



Back row from left: Ros Lane, (Musical Director), Mavis Newman, Kit Gardner, Pauline Bolt, Sue Caldwell (volunteer roadie), Mary Jefferies, Lorna Deslands, Maz Atkins (Instrument Coordinator), Ester Wohlers and Margaret Zani (Assistant Musical Director.)  
Front row: Joan Wright, Hilda Niesh, Carmen Salibi, Jessie Abraham and Dorothy Lytle.

## Ding dong! Merrily on high

SomerCare in Somerville is ringing with its recent success as a winner of two Better Practice in Aged Care Awards for the SomerCare Rainbow Chimers project and an Advance care planning project.

The Rainbow Chimers project started in 2007 after the SomerCare lifestyle team attended a workshop facilitated by the Handbell Society of Australasia. The idea of starting a handbell program at the home was greeted with much enthusiasm by SomerCare residents and in February 2008, the SomerCare Rainbow Chimers musical group was born.

Starting with Mozart's relatively simple melody, *Twinkle Twinkle Little Star* the group now have 23 songs in their ever-expanding repertoire including *Silent Night*, *Memories* and *Somewhere over the Rainbow*.

The Rainbow Chimers perform regularly inside and outside of the home, having travelled as far as Bendigo and Sale in Victoria to perform. Their biggest performance was at a Rotary club conference where they performed in front of more than 700 people.

The creative force behind the Somercare Rainbow Chimers project, Diversional Therapist Coordinator, Ros Lane, said that one of the main benefits of the project is that residents are more socially engaged with one another. "They worry about each other if one of them is sick and is unable to get to rehearsals," Ros said.

*“Our eldest chimer is 100 and she’s one of the first in the room for rehearsals, and the combined age of the Chimers is 1,367 years old.”*

SomerCare’s ‘Advance care planning’ award-winning program was introduced to provide residents with a more comprehensive and personalised advance care plan. This evidence-based project was introduced to the home in several carefully planned stages to ensure key staff, residents and relatives had a full understanding of the project and in such a way as to dispel the fears of discussing terminal illness or death.

The program has been transformative in terms of how the home manages palliative care. Residents and residents’ representatives have embraced the program providing positive feedback about the opportunity to discuss end-of-life wishes.

For more information about these and other Better Practice in Aged Care Awards programs, visit our website at [www.accreditation.org.au](http://www.accreditation.org.au).

## Festive food

Food is an essential ingredient of cultural and spiritual celebrations. With Christmas fast approaching, it is a good time to focus on festive food in residential aged care. So sit back and enjoy the mouth-watering details of festive food done *a la residential aged care* style.



*Classic Christmas at Broken Hill*

Christmas celebrations extend across the entire month of December at Southern Cross Care Homes in Broken Hill, New South Wales. And it is all about food and families according to Executive Manager of Care, Sharon Williams.

Residents partake in lunch and dinner celebrations at the local social clubs all over the town in the lead up to Christmas. The Christmas lights are spectacular in Broken Hill, so evening bus-trips are planned throughout the month of December.

Pre-Christmas parties are organised at all Southern Cross sites with residents, families, friends, local school kids, staff and the Board included. There is a huge array of food at these events including nibblies, lollies, cakes, seafood. “Everyone pitches in. We have a real family focus,” Sharon said.

On Christmas Eve the homes host a smaller party for residents and staff. There are prayers and Christmas carols. Santa usually makes an appearance and the Knights of the Southern Cross, the founders of Southern Cross Care, bring Christmas gifts for the residents.

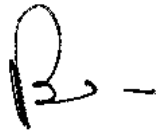
Christmas lunch is the traditional fare – ham, turkey, Christmas puddings and bon bons a-plenty. And as for the residents who require modified diets “They’re not going to miss out,” Sharon said emphatically. “There’s nothing served that we can’t modify for residents with special dietary needs.”

## Just a word



While many organisations are winding down towards Christmas, New Year and summer holidays, you are probably in full swing, with a multitude of festive celebrations and community events that are integral to residents, families and staff and the cultural and spiritual lives of the residential aged care community.

