

the Standard



Monthly newsletter from Aged Care Standards and Accreditation Agency



Bupa Bellarine 'Legend' Margaret Smith won the trip of a lifetime at the Night of Legends. Pictured here with Managing Director Paul Gregersen and Commercial Director Trevor Watson.



Bupa Bellarine triple award winners **pg 4**

Bupa Bellarine triple award winners

Bupa Bellarine in Newcomb, Victoria has been awarded triple Better Practice in Aged Care Awards.

The three awards are for 'Personal best', Liverpool Care Pathway and 'Walk around Australia'.

Personal best - becoming a Bupa 'legend'

We know that the little things can make all the difference, and Bupa's 'Personal Best' program

aims to focus on the personal touch that can brighten the lives of residents and their families every day.

Personal Best replaces the traditional type of staff appraisal system that often focuses on the staff member rather than the resident, and prepares staff for a shift in skills and attitudes associated with person centred care.

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Just a word

While we have replaced the Better Practice in Aged Care Awards with the Better Practice Awards (see last month's issue of *The Standard*) we are still seeing the last of the Better Practice in Aged Care Awards being presented.

One of the last of these awards is to Bupa Bellarine in Victoria for three inspirational programs that have residents at their very core. We have featured these programs in this month's issue.

This month's case in point is a tricky one and highlights varying opinions. We have presented two responses to the scenario this month. Next

month we will show you a differing point of view on the topic. One thing they all have in common is ensuring that the resident is the centre of the response - demonstrating that there are varying ways to tackle a problem as long as the focus is on what is best for the resident, reflecting their wishes and desires.

Mark Brandon
Chief Executive Officer

Making the most of complaints

At the core of complaints resolution is an effective complaints management system. Our new one-day workshop will equip you with the skills and knowledge to develop a robust complaints management system based on internationally recognised standards. The workshop is designed for those who have responsibility for implementing and managing a complaints system.

For more information and to book online, go to www.accreditation.org.au.



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What's in a word?

By Rae Lamb,
Aged Care
Commissioner



Rae Lamb, Aged Care Commissioner

Recently I spoke to a large group of aged care providers. When I asked how many were familiar with the 1 September changes to the Aged Care Complaints Scheme, few indicated that they were.

The removal of the word "investigation" from the Scheme's title signifies a whole new focus. While investigation appropriately remains an important option for the Scheme in responding to serious complaints, there are now many more tools in the box. Most of these provide much greater opportunity for complainants and providers to be more actively involved in resolving concerns and achieving a satisfactory outcome. It's a welcome change. In my experience, the earlier and more directly a complaint is addressed, the greater the chance of resolution.

Changes to Commissioner's powers

My functions as Commissioner have also been affected. Under the new Complaints Principles 2011, I can still examine, on appeal, certain decisions made by the Scheme. I can also consider complaints about the Scheme's process and

the conduct of the Accreditation Agency and its assessors.

However, in relation to the Complaints Scheme, the decisions which are examinable by me, as Commissioner, and the types of recommendations open to me have changed.

The appeal rights of approved providers and complainants and the Commissioner's powers are detailed in the new Principles. In simple terms, the Commissioner is now required to consider whether to recommend that the Secretary undertakes "a new resolution process" or does not. Where further resolution is recommended, the Commissioner can outline the matters which should be taken into account in determining what further process to follow.

Instead of considering whether the Scheme has appropriately found a provider in breach, or not in breach, of their responsibilities, and recommending that the findings be confirmed, varied, or set aside, the Commissioner now examines, on appeal, decisions to take no further action on a complaint or to end a resolution process on eight different grounds.

One significant improvement is that people now have more time - 28 days from the time they receive the decision from the Scheme - to lodge an appeal with this office.

Also, there is the option of first going back to the Scheme to seek "reconsideration" of its decisions. The Secretary then has 28 days to decide whether to take further action, or not. If further action is taken, this has to be completed within another 28 days.

This has two benefits. Firstly, appeal rights are maintained. If someone goes to the Scheme seeking reconsideration, they can still come to the Commissioner once a decision has been made. This means if people are concerned about the outcome of a complaint they can try and resolve their concerns directly

with the Scheme but still have the option of independent review if they remain dissatisfied.

