



*Robert Pearson, with his daughter Amanda and granddaughter Meg enjoying the visiting barnyard animals.*

## Improved resident care with less restraint.

Improved, resident-focused care without the need for physical restraints has been the aim of staff at the Melvista Nursing Home in Nedlands, WA.

The 29-bed residential aged care home which caters for high care residents revised its restraint policy to be 'restraint free' earlier this year. The use of all types of restraints including bed rails, table restraints and special chairs were investigated to see whether they were really required, or whether they could be substituted for more appropriate forms of resident care that keep pace with changing industry demands and high quality resident care.

"We decided to take the use of restraints more seriously as part of our goal to focus on a more multi-disciplinary approach to resident care that better manages resident needs," says Facility Manager June Watkins. Accordingly, the new 'no blame' Restraint Free Policy involves looking closely at what works for individual residents. This often involves in-depth communication with residents' family members, said June.

"Talking to families about their loved ones' past lives, likes and dislikes often provides insight into why residents display certain behaviours and this can provide us with the key to better management. This is preferable to simply putting up a bed restraint to stop someone getting out of bed at four in the morning, when in reality, they may have for example, once been a baker who had to regularly get up at that time of the morning.

"We also make sure we liaise closely with GPs, physios, pharmacists and OTs about our revised approach, as getting everyone on board with the message to reduce the use of restraints is very important.

"It's all about taking a much more holistic approach to resident care, in understanding how their behaviours can be better managed rather than simply restraining people in order to prevent danger."



### Falls prevention is an ongoing theme of age-related research.

The drive to reduce the incidence and impact of falls is due to the devastating effect falls can have on the quality of life of older people. The Star project, a large scale falls prevention study featured at the Sydney Better Practice conference last month, is an example of some of the exciting inroads being made in falls prevention research.

This issue of *The Standard* provides information on falls prevention resources that are available for managers and staff in residential aged care. We have also included an article on new research that looks at non-physiological factors that can impact on the incidence of falls in older people.

As part of our ongoing commitment to measure our performance and improve our services we are always keen to look at quality and safety standards from other parts of the world and in other sectors. In this issue we have included information about the quality and safety requirements in residential services in Ireland.

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

Mark Brandon  
Chief Executive Officer

## Quality care in Ireland

***The National quality standards for residential care settings for older people in Ireland sets out the quality standards of service provision required in the residential aged care sector in Ireland.***

As well as standards relating to quality of care and service delivery the quality standards in Ireland include specific information regarding governance, operations and building design such as financial arrangements, building environment and minimum requirements, staffing arrangements and qualifications etc.

Sections within the resource include: rights; protection; health and social care needs; quality of life; staffing; the care environment; governance and management.

National quality standards for residential care settings for older people in Ireland, can be found at [http://www.hiqa.ie/media/pdfs/Residential\\_Care\\_Report\\_Older\\_People\\_20090309.pdf](http://www.hiqa.ie/media/pdfs/Residential_Care_Report_Older_People_20090309.pdf).

# Fire safety regulation update

The annual fire safety declaration has been abolished for homes that have met state, territory and local government authority fire standards.

The *Quality of Care Principles 1997* has been amended to reduce the regulatory burden on approved providers. This amendment comes in response to a recommendation contained in a 2009 Productivity Commission report.

The annual fire safety declaration has been replaced with an exception reporting process as of 1 July 2010. From this date, approved providers of residential aged care homes will only be required to notify the Department of Health and Ageing if they become non-compliant with any applicable State or Territory laws (including local by-laws) relating to fire safety.

For further information about the fire safety exception notice go to [www.health.gov.au](http://www.health.gov.au).



## Filters and firewalls: communicating via email

We have had some enquiries from approved providers about instances where they have not received email correspondence from us. Our investigations have found that IT firewalls may not always recognise our email address and subsequently direct our emails to junk email boxes, or that our emails were not received because the recipient inbox is full.

Approved providers are asked to ensure their IT firewall or email filter system do not prevent the transmission of email communications from us.

We understand that with the increasing incidence of SPAM emails, many IT systems now use email filters or firewalls. We recommend that you liaise with your IT supplier to ensure emails sent by us are received without impact to your IT security.

Occasionally, we receive requests from approved providers and homes to send copies of our emails to another person's email address. Where you want our emails to be received by multiple people, the best solution is to establish a distribution email address and provide the email address to us.

A distribution email address links one or more individual email addresses to a single email address. Once you have established a distribution email address, you can then add, change or delete the individual recipients as your personnel change.

We provide much of our communication with approved providers and homes via email. In order to ensure you are informed in a timely way, please discuss your IT firewall and establishing distribution email addresses with your IT supplier.

## New and improved support contact reports

As part of our continuous improvement program we have reviewed the support contact record and will begin using a different format in October.

The original concept was piloted earlier in the year and after feedback it was refined and trialled with more homes. Assessors were trained to use the new support contact reports at the September Assessor Development Program workshop.

We are interested in feedback from homes and approved providers and this can be given by sending comments to [feedback@accreditation.org.au](mailto:feedback@accreditation.org.au).