I'd like to take the opportunity to wish you all a very happy, healthy and safe festive season and congratulate you on your continued efforts and innovation that improve the quality of residential aged care in Australia.

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

Mark Brandon  
Chief Executive Officer

## Creating feasts in a big way

There is no mistaking Christmas is on the way at Anglican Retirement Villages (ARV) Food Services where a team of 60 staff are in top gear, planning menus and preparing feasts for over 4,000 people living in residential aged care for functions in the lead up to Christmas.

Ham, turkey, roast potatoes and vegetables followed by plum pudding make up the ever-popular, traditional Christmas meal. But this is just the start. ARV Food Services cater for a variety of personal preferences and dietary requirements and Christmas time is no exception. A glance down the ARV Food Services menu is a field day for the culinary senses with highlights including chicken breast filled with brie and quince, vegetable and cous cous wellington, smoked salmon tart, and peach and passionfruit cheesecake.

The staff at ARV Food Services are used to catering on a large scale. The staff prepare and deliver three meals a day for 4,000 people living across 53 residential aged care homes.

While many would be daunted by the enormity of such a task, Peter Tomlinson, Food and Linen Services Manager is unfazed. "The challenge is to prepare home-style varied menus that deliver all the nutritional value our residents need," he said.

"It's all about making dining enjoyable, fun and nutritious. Residents love the variety, and it gives our chefs a thrill when making up foods."



ARV Food Services' Christmas gift to residents

## And the winner is.... Residential aged care



Residential aged care nurse, Megan Holmes is a 2010 Leadership in Nursing and Midwifery Award winner.

Megan is a Division 1 Nurse with TLC Aged Care. She received her award for her leadership role in the EN-ABLE project undertaken in conjunction with La Trobe University and the Australian Centre for Evidence Based Aged Care (ACEBAC).

The EN-ABLE project was about the development of practical resources to provide person-centred support to residents living with dementia. Megan's role was to develop and implement a program to assist staff provide high-quality, person-centred care to residents with dementia, as well as to inform dementia care research into evidence-based aged care.

## Keeping culture and community alive at Jewish Care

Cultural sensitivity is one of the hallmarks of Jewish Care's Gary Smorgon House, and this feature was on display as residents, staff, family and friends danced and paraded in the streets to celebrate a unique cultural event: The completion of a Torah scroll.

Containing the five books of Moses which are the foundation of Judaism, the Torah scroll is an integral part of Jewish communal observance. Because it is handwritten on a scroll of

parchment by specially trained scribes, the creation of a Torah scroll entails considerable effort and its completion is traditionally marked with much celebration and fanfare by the entire community.

Generously bestowed upon Gary Smorgon House by Mr Joseph Frohlich West and family in honour of his wife, the late Mrs Helen (Chaya) Frohlich West, the new Torah scroll will play a central role in services conducted in the facility's own synagogue.

Gary Smorgon House is Jewish Care's newest aged care residence, opening in July 2009. Over the Jewish High Holiday period in September, the Gary Smorgon House synagogue was packed with friends, family, neighbours and residents worshipping alongside one another.

"Jewish Care's sensitivity to the unique cultural needs of the Jewish community, together with the highest standards of professionalism, is what sets us apart," said Bill Appleby, CEO of Jewish Care. "It is heart-warming to know that we are enabling members of the Jewish community to continue to participate in their community and in the traditions with which they are so familiar."



*From left to right: Rabbi Sholom Mendle Kluwgant, Mr Joseph Frohlich West, Rabbi Meir Shlomo Kluwgant (General Manager of Cultural and Spiritual Service, Jewish Care).*

# Case in point



Love, romance, intimacy and sexuality are all part of the richness and wonder of human experience, as well as being fundamental to our ideas about freedom and expression. This month's hypothetical explores issues around intimacy, sexuality, dementia and community living.

