston	14 - 15 April
Adelaide	28 - 29 July
Sydney	25 - 26 August
Brisbane	15 - 16 September
Melbourne	20 - 21 October
Perth	10 - 11 November

RCNA  
CNE points  
available



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If Mary is deemed competent by staff to do her laundry then I do not believe there is a problem. Obviously issues such as the handling of laundry chemicals, the operation of laundry equipment and hygiene issues need to be addressed and maybe some staff supervision is required to assist Mary. (Unfortunately it is not clear if Mary is located within the 'mainstream hostel' or a dementia specific unit. It is also unclear whether personal laundry facilities are available for general resident use.).

Bed making is also another daily routine which allows residents to feel self worth, particularly if they have undertaken this task throughout their life. The making of the bed can be seen as having a clean and organised room which gives self satisfaction and pride.

Again, Mary should be assessed with relation to her ability to safely make the bed. All things being equal, Mary should be encouraged if this gives her self satisfaction. It may be necessary that care staff support Mary by remaking the bed at a later time should it be necessary.

While these decisions may not satisfy the family members, Mary's well being and self worth is important and this should be explained to the family members. They need to understand that Mary is being supported to maintain her independence however staff are monitoring her to ensure her safety and well being are maintained. It is quite possible that if Mary loses these activities, she will lose her self worth, confidence and become withdrawn and/or depressed, none of which are a successful outcome for Mary or the family.

In summary, I believe Mary's independence and self satisfaction outweigh the desire of the family members to remove daily tasks which Mary wishes to undertake. The underlying proviso however must always be the safety of Mary and others around her.

## Response from Michael Preece, Manager

### Residential Aged Care, Brightwater Care Group

Firstly, when faced with an issue such as this we must remember that there are a number of Aged Care Standards that apply to this case. These include but are not restricted to 3.4 Emotional support; 3.5 Independence; 3.7 Leisure interests and activities and 3.9 Choice and decision making. These should be investigated carefully to ensure we continue to adhere to these standards for Mary.

At Brightwater our normal practice would be to consult with the GP and to conduct a comprehensive assessment of the resident's capabilities. We would observe for signs of wellbeing and/or ill-being whilst Mary makes her bed and does her laundry. This can be done in an objective manner through Dementia Care Mapping or subjective observation by staff and/or family. We would meet with the family and Mary to fully discuss the family's wishes. We would encourage the family members to openly discuss their request whilst ensuring that Mary has the opportunity to talk about what she wants. Brightwater would then take the time to explain to the family the potential detrimental outcomes for Mary if these tasks were taken away. For example Mary may lose her sense of purpose and motivation, which could lead to social isolation and depression.

Care planning would be discussed with the family and Mary and we would ensure that the agreed outcomes are reflected in Mary's care plan. If it is agreed that Mary is still able to continue to undertake these tasks we would reassure the family that Mary will have all the assistance or supervision needed to ensure she can continue to enjoy this activity safely.

If Mary's physical ability to do these tasks was significantly impaired and she still insisted she wanted to do them, we would implement the necessary actions as discussed, as well as seek to agree on a timeframe to reassess the situation. We always stress to the family that we welcome their continued input and feedback at all times.

### Response from Marcus Riley, Chief Executive Officer

#### BallyCara

Indisputably a resident's family are key stakeholders of an aged care facility and the provider has an obligation to ensure their input is part of the care-management for their loved one. However, the wants, needs and preferences of the resident are of paramount importance and must be the guiding element for care staff. The provider must ensure the method in striving to meet an individual resident's needs and preferences is underpinned by a holistic (person-centred care) approach that entails an understanding and a genuine 'knowing' of the person. If this is evident then the chance of acceptance, support and participation of the family increases exponentially. If the family is not participative, in the least the approach taken, inclusive of necessary evidence, will provide justification to the family.

The evidence of the genuine understanding of the individual resident could be based on a review which includes detailed analysis and reporting on his/her background; abilities; needs and experiences. A review of this nature would then precede ongoing research, assessment, planning, documentation, consultation and evaluation of the residents holistic care needs and representing their human rights.

Equipped with the above, staff are then able to confidently deliver the best possible care to the resident, advocate on the resident's behalf and facilitate the resident's choice and decision making. At the same time the resident's abilities are being maintained and consequently their independence.

### Response from Aged Care Standards and Accreditation Agency Ltd

Situations where the resident's preferences differ from those of family members can create a significant challenge for homes. Although homes need to consider the concerns family members may have for the welfare and safety of residents the primary concern needs to be assisting residents to exercise their choices to meet their needs and preferences.

Both the Accreditation Standards and the Charter of Residents' Rights refer to the rights of residents to their personal, civic, legal, and consumer rights. These rights include the right to make choices and maintain independence. Expected outcome 3.9 Choice and decision making states: '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'. Expected outcome 3.5 Independence, requires that 'residents are assisted to achieve maximum independence, the community within and outside the residential care service'. The Charter of Residents' Right and Responsibilities also refers to the rights of residents to maintain control over, and continue making decisions about, the personal aspects of daily life and to maintain personal independence.

