

A shift in focus changes lives for the better

ACH home Milpara in Rostrevor, SA has been awarded three Better Practice in Aged Care Awards for its innovative programs: Creative works; Partners in Positive Ageing; and Health promotion in the 21st century.”

Creative works

Milpara developed two significant art programs to enable creative expression and learning opportunities for residents.

Wild at art

A local artist works with a group for about two hours per session, twice a week. The group works on various artworks and they are framed and placed throughout the home. As a result Milpara has become an art gallery of residents' works.

Feedback has been overwhelmingly positive, with residents saying they feel valued, have a chance to show their talents, and the display of their artworks makes the home look lively and warm.

Some comments included: “When I know it is a painting day I feel happy”

Life Savours

This group is made up of residents with advanced memory loss and is facilitated by a qualified counsellor (a volunteer) who has vast experience working with older people with memory loss. Once a week for an hour, the program incorporates cognitive stimulation techniques involving most of all of the senses and includes singing, movement and storytelling.

Feedback from the Life Savours program has shown that the residents love the program, feel more valued, stimulated, happy to share their feelings and memories. They are interested, empowered, busy but relaxed, interact well with each other and are engaged.

Staff commented that the sensory stimulation brings smiles to their faces, they laugh a lot, sing a lot, they have a spark in their eyes and a willingness to be involved in the activities. For some there is a noticeable decrease in agitation particularly around 'sundowners' time.

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Aged Care
Standards and Accreditation Agency Ltd



Partners in positive ageing – model of wellbeing

The Partners in Positive ageing model of wellbeing project aims for staff and residents to partner together to bring about a change in focus to a more active and driven model of wellbeing for residents. The goal is to improve individuals' overall wellbeing through being physically and mentally active and engaging in everyday activities with optimum independence, exercising judgement, decision making, taking action and demonstrating choice and control wherever possible.

The model is steeped in principles of positive psychology and active ageing which tells us that people are more likely to experience longer life and greater levels of happiness when they do more of the following:

- Exercise regularly
- Maintain strong personal relationships including belonging to a group
- Being open to learning and developing new skills and interests
- Savouring life's joys
- Positive emotion
- Having a strong voice.

In order to enhance residents' lives, the home focuses on activities that build more capacity for individual pleasure, engagement and meaning, including the following programs:

- Sing for joy – a seven week program with a production as the final master piece
- 'Wild at art'
- Positive ageing workshops – to help residents achieve a good life
- Community gardens project – development of an outside garden area for residents and the combined community to grow plants
- Milpara exercise program – 3-4 classes per day with a focus on movement, strength and fun
- Milpara Fitness park – planned for development in conjunction with the local council.

Overwhelmingly feedback has been positive. Staff and residents were able to articulate the significant improvements in their life since the implementation of the model of wellbeing.

Health promotion in the 21st century

A shift in focus to 'health promotion' has been achieved by the home, adopting the World Health Organisation's five core standards for health promotion.

Research into healthy ageing concepts and health promotion was undertaken in depth to link to the organisation's strategic and site plans and to build the home's culture around a focus on improving healthy literacy for residents, families and staff.

A Healthy Ageing Framework and initiatives are now integrated into the home's practices and link to the organisational plans.

Health promoting activities include:

- Information brochures relating to chronic conditions to increase awareness
- Milpara exercises – 3-4 graded exercise classes per day
- Recovery framework and pathway to support rehabilitation
- Development of the Active Living resource booklet.

This paradigm shift towards health enhancement empowers residents and staff in the improvement of their physical, mental and social wellbeing. The adoption of the World Health Organisation's five core standards has been an integral component to guide the transformation of the services. Evidence demonstrates that older people living in residential care are able to build internal capacity through health promoting activities to achieve a better quality of life.

More information on all three programs is available on our website: www.accreditation.org.au



Residents painted their own individual 'feathers' to create this artwork as part of the Creative works program. The artwork now hangs proudly in the home

Just a word



While our Better Practice events are in full swing, with Better Practice Sydney, Melbourne and Brisbane during August, September and October, we have already locked in some dates for the 2012 events.

Check our website to lock the dates in your diary for next year.

And if you haven't already booked your place in a Better Practice event in your state, see our website for more information.