*A relationship has blossomed between a male and female resident living in an aged care home. They spend most of their time with one another during the day and they have started spending more time together in each other's rooms during the evening. Some of the other residents have complained about the "overly affectionate" couple during meal times and in the communal areas, and one of the couple's relatives has raised concerns with the home that their father is being "taken advantage of" and suggested he may not be in a position to consent to this relationship due to his progressing dementia.*

## Response from Bernie McCarthy MAPS, Clinical Psychologist

Sexuality is an essential part of life for everyone including people living in residential aged care. Most behaviour such as described in the scenario is aimed at satisfying our need for intimacy, comfort and attachment, not necessarily genital sexual expression. The primary goal of any care plan is to improve or sustain the wellbeing of the person. Not just emotional wellbeing but in all domains of the person's life, psychological, social and physical. In this situation a relationship is enabling the two people to experience wellbeing. This should be supported and signs of wellbeing monitored to ensure that wellbeing is sustained.

Part of ensuring a person's wellbeing is sustained is the management of risks that may jeopardise their wellbeing or the wellbeing of others. In this case the risk may include emotional or physical harm to a vulnerable person, made vulnerable by their cognitive impairment. We must protect them by monitoring for changes to their wellbeing, looking for signs of this such as positive mood, engagement with others, and physical relaxation. Signs of illbeing or distress might include, negative mood, withdrawal or passivity and physical tension.

In a person-centred approach it is important to recognise that the person with dementia can indicate that they are willing participants in a sexual interaction even though from a medico-legal standpoint they are not able to give consent. The presence of signs of wellbeing and the absence of signs of illbeing show that the person is a willing participant and is feeling good about the interaction. We must continue to monitor for change in this willingness to participate because it can change quickly with the person's feelings and changes in the activity they are engaging in. It may be that Mary feels good about holding hands with Tom in the lounge as he sits beside her but when he begins to undo the buttons on her dress as they stand in her room she may well begin to feel uncomfortable.

If this occurs staff must be ready to respond quickly to retrieve the person to a safe place. This monitoring can be done discretely but frequently. Perhaps some encouragement of the couple to limit the public displays of their affection to private areas may be helpful in alleviating the concerns of other residents who have a right to a social space that is congenial.

Recording your observations in a systematic and consistent manner will give you a way of assuring the family that their relative is in a good emotional state and not indicating any signs of distress or "being taken advantage of". Maintain frequent communication with family members during this time to support them in their concern.

A proactive approach to sexual social behaviour is important and may include providing information to families about your approach and attitude to sexual social behaviour of older people before problems occur.

### Response from Libby Simpson, General Manager Residential Care, Amana Living

This situation is quite a common occurrence across aged care in Australia. We have many people residing at our sites and it is highly likely that relationships will occur as they do in the wider community. Each relationship should be treated individually and with great sensitivity by the staff.

There are a number of questions the senior staff member needs to understand before putting in place any actions:

- Are the two residents involved in the relationship happy and content when they are together?
- Does it appear that either one of the residents is distressed when they are together?
- Have the residents involved had cognitive function assessments? If so, what is the cognitive state of the resident and are they still able to make decisions for themselves. (Remembering that even if they can't make decisions, they still have feelings and should be able to develop relationships with other people and be supported with this).
- Is the relative who is querying the relationship the next of kin? If not, who is the next of kin and are they aware of the relationship if the resident does have some kind of cognitive deficit?
- Do the next of kin have guardianship of the resident?

Probably, the best course of action is to gently discuss the relationship with both next of kin of the residents to explain what is happening remembering however not to bring the staff members own value judgment into the conversation. The relatives may need to have some professional counselling to fully understand dementia, relationships and sexuality with older people.

The relatives and staff may need to contact the guardianship board to clarify what rights they have in decision making. Staff may also require training and counselling. Education sessions could be obtained from advocacy centres and dementia specialists etc. If there is a discrepancy, in that one resident is cognitively aware and one is not then the staff may need to discourage the time spent in the room alone together until the staff have been able to discuss and agree with the relatives a way forward. Activities may need to be planned to encourage the two residents to participate in group activities rather than alone in their rooms.