Mary's desire to continue to undertake personal care activities such as making her own bed and doing her laundry is also related to Expected Outcome 3.7 Leisure interests and activities. This expected outcome states 'residents are encouraged and supported to participate in a wide range of interests and activities of interest to them'. Her preference for undertaking aspects of her personal care may also be related to privacy and dignity issues (Expected outcome 3.6).

It is understandable that family members and significant others at times become very concerned about the welfare of residents. However, although the views and concerns of residents' families and representatives are an important issue for homes and require open discussion the primary focus needs to be on the rights of residents and assisting them to exercise those rights whenever possible.

Do you have a 'case'? Let us know. Email: [editor@accreditation.org.au](mailto:editor@accreditation.org.au)

## Preparing for heatwaves in aged care

Episodes of very hot weather - known as heatwaves - can cause illness and death.

In response, the Victorian Government's Department of Health has released a resource that provides support to aged care services when coping with heatwaves.

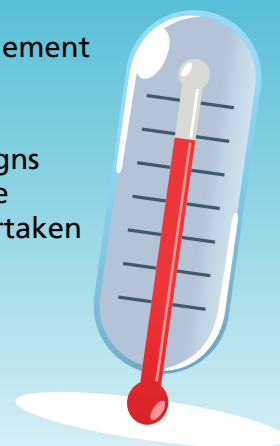
The residential aged care Heatwave ready resource provides information about the health impacts of heatwaves on older people and provides associated resources.

Advance planning is critical to effective heatwave management and the Heatwave ready resource provides homes with a heatwave checklist.

In addition to describing the dangers and the warning signs of heat related illness in aged care residents, the resource outlines the heatwave preparations that should be undertaken in relation to two key areas:

1. Minimising any avoidable adverse health effects of extreme hot weather.
2. Managing a disruption to essential services such as a power outage.

The Heatwave ready resource can be located at [www.health.vic.gov.au/agedcare/publications/racsheatwave/index.htm](http://www.health.vic.gov.au/agedcare/publications/racsheatwave/index.htm)



# Oral eLearning

A free online learning package on oral and dental health in aged care has been developed by the NSW Dental Assistants' (Professional) Association Inc in partnership with NSW Community Services and Health Industry Training Advisory Body.

This interactive learning package includes information about common oral and dental health issues among elderly people, symptoms and causes of oral health breakdown and skills to promote oral and dental health as part of the day to day care of residents.

The eLearning package is divided into seven modules and takes approximately three hours to complete. The package includes a quiz at the end of each module to ensure learning outcomes are achieved.

The package is available at [www.workplaceskills.com.au](http://www.workplaceskills.com.au)

## Education courses

*RCNA CNE points*

### Understanding accreditation: a practical toolkit for homes course – three day

29 November – 1 December 2010	Brisbane
6 - 8 December 2010	Parramatta
15 - 17 February 2011	Parramatta
22 - 24 February 2011	Adelaide
28 February – 2 March 2011	Brisbane
Victorian courses are now hosted by Aged and Community Care Victoria (ACCV)	

*RCNA CNE points*

Managing risk to avoid non-compliance		Making support contacts work for you		Effective information systems	
9 December 2010	Toowoomba	26 November 2010	Perth <b>NEW</b>	2 December 2010	Naracoorte
8 March 2011	Bundaberg	8 December 2010	Canberra	10 February 2011	Orange
14 March 2011	Perth	15 December 2010	Bairnsdale	10 February 2011	Brisbane
18 March 2011	Albury	8 February 2011	Nambour	16 February 2011	Mildura
20 April 2011	Sydney	17 February 2011	Barossa	24 February 2011	Perth
13 May 2011	Melbourne	3 March 2011	Wollongong	29 March 2011	Canberra

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# Depression – common but NOT a normal part of ageing

While depression is common in older people,  
it is not a normal part of the ageing process.

This is one of the key messages from beyondblue, as part of its Anxiety and Depression Awareness month during October.

The independent non-profit organisation which works to address issues associated with depression, anxiety and related substance misuse disorders in Australia, has produced two resources related to older people and depression.

Both the booklet and the fact sheet differentiate depression from 'just' sadness or a low mood, and provide the warning signs that an older person may be depressed if, for two weeks, he or she has for example, felt sad or miserable most of the time or lost interest in most of their usual activities.

The resources outline factors which make an older person more at risk of depression, including: an increase in physical health problems; chronic pain; side effects from medication; losses such as from relationships, independence, work and income, self-worth; social isolation; significant change in living arrangements; hospital admission; particular anniversaries and associated memories.

While the precise rates of depression and anxiety in older people are not known, studies suggest that between 10 per cent and 15 per cent of older people experience depression and approximately 10 per cent experience anxiety. Rates of depression among people living in residential aged-care facilities are believed to be much higher, states beyondblue, ranging from 34 per cent to 45 per cent.

'The key to successful treatment is an appropriate assessment by a GP or health professional as different types of depression require different types of treatment,' says a spokesman. 'This may include physical exercise for preventing and treating mild depression, through to psychological treatment and drug treatments for more severe levels of depression.'

The resources provide tips for carers such as suggesting that the person sees a doctor to offer practical support by assisting the person to make an appointment or by helping with transport.

For more information visit: [www.beyondblue.org.au](http://www.beyondblue.org.au).



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](mailto:editor@accreditation.org.au)

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