Secondly, as I said earlier, trying to resolve matters directly with the people or organisation involved generally provides the best chance of resolution. That said, it must be acknowledged that not everyone feels able to do this and if that is the case, they should exercise their appeal rights.

Challenge ahead

Aged care providers who have not done so, would be well advised to familiarise themselves with the changes to the complaints scheme and to think about how to make the most of them. This should include thinking about how organisations and their staff can become even better at identifying and using the learning from complaints. For people to have faith in a scheme where the primary focus is appropriate resolution rather than establishing if providers have breached their responsibilities, they will need to see that their complaints make a difference to the quality of care. That is the challenge ahead. ■

Rae Lamb has extensive experience with complaint handling and resolution, investigations, and review in the health and aged care regulatory environment. She was the Deputy Health and Disability Commissioner in New Zealand for five and a half years.

Ms Lamb has also been a specialist health correspondent for public radio (Radio New Zealand) and a journalist for 27 years in both print and television. She has won several high profile media awards.

Her research from a fellowship at the Institute for Healthcare Improvement and Harvard School of Public Health during 2001-2, on the open disclosure of medical error to patients in United States hospitals has been widely published, and is still quoted today.

Bupa Bellarine

triple award winners cont.



Residents 'walk to' NSW Government House to meet the Governor.

Staff begin with a bronze passport, on their journey to becoming a Bupa 'legend'. When they complete various commitments as part of their bronze passport they graduate to silver and ultimately gold. Achieving and maintaining gold status enables a staff member to be called a Bupa Legend.

'Commitments' are personalised to suit each resident. They range from helping a resident find a rare book to providing fresh flowers, and preparing and serving special treats such as brains and bacon. One staff member ensures each resident gets their choice of meal on their birthday and another helped a resident to join the charity fund raiser 'Movember', helping him feel connected to the community. Another staff member organised a Christmas stall - now she plans to run further stalls at Mother's Day and Easter.

Many staff have made residents their very own 'Life Board' - a colourful and graphic summary of the resident's story which acknowledges the resident's achievements, interests, family

and adventures. The 'Life Boards' are as unique as each resident and help staff and families understand and know the person better. As well as being on display in the aged care residents' rooms they are also used at funerals to illustrate and acknowledge the person.

Last year a resident was guest speaker at Bupa's General Manager forum held in Geelong. Residents and relatives are also guest speakers at local Personal Best presentations. One relative spoke about how important it was to be offered afternoon tea to share with her husband as it was something she missed, not having anyone at home to eat with. Sessions such as this remind staff of the importance of doing their Personal Best as they can see what a difference it makes to residents and relatives.

Bupa Legends are also offered opportunities to participate in special luncheons, and Bupa events such as attending General Manager or Care manager forums. When staff members maintain Legend status they are rewarded with a \$50 bonus each quarter at

an acknowledgement ceremony. Bupa Legends who maintain their status for a year are eligible to be in the draw for the 'Holiday of a Lifetime' - first prize is \$7500 in travel vouchers!

The Liverpool Care Pathway

Too often there is unnecessary suffering at the end of life. The Liverpool Care Pathway for the dying resident encourages a multi-professional approach to care that focuses on the physical, psychological and spiritual comfort of residents and their relatives and has also been shown to empower staff in their delivery of care.

The Pathway is almost a checklist to ensure a resident's comfort and safety. Education sessions introduced the Pathway, followed by regular in-depth sessions with the palliative care group and the involvement of medical practitioners, community palliative consultative and nursing teams. The Pathway has allowed staff to gain a better understanding of pain and pain management, and has seen the introduction of a new syringe driver for optimal pain relief. All registered nurses have achieved competency in the use of the syringe driver, which means the resident can remain in the familiar environment of the aged care home.

Residents have a right to die in comfort and dignity in the place of their choice and to have someone with them when they die. Staff at Bupa Bellarine ensure this occurs in a number of ways including:

- Staff are actively involved in making sure that the environment is appropriate - flowers in the room, treasured items are with the resident, appropriate lighting, aromatherapy, appropriate music and physically being there with the dying resident (particularly if there is no family member).
- Family members staying the night are provided with everything they need, including toiletries and bed linen.