All residents at the site need to understand that they live in a communal community and at times there will be 'couples' cohabitating at the sites. Staff may be able to provide direction for the "couple" to more private areas for them to be together. A discreet conversation may be able to be had with the couple so that when they are having a meal in a communal area they are mindful of their behaviour on others.

I would also recommend that clear documentation be written regarding all conversations held with the residents and relatives and that documentation may need to reflect consultation with a dementia specialist regarding sexuality and companionship.

This is not an easy scenario to write about due to each individual person's circumstances, their rights and obligations and the ethical parts to this. I can only reinforce that staff need to remain non judgemental and if they work through the issues as they arise, I would like to think that the two residents involved are supported to be able to have a loving and happy relationship.

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

The intent of the Accreditation Standards can be best understood in reference to the Principle statements under each of the four Standards. The fundamental principles at the core of this scenario are the Principles under Standard three: Resident lifestyle and Standard four: Physical environment and safe systems. They are:

- "Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential aged care service and in the community."
- "Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors."

A resident living in a residential aged care home retains their personal, civic, legal and consumer rights, irrespective of a diagnosis of dementia, depression or a disability. The right to freedom of sexual expression in a consensual relationship is a fundamental personal and civic right.

More specifically, 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."

This scenario becomes more complex when the question of 'consent' is considered. Presumably, those involved in these residents' ongoing care needs assessments, care planning and care delivery would have seen this relationship evolve and been satisfied that the relationship is based on mutual agreement and the wellbeing of these residents is not being compromised. Nevertheless, the concern of the resident's family member would trigger a review of the situation to determine the most appropriate course of action to ensure the safety and wellbeing of the residents and provide appropriate advice and support to the resident's relative.

As to the residents who are concerned about the overly public nature of this couple's affection, management should consider how this can be managed to achieve the best outcome for all residents. Striking the right balance between the concerns of the complainants and the rights of the affectionate couple will very much depend on the assessment of the situation and the specific details of the case. For example, it may be a relatively simple matter of providing appropriate spaces and opportunities for the couple to spend time together away from the broader residential community, or it may require some more strategic behavioural management interventions to ensure the safety and comfort of the affectionate couple and the rest of the residential aged care community.

Alzheimer's Australia has recently produced a book that deals with the complexities of dementia and sex in the context of residential aged care. The book *Understanding dementia care and sexuality in residential facilities* explores sexuality, human rights and responsibilities of people with dementia, duty of care issues and family relationships. The book is available for free download on the Alzheimer's Australia website at [www.alzheimers.org.au](http://www.alzheimers.org.au).

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

## Call for abstracts 2011

We are now searching for new speakers for the 2011 Better Practice conferences to be held in Adelaide, Launceston, Sydney, Brisbane, Melbourne and Perth. This is your opportunity to improve industry practice and be part of these conferences that have given more than 9,000 attendees the ideas and encouragement to raise the bar in their own homes.

If you have a better practice example that enhances the lives of older Australians living in residential aged care we would welcome your submission.

Visit our website for presentation topics and submission criteria about our call for abstracts at [www.accreditation.org.au](http://www.accreditation.org.au).

The closing date for submissions is 14 January 2011.

### Better Practice 2011

<b>Launceston</b>	<b>14 – 15 April</b>
<b>Adelaide</b>	<b>28 – 29 July</b>
<b>Sydney</b>	<b>25 – 26 August</b>
<b>Brisbane</b>	<b>15 – 16 September</b>
<b>Melbourne</b>	<b>20 – 21 October</b>
<b>Perth</b>	<b>10 – 11 November</b>

The screenshot shows the 'Call for abstracts' page for Better Practice 2011. It includes the following text:

**Call for abstracts**  
**Submissions due 14 January 2011**

This is your opportunity to contribute to improving practice across the industry and be part of an event that has given more than 9,000 attendees the ideas and encouragement to raise the bar in their own homes.