I look forward to seeing you at one of the events.

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

Mark Brandon
Chief Executive Officer

Regulatory compliance and the pursuit of excellence

Below is a summarised version of a speech delivered at the Aged and Community Care Victoria residential care seminar, 'The Changing Face of Residential Aged Care', by our Chief Executive Officer Mark Brandon.

In my view, the concepts of regulatory compliance and the pursuit of excellence are not mutually exclusive. Of course the underlying assumption is that the regulations are fit for purpose, in that they reflect good public policy and are achievable.

Regulations themselves are a form of performance standard – we are required to comply with or meet them in our daily lives. Speed limits on roads for example, are a standard – and so too is the requirement to drive in a safe manner as set out in most traffic acts. But we have to manage the two – 100 kph might be the speed limit but we have a responsibility to drive safely and in some instances that means less than 100 kph.

In aged care, you have a range of responsibilities, sometimes referred to as a duty of care. To some, there are seemingly conflicting concepts with the notion of a duty of care and the other important realities including resident choice, independence and decision making that create the daily challenges in service delivery. However, from my perspective the fog starts to lift if we accept the proposition that it is residents as citizens and their rights and responsibilities that provide the context for the other requirements to do, or not do.

But what role should regulation play in daily management?

I would agree with those who say that a 'regulatory compliance only' approach to aged care service delivery is a minimalist approach. A focus on the provision of quality care, or the pursuit of excellence is more likely to deliver a standard of services that we expect for our elders.

So what then is the relationship between regulations, quality and the pursuit of excellence?

Not complying with regulations may involve some sort of penalty – as a result it will drive behaviour. Well-conceived regulation will provide a framework and the right number of rules necessary to do the job. Of course poor regulation is a burden that may drive poor outcomes.

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Now – quality. In our context, quality is concerned with positive outcomes for every resident. But quality is a different notion to different people. And our views can change over time and circumstances. What is important today may not be important tomorrow. I think this can be particularly true of residents as their health status changes over time from admission to their new home.

The research about quality in health around the world reinforces the things we know – quality is a multidimensional concept, and residents are multidimensional.

So we know there is a challenge to deliver quality services, when each player has a view about what constitutes quality – and the Parliament also has a view. In our case that view is reflected largely in the Aged Care Act and in terms of performance requirements, in the Accreditation Standards. At times some stakeholder expectations may appear unrealistic. Of course being unrealistic is like quality, the expectations are not unrealistic to the person who holds the view. And expectations cannot simply be ignored.

As we seek to assess quality there are some cautionary thoughts. Can we actually assign a rating or grading to an expected outcome? We need to be sensible about developing standards and quality indicator sets because they will drive behaviour and performance. We need to ensure they are a comprehensive set without becoming an end in themselves. For example, a focus on falls might have unintended consequences – restraint. It has been said by one of the researchers that quality indicators are not the hypothesis, they are the information that help you develop the hypothesis. That means the relationship between the indicators must be well understood; something akin to the balanced scorecard approach.

Excellence is the holy grail in service delivery. The pursuit of excellence – that is to chase with no reference to catching – is not so out of line or defeatist as you or I might have first thought. Excellence encompasses more than documents, systems and processes. It is about a pursuit for the benefit of others.

In our case it is the residents that are the ultimate judges and it is against their standards, their values and what they rate as important they judge you. I also suspect that residents place greater credence on their assessments than they do on ours.

So should we just leave it to residents in a resident survey to tell you whether you are delivering ‘quality service’? I must say I don’t easily see any government or the community agreeing to that proposition when we are talking about the frail, the vulnerable, the elderly and the (sometimes) disempowered. However we must place considerable weight on the views of residents.

So there you have it.

Regulation – it’s the law. The rules of the game set by a third party.

Quality – something we try to measure in many ways and from many perspectives.

Excellence – something we pursue with the full and complete understanding that if we ever feel we have attained the status of excellent – we probably have not.

From my perspective, using the letter of the law to stay out of trouble with the authorities is probably not a bad call. But we should not look to regulations as lighting the way to deliver quality services. Regulations set out requirements within a broad framework. It is innovative thinking with the resident at the centre that will deliver positive outcomes.