- The use of a palliative care box, containing music, mouth toilet products, rosary beads, religious cards, soft bedside lights, aromatherapy needs, toiletries box for relatives staying the night, and clean sheets for the fold out bed.
- Other residents are informed when a death occurs - a photo of the deceased resident is placed in a special photo frame and placed in a prominent position so that all residents can pay their respects. Residents have come to understand that when a photo is in that place, the resident has died.
- Staff keep a memorial book of photos of residents who have died, complete with a few words to describe the resident.
- "If you come in through the front door, then you should leave through the front door" - this allows residents and staff to honour the deceased person as they leave for the last time. A memorial quilt is used to cover the person being transferred into the care of the funeral directors - lovingly made by staff and residents.
- The flag is lowered to half mast when a resident dies.
- Staff attend funerals.
- Christmas cards are sent to family members spending their first Christmas without their loved one.

Another important part of the care Pathway is that education sessions are held with residents and family. This helps to reassure them that when their time comes, they will die in comfort, dignity and surrounded by people who care.

Walk around Australia

Residents at Bupa Bellarine are 'Walking Around Australia', having already 'stopped in' at Adelaide, Alice Springs, Darwin and Cooper Pedy.

The 'Walk Around Australia' program was initiated as residents



knew they needed to do more exercise but said they found it boring and not enjoyable. By walking around Australia residents have increased their endurance and self esteem so much so that they are now also eagerly participating in tai chi, quitoes, painting and exercise pedals.

Part of the program's success is that residents decide where they are going to 'visit' next, and staff monitor the distances the residents walk. When they arrive at their destination, staff arrange for a letter from the Lord Mayor of the town, as well as themed celebrations where residents can learn about the area they are visiting and reminisce about when they may have visited in the past.

A map of Australia is displayed prominently, marking all the places the residents have visited, along with framed copies of the letters

from the various mayors.

It's not just about exercise, the walking has become a meaningful social activity, with residents choosing to walk together and the celebrations bring everyone together (whether they participated in the walking or not). Residents who can't walk are encouraged to join in using (hand) bicycle pedals.

For one resident, her endurance and self esteem have improved so much that her love of tai-chi has been reignited. Now she regularly conducts tai chi classes!

Those residents with dementia who liked to 'wander' are now being encouraged to walk rather than being encouraged to sit down or join in sedentary activities. Walking is now viewed as a desirable and normal activity for those with dementia, rather than a 'challenging' behaviour. ■

Bupa Care Services Australia Managing Director Paul Gregersen with Bupa Bellarine residents Elisabeth Knigge and Alma Selvidge at Government House in Sydney.



Case in point – dignity and capacity

See next month's issue for another point of view in response to this scenario.

Mrs Mary O'Reilly is a 72-year-old resident of Golden Pond Home for the Aged. She has had long-term mental health issues and is currently on mild medication, prescribed by a psychogeriatrician, for clinical depression.

Mrs O'Reilly has mild hallucinations. During the day she often hallucinates that she is feeding birds, while in the evenings she is an opera singer. Staff at the home go along with the hallucinations, helping her 'feed' the birds and helping her select her costumes and dress for her opera 'performance' every evening.

Before entering the aged care home, Mrs O'Reilly had made a decision that she did not want to receive high levels of medications. She has been a resident at Golden Pond Home for the Aged for nine months and remains a patient of the same psychogeriatrician who was responsible for her care before she moved into the home.

Mrs O'Reilly is mild mannered and seems very comfortable and enjoys her daily 'rituals' along with the staff.

Mrs O'Reilly's only remaining relative is her son, who is extremely upset by the hallucinatory behaviour and thinks that his mother's dignity is being compromised. He suggested his mother see another doctor and she agreed. The second psychogeriatrician recommended higher dosages of medications which would stop the hallucinations.

However the treatment recommended by this second psychogeriatrician has its own set of side-effects which are likely to leave Mrs O'Reilly less cognitively aware, and less independently mobile.

Are the hallucinations, and staff joining in with the 'activities', compromising Mrs O'Reilly's dignity? What about Mrs O'Reilly's documented wishes before she became a resident? What about her son's concerns?

Response from The Aged-care Rights Service Inc

The issues are about Mrs O'Reilly's needs and preferences, and her rights and wishes which should always be paramount. Mrs Mary O'Reilly has a right to dignity and respect, and to quality of life while being treated as an individual. As long as any staff or other residents were not ridiculing her behaviour her dignity is being maintained.