Submissions are welcomed from you with your better practice examples that enhance the lives of older Australians living in residential aged care. This is your opportunity to promote your program and promote your home.

**Presentation topics**  
 Papers are invited on any of the topics listed below.

- Practical initiatives for residents.
- Designing and managing renovations.
- Models for community partnerships.
- Sexuality issues to consider for residents.
- Engaging all in decisions for resident care.
- Decision-making for end-of-life and palliative care.
- Strategies to promote improved mental health.
- Watch this space! – Better Practice projects underway.
- Free papers.

Our website has the full details of each topic.

**How to make your submission**  
 Go to our website and click on Better Practice 2011 to make your submission.

Logos for the Department of Health, Ageing and Disability Services, and the Australian Government are visible at the bottom.

# Education courses

*RCNA CNE points*

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

Adelaide	22 - 24 February 2011 14 -16 June 2011
Brisbane	28 February – 2 March 2011 23 – 25 May 2011
Parramatta	15 - 17 February 2011 12 – 14 April 2011
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	
8 March 2011	Bundaberg	8 February 2011	Nambour	Brisbane	10 February 2011
14 March 2011	Perth	17 February 2011	Barossa	Orange	10 February 2011
18 March 2011	Albury	3 March 2011	Wollongong	Mildura	16 February 2011
20 April 2011	Sydney	25 March 2011	Melbourne	Perth	24 February 2011
13 May 2011	Melbourne	9 May 2011	Glen Osmond	Canberra	29 March 2011
30 May 2011	Gosford	12 May 2011	Port Macquarie	Mackay	12 April 2011

For more information go to [www.accreditation.org.au](http://www.accreditation.org.au) or call 1800 728 589.

# Setting higher benchmarks at Highercombe

Highercombe, South Australia is home to 120 residents who have made a commitment to positive and active ageing.



Opening just over a year ago, Highercombe provided the perfect blank canvas to implement a new model of wellbeing developed by Jo Boylan, Northern Region Residential Services Manager, ACH Group. "I felt we had a responsibility to improve the status of residential aged care," Jo said. Jo is a passionate advocate of active, positive ageing; her 'Partners in positive ageing' (PIPA) model of wellbeing has been implemented at Highercombe with the aim of helping older people become more healthy and involved in life. The partnership is between staff and individual residents, with both parties committed to sharing responsibility in working towards improved physical and mental health outcomes.

The PIPA model was developed over a 12 month period and is based on research in positive psychology, active ageing and positive ageing. The model is being promoted as an opportunity for a paradigm shift to health promotion and wellbeing. "We're in the right place to bring health promotion to aged care," said Jo.

The model is based on six key understandings: be physically active; engage and connect; keep learning; participate, contribute and savour; have a strong voice and build positive emotions.

Extensive interviews with new residents revealed that the key motivator for residents to commit to the model of wellbeing was their desire to maintain mobility and independence. Jo said that the challenge for management and staff is to motivate residents to act on this desire.

Staff at Highercombe receive a full day orientation to the model of care and a refresher annually. The 15 PIPA leaders have undertaken a five day training program to orientate them to the model of care, exploring their own attitudes and behaviours in relation to positive living and how this translates to a model of care for the residents at Highercombe.

This model of wellbeing is continually evaluated through resident surveys and audits to assess its effectiveness. While the home is very new the results of these evaluations are remarkable. In a recent qualitative resident survey, 75 per cent of residents rated an increase in overall wellbeing and 75 per cent rated an increase in active participation in social and community life. One hundred per cent of residents said they experience more pleasure more often in their lives.

The key to this model of wellbeing is staff attitudes around positive ageing. At its core is a partnership between staff and residents with both parties sharing the responsibility of achieving improved mental health and physical outcomes.

"Our role is to facilitate opportunities that encourage, coach and motivate older people to adopt health promotion and wellbeing strategies that lead to a good life."



Aged Care  
Standards and Accreditation Agency Ltd

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