I doubt that people in aged care deliberately flout the many rules and regulations. In many cases the journey to failing to meet a standard may have been little faster than a glacier. That is, the service quality declines over time. I think this can be detected by good information management systems. We have also published the most common reasons behind why organisations can have sudden and significant failures. However, having said that, there is little one can do to totally eliminate the fact that a staff member will have a bad day once in a while. The challenge is to identify and mitigate the risk and possible resultant damage. Based on our examination of the reasons expected outcomes are not met I would say that positive supervision and staff training are a major risk mitigator.

The Accreditation Standards are not a management system. In their pure form they are an assessment of the effectiveness of those systems. It concerns me when I hear that some providers use the standards as a management system.

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What do I think?

- Focus your systems and efforts on service to residents, and accreditation will happen
- Have systems that deliver quality services through well-trained and motivated people
- Be alert to but not alarmed by the regulations
- Keep your eye on the 'care' ball
- Accreditation is the check, it is not the service goal. It's the exam that looks at what you have done, are doing and the sustainability of the 'service model'
- Develop your systems and measures to meet residents' needs, not to impress assessors.

What does 44/44 mean at your home, for each individual resident? Do you say "Yes, we got accredited" or "We deliver high quality care"?

Do you just want to get a tick from the accreditation body? Or do you want the satisfaction of knowing you are providing excellent service?

The above is an edited version of a speech made by Mark Brandon at the Aged and Community Care Victoria residential care seminar 'The Changing Face of Residential Aged Care'. In the interests of space it has been edited and includes some additional material based on the follow up questions by delegates at the conference.

> SEMINARS AND COURSES

Looking to improve your knowledge, skills and confidence on accreditation and quality in aged care?

Details of our education program for the remainder of the year are available on our website www.accreditation.org.au.

You can even register online using our new seamless online booking system.



Seminar topics include person-centred care; assessment contacts; and information systems. Our three-day course, "Understanding accreditation: a practical toolkit for homes," has been updated to reflect the changes in the Accreditation Grant Principles.

www.accreditation.org.au/education/

Case in point

Mr George Johnson has been living at Everclear Community for four years. He moved into the independent living units and now he is a high care resident at the home.

Ever since his stroke last year that affected his balance and confidence, Mr Johnson has begun using a motorised scooter. Mr Johnson has found that the independence of the scooter has improved and enhanced his social interaction with other residents and in the general community. Mr Johnson's family is delighted that he is able to continue to go into town and visit friends at his leisure.

All residents who rely on motorised vehicles and electric wheelchairs undergo various assessments to ensure they have the physical and cognitive capacity to safely manage the equipment. The home also has a number of policies, procedures and a resident handbook that includes information for residents in managing this type of equipment safely in the home and in the community.

Over the past few months, Mr Johnson has started to demonstrate unsafe practices in managing the motorised scooter.

Other residents have complained about Mr Johnson's behaviour with his scooter, saying that he doesn't stop and watch out for others. Just yesterday a concerned local shop owner rang the home to say that they had observed Mr Johnson driving his motorised scooter in front of cars, and almost knocking over a pedestrian.

Despite some discussions by management of the home with the family and Mr Johnson, he has continued to operate his scooter in an unsafe way, putting his own and other residents and community members at risk.

Response from Richard Gray, Director Aged Care Services, Catholic Health Australia

The case of Mr George Johnson has a number of elements to it that need to be explored one at a time. The first is that he has only started to demonstrate unsafe practices in managing his motorised scooter in recent months. This would suggest that he needs a reassessment with respect to his capacity to safely manage it. His balance and confidence may have further deteriorated. A diagnosis could indicate an appropriate treatment to correct it.

The next element for consideration is that of the duty of care responsibilities of the approved provider. These are different with respect to what takes place outside the aged care home as opposed to inside. As Mr Johnson is an adult individual with the cognitive capacity to freely access the general community, he has every right to do so of his own free will and to take personal responsibility for his actions with respect to other persons and their property. He is personally accountable for how he controls his motorised scooter in public spaces in the same way as any other person has when in control of a vehicle.