Does she perform these rituals in private or in communal areas? In writing her initial care plan, the significance of these associations may have been made clear and documented. With staff supporting her with these rituals they are ensuring that her needs for mobility, independence, leisure and emotional support are being met. Mrs O'Reilly's hallucinations are not distressing her and her rituals were making her happy with a sense of wellbeing. She is also demonstrating self-nurturing by doing pleasurable activities. Only if her hallucinations are causing her great distress should any intervention be considered.

Mrs O'Reilly's psychogeriatrician may confer with the Adult Mental Health Team as to the appropriateness of staff supporting her with the hallucinogenic behaviours, and consideration of alternative therapies such as pets or an outing to the opera with her son, if Mrs O'Reilly wishes.

If Mrs O'Reilly's hallucinations are attributed to a form of dementia then the involvement of the NSW

Dementia Behaviour Management Advisory Service (DBMAS) on 1800 699 799 may be of assistance to all parties involved.

Mrs O'Reilly has stated her wishes in an Advance Care Directive, and these wishes should be upheld.

She may be vulnerable to persuasion to change her doctor and take different medications against her prior decision. Management must assist Mrs O'Reilly to understand her right to consent to any new treatment. Management also need to assist Mrs O'Reilly to understand the side effects of any stronger medications, and assist her to understand the risks to her cognition and mobility. Stronger medication may lead to further cognitive and physical emotional deterioration. These impacts would cause her to lose her dignity.

There has been no mention of an appointed guardian. Management may refer her son to the Guardianship Tribunal to gain knowledge of his mother's rights and decisions being in her best interests. Her son may also benefit from contacting an independent advocacy service for information about his mother's rights. He may also get support by joining a carer support group, or contacting the dementia helpline, and grief and loss counselling.

If Mrs Reilly's capacity diminishes and the staff have concerns about Mrs Reilly's rights being violated, they may contact the Guardianship Tribunal for advice about a hearing where a guardian may be appointed, who will make all decisions about what is in Mrs O'Reilly's best interest. However, intervention by the Guardianship Tribunal may cause her son even more distress and anger, but may be the only way the matter could be resolved.

Response from the Adult Guardian, Queensland

We have been asked to presume for our response that there is no family involved with Mrs O'Reilly and the Adult Guardian has been appointed as guardian for her health care decisions by the Queensland Civil and Administrative Tribunal.

Health care decisions can have significant consequences for a person's quality of life and require careful and sensitive consideration of a range of issues. In determining whether to increase Mrs O'Reilly's medication, the Adult Guardian would consider Mrs O'Reilly's stated views and wishes, the information provided by the psychogeriatricians and the views of people involved in Mrs O'Reilly's life. In addition, the Adult Guardian as guardian must follow the General Principles and the Health Care Principle set out in the *Guardianship and Administration Act 2000* (Qld). The Health Care Principle requires the guardian to exercise his/her power -

- (a) in a way least restrictive of Mrs O'Reilly's rights; and
- (b) only if the exercise of power -
 - (i) is necessary and appropriate to maintain or promote the adult's health or wellbeing; or
 - (ii) is, in all the circumstances, in the adult's best interests.

Mrs O'Reilly's wishes about her level of medication have been clearly and relatively recently articulated. The medical information is that the impacts of higher doses of medication would leave Mrs O'Reilly less cognitively aware, and less independently mobile. In addition, Mrs O'Reilly's behaviour is not harming herself or others.

Based on the stated facts, a decision to increase Mrs O'Reilly's medication would not appear to be the least restrictive of her rights, promote her wellbeing or be in her best interests. The Adult Guardian is therefore likely to consider that it is not in Mrs O'Reilly's best interests to increase her medication.

Response from the Accreditation Agency

The Quality of Care Principles 1997, Part 3, s18.9(1) states that "The Accreditation Standards ... do not provide an instruction or recipe for satisfying expectations but, rather, opportunities to pursue quality in ways that best suit the characteristics of each individual residential care service and the needs of its residents ..."

Within residential aged care, there are many different scenarios that are presented by residents and their families requiring the home to adopt different management strategies. We all come with different 'rituals', habits or preferences. A home may need to pursue different opportunities and ways to meet the needs of residents. It may mean that different approaches need to be trialled to find the best solution.