The *Aged Care Act 1997*, *User Rights Principles 1997*, *Schedule 1 Charter of residents' rights and responsibilities*, makes it clear that he has the right to full and effective use of his personal, civil, legal and consumer rights, to be able to move freely both within and outside the residential care service without undue restriction, to maintain his personal independence, and to accept responsibility for his own actions and choices even though these may involve an element of risk.

The provider is not to use the risk to him as a ground for preventing or restricting his actions and choices about going out into and interacting with the community. Inside the facility and its grounds is a different consideration. Here the provider has a duty of care to residents and residents have rights. The provider needs to be able to provide to all residents a safe and secure environment. If that cannot be achieved because of Mr Johnson's unsafe motorised scooter practices, then the provider has a responsibility to see that those practices do not occur.

Mr Johnson's approved provider needs to:

- Reassess his physical and cognitive capacity to safely manage the motorised scooter;
- Implement any appropriate treatment that may be identified as being needed;
- Identify alternate mobility options whilst he's inside the facility;
- Limit his use of his scooter to essentially external community access; and

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- Seek his and his family's agreement on the actions to be taken and document them.

Response from Dr Soames Job, Director – RTA's NSW Centre for Road Safety

Motorised wheelchairs, sometimes called 'scooters', provide mobility and independence to people who would otherwise be restricted by disability, illness or injury. The RTA encourages the safe and responsible operation of these mobility aids.

The NSW Police should be informed if someone is operating a motorised wheelchair in an unsafe way on a road or any public area. The use of a motorised wheelchair on private land, such as a retirement village or nursing home, is a matter for the owner of the land.

To use a motorised wheelchair safely a person must be able to:

- operate the wheelchair's controls
- keep your balance and adjust your body position when travelling across uneven ground
- spot obstacles and avoid collisions
- judge speed and distance
- make good judgements to protect your safety and others.

A doctor, health care professional or occupational therapist can help decide if a motorised wheelchair is an appropriate mobility solution.

Under the NSW Road Rules, a motorised wheelchair user is classified as a pedestrian. Motorised wheelchair users do not need a licence, wheelchairs do not require third party insurance and do not need to be registered.

Like other pedestrians, motorised wheelchairs can only travel on the road if it is impractical to use the footpath. In this case, motorised wheelchairs must face the oncoming traffic and keep as close to the side of the road as possible.

When using a motorised wheelchair, the user should not endanger or obstruct the path of any person or vehicle. The user should always be in full control and always be prepared to stop. When crossing the road the user should always consider their personal safety, if available use a pedestrian crossing and wait for vehicles on the road to stop.

The RTA has produced '*A Guide To Using Motorised Wheelchairs*' to help users learn about the laws relating to motorised wheelchairs and how to operate them safely. This brochure is available free of charge by telephoning the RTA toll-free customer helpline on 1800 06 06 07.

Response from Richard Olley, Director Residential Services, Blue Care

There are six key issues to consider in this scenario:

1. The home's duty of care to Mr Johnson and the other residents.
2. Mr Johnson's changing health status.
3. Mr Johnson's right to independence and social interaction. The scooter has provided this since his stroke.
4. Mr Johnson's rights and his responsibilities to other residents. He has a right to be involved in decisions around his care and a responsibility to conduct himself in a manner that does not infringe the rights of others.
5. The home's processes to support resident safety eg. policies and procedures, resources etc.
6. The home's processes to manage risks.

The most significant/urgent issue is the safety risk to the resident. The risks need immediate identification and clear communication to him/his care decision makers. Is there a need for stakeholder consultation at this point? For example is information from care providers, other residents, family and/or community needed to understand the issues? The scooter should not be used by him independently until he has been assessed as safe to do so. Throughout, it is important to respect his right to independence and social interaction as much as possible. Can the risks be managed with restricted/conditional use of the scooter? Alternatives should be discussed and agreed upon with him/his care decision maker in order to find a short term

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compromise that will meet his/other residents'/the home's needs.

Secondly, Mr Johnson's changing health status needs to be understood. What has contributed to the decline in his ability to operate the scooter? Is this a temporary condition? Organise a medical review. Once his condition is understood, agreed options can be implemented that may include but are not limited to alternative transport arrangements or equipment, conditional use of the scooter, environmental modification etc.