If we look at the broad information of the case in point and the outcome for residents in general, we may consider that there are a number of areas that are all woven together, such as:

- the dignity of the resident
- their preferences and choices
- their independence
- their behaviours or 'rituals'.

In this scenario, the principles of the standards apply when considering all the aspects of the delivery of care and services. Standard 2 was mentioned in the response above. The principle for Standard 3 of the Accreditation Standards is that "Residents retain their personal, civic, legal and consumer rights and are assisted to achieve active control of their own lives within the residential care service and in the community".

A home will have a process to obtain information about a resident that informs them of the appropriate care and services to provide. This information is obtained in consultation with the resident, their relatives and other professional providers. The information gathering process continues throughout the resident's stay in the home.

When managing the needs of residents such as Mrs O'Reilly, the home also provides resources and support to staff to ensure they are informed of current practice. Professional support will include psychogeriatricians and information from other professional bodies. Relatives are also provided with support and resources to assist them in their decision-making and acceptance of

what their relative's wishes may be and what is best for their needs.

Staff practices will be informed by the home's processes ensuring that resident dignity, emotional needs and independence are considered in the everyday interactions with residents. This includes preparing and evolving activities around residents' specific needs.

The home's assessment and consultation processes will ensure that residents and relatives are kept informed and changing needs are managed. This includes consultation with relevant professionals.

To go back to the Quality of Care Principles 1997, the home will "... pursue quality in ways that best suit the characteristics of each individual residential care service and the needs of its residents ..." The Accreditation Standards are focused on results for residents, and residents are at the centre of care and service delivery.

This resident's name and scenario is fictitious and the information is based on a combination of information and enquiries we receive about potentially contentious or confusing issues. If you have a scenario you would like us to address in 'Case in point', please contact the editor - editor@accreditation.org.au ■

A good night's sleep at The Gardens

With the assistance of Alzheimer's Tasmania, The Gardens in Claremont, Tasmania, has implemented a novel way of helping residents with dementia who cannot sleep.

Night staff re-direct and divert residents back to their rooms and on the third occasion, staff put on a dressing gown and slippers. When the resident sees that the staff are also going to bed, they are happier to do so themselves.

This diversional therapy changes the resident's perceptions (from 'if the staff are up and busy, why am I being told it's time to sleep?' to 'it must be bed time, I'll go to sleep now'), relaxes them and allows them to retire naturally.

Speaking my language

Speaking my Language is a new training resource developed by the Dementia Behaviour Management Advisory Services (DBMAS) WA, aimed at assisting residential and community care workers in providing care for people with dementia from culturally and linguistically diverse backgrounds.

The resource has been developed specifically for use by DBMAS staff in each state and is divided into a number of modules that focus on different topics including culture and dementia, communication, family caregivers and promoting best practice.

Each module has at least one accompanying DVD clip (either an acted case scenario or 'real life' interviews) that serves as a basis for discussion. Module content has been structured in a way that promotes discussion and interaction, providing opportunities for participants to share their experiences, thoughts and ideas.

The training can be delivered as a complete one-day workshop or in accordance with the needs and preferences of individual organisations/services.

Contact the **DBMAS** in your state or territory **1800 699 799** or go to the national DBMAS website - **www.dbmas.org.au**. ■



A warm welcome for new staff

It can be a daunting experience when beginning a new job, but at the RFBI Villages of Hawkins Masonic Village and Lake Haven Masonic Village in NSW, new staff are presented with a welcome pack which includes a map of the village and floor plans of the care facilities, a list of key personnel, pocket guide to the Accreditation Standards, name tag, lanyard, notepad and pen, and the RFBI annual review.

The kit also includes a booklet called "In their shoes" - a guide for caring for residents as individuals. (This booklet is produced by Aged and Community Services Australia and is available through their website. **www.agedcare.org.au**)

And perhaps the most welcoming item of all - a new coffee mug and a 'buddy'. Buddies are chosen by management as someone for new staff to turn to for guidance and information. Buddies are provided with education and information to make the transition smooth for newcomers.

The Royal Freemasons Benevolent Institution came up with the idea of the welcome kit at an education session for buddies followed by a brain storming session. All ideas from the session were discussed at the next management meeting, and consequently, it was from these ideas that the welcome pack was created. ■