The home's processes to support residents' ongoing safety should be reviewed to ensure a proactive approach – are issues identified at the earliest opportunity? Review risk assessment, care planning and supporting policies and processes to ensure opportunities to identify and respond to residents' changing needs are not missed.

Documentation, effective communication and robust record keeping is critical in this scenario. Given the risks to the resident/s, community and the organisation are significant, it is essential that dates, times, interventions/ discussions and processes are captured to show that safety measures have been implemented and the residents' rights have been respected. Consultation and the outcomes should be clearly recorded with issues followed up in a timely manner.

It is important to evaluate that the goals of safety, risk management and maintaining residents' rights are met. As such, mechanisms to evaluate the outcomes on a planned, timely and ongoing basis are important such as case conferences, incident review/care governance strategies, engaging with stakeholders through meetings etc.

Response from Accreditation Agency

The first priority is the safety for Mr Johnson and fellow residents in the home and what immediate strategies may be implemented to manage any risks while considering the personal, civil, legal and consumer rights of Mr Johnson. Longer term solutions may then be considered that are of benefit to the home as a whole.

In terms of the Accreditation Standards, expected outcomes in all four standards may apply.

While the home has existing policies and procedures, the RTA guide may provide an opportunity to revise and improve these documents in consultation with staff, residents and relatives.

The guide and the home's policies and procedures may also be used to initiate a training program or a way of raising awareness of the safe use of motorised scooters in and outside the home. This may be extended to residents, relatives and staff of the home.

The scenario indicates that the home assesses all residents who use motorised vehicles in consultation with the resident and their representatives to ensure that residents are able to manage the equipment. The home may take the opportunity to consult with external health care professionals to ensure that the assessments are effective in identifying the appropriate level of cognition and strength required to operate a motorised scooter. Assessments may be required to be carried out by various health care professionals for areas such as balance, hearing and vision.

The home may also consider when it is appropriate to reassess a person's ability to manage a scooter in the home and what may trigger reassessment. In the case of Mr Johnson, his change in his behaviour to safely operate the scooter may be due to emerging issues which may be able to be managed to enable him to continue using his scooter.

Mr Johnson has been exercising his independence and has access to the community with the use of his motorised scooter. In considering alternative options available to Mr Johnson, the home will also consider emotional support, independence, leisure interests and activities and choice and decision-making. This is combined with the safety and wellbeing of Mr Johnson and other residents. It is important that Mr Johnson's right to decide about whether or not to continue to use the scooter is supported with good information and advice from people he trusts so that he is comfortable with his decision.

This is an area that requires partnership with many stakeholders to ensure the safety of residents and others while using motorised wheelchairs or scooters. Identifying the partners and perhaps extending to others in the community including suppliers of equipment will assist residents to maintain their independence in a safe manner.

Art project has calming benefits

An art appreciation program has calming benefits for people with dementia at Emmy Monash Aged Care in North Caulfield, Victoria.

'Art Down Memory Lane' began as a solo project in 2009 with residents of the Home's Bierman-Sajet Unit showing positive behaviour changes at each session, activities coordinator Lilian Krupp said.

Last year Emmy Monash began collaborating with the National Gallery of Victoria (NGV).

Six paintings are selected from the gallery by Emmy Monash activities staff members who researched and introduced the program.

They download, print and laminate copies of the paintings which are distributed to participating residents. They then prompt residents who form their own interpretations based on what they see and feel about the works and they record their comments.

After staff members have practised and trained, they visit the Gallery, sometimes with family members who want to share the unique experience.

The paintings revive fond memories, Lilian said. "Viewing John Bracks' 'Collins Street, 5pm', one resident commented that it didn't look like Collins Street where she used to go to pick up her husband, a doctor. Another woman said it reminded her of Le Louvre."

The project has evolved with the Gallery's staff also visiting Emmy Monash, creating an unforgettable art experience for other residents at the home.

'Art Down Memory Lane' has proven to reduce anxiety, encouraging constructive engagement. It promotes socialisation and interaction between participants themselves as well as staff and gallery guides. In fact observations have been so positive that clinical staff are analysing results for long-term behavioural changes.



A National Gallery of Victoria guide discusses works by John Bracks with Emmy Monash residents



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