We will also be ringing a number of approved providers to get direct feedback. The report aims to ensure approved providers are supplied with more detailed information and greater assistance in making improvements.



# Case in point

**The hypothetical this month raises questions about how individual residents' cultural and spiritual needs can be balanced with the collective needs of the residential aged care community.**

*The approved provider for this home is a faith-based organisation. This fact is not prominent in its marketing, nor its staffing profile, and the resident mix includes people of different faiths; residents whose faith is central to their lives, and some residents for whom faith is not particularly important.*

*There is a common area which is used for residents' meetings, social functions and faith-based ceremonies. The use of the common area is subject to a roster to avoid clashes. There is a large group of residents for whom faith is central to their lives and who have chosen this particular home because it is operated by this particular faith-based organisation and these residents have made significant bequests to the organisation as part of their estate planning. This group of residents want the room decorated in a manner that is consistent with what they would expect to find in a place of worship for their faith. The home does not have the resources to continually 'dress' the room. At a resident meeting, some residents strongly objected because decorating the room as proposed would mean it was no longer a common area; other residents said they felt the home was becoming 'too religious' because a lot of activities had been organised to suit the large group of residents for whom faith is important.*

## **From the Aged Care Standards and Accreditation Agency Ltd**

The overarching principle of standard three of the Accreditation Standards states that: *Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and the community.*

The intent of this principle is that all residents, including those 'for whom faith is central to their lives' and residents 'for whom faith is not particularly important' retain these rights.

### **Cultural and spiritual life**

Central to this scenario is residents' cultural and spiritual lives. Expected outcome 3.8 Cultural and spiritual life requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

As a starting point to managing this issue the home should consider:

- How residents' needs are assessed and identified in relation to their ongoing cultural and spiritual needs, including the identification of requirements to support these needs?
- Are care and lifestyle services delivered in a way which fosters and values individual residents' interests, customs, beliefs and cultural and ethnic backgrounds?

The focus of this expected outcome is on the result for each and every resident. No one resident, or group of residents, has a greater or lesser claim to the continuation of their cultural and spiritual life. Where there are competing or conflicting individual needs and preferences, management should assist residents find a balance that, ideally, satisfies all parties, but at the very least, neither unduly favours or disadvantages one party over another.

### **Leisure interests and activities**

In this scenario residents have expressed their concern about the range of recreational activities and resources. Expected outcome 3.7 Leisure interests and activities requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them". The associated issues a home should consider are:

- How do we ensure regular assessments of residents' preferences for interests and activities, including consideration of specific cultural and spiritual needs?
- How do we plan for each resident's interests and activities?

- Are interests and activities consistent with the individual resident's plan? For example, do plans include information regarding:
  - access to leisure interests and activities throughout the week as appropriate to the resident's needs and preferences?
  - a varied program of leisure activities encompassing the needs and preferences of residents?
- Do we regularly evaluate and review the approach taken to ensure residents' participation in leisure interests and activities meets residents' needs and preferences?

This expected outcome focuses on the results for individual residents. Therefore, the recreational program should reflect and balance the needs and preferences of all residents living in the home at any given time.

### Resident choice and decision making, rights and responsibilities

Another consideration is resident choice and decision making in the context of residents' rights and responsibilities. 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". Expected outcome 3.10 Resident security of tenure and responsibilities states that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

A home should consider:

- Whether there are choices about services available, for example, does the home provide alternative choices for lifestyle services – such as leisure activities - to residents?
- How residents/representatives are provided with appropriate information, at or before moving into the home that explains their rights and responsibilities?
- How the home ensures residents and their representatives understand their rights and responsibilities on an ongoing basis?

While the Accreditation Standards focus on results for residents, The Charter of residents' rights and responsibilities specifically addresses the rights and responsibilities of consumers of residential aged care, balancing the needs of the individual with that of the broader residential community. Similar to the expected outcomes listed above, The Charter specifies that residents retain "full and effective use of" their "personal, civil, legal and consumer rights" and states their responsibility "to respect the rights and needs of other people within the residential care service, and to respect the needs of the residential care service community as a whole".

### From Aged and Community Services SA & NT

#### Religious Freedom versus Freedom from Religion

The right of religious freedom is protected under section 116 of the Australian Constitution. However it is worth noting that the right to religious freedom also includes 'the right of a man to have no religion'\*. The Charter of Residents Rights and Responsibilities also supports this view and says each 'resident has the right to continue his or her cultural or religious practices' however also acknowledges each resident has the responsibility 'to respect the rights and needs of other people within the residential care service and to respect the needs of the residential care service as a whole'. This poses a dilemma for residential aged care facilities when trying to meet the competing rights of both groups of residents.

#### How to resolve the competing rights of the two groups

In a speech given by Justice Michael Kirby about religious freedom, his Honour stated that the right to religious freedom is not absolute and 'a distinction is often drawn between the right to hold religious beliefs and the right to manifest or demonstrate, those beliefs'\*\*. Justice Kirby further describes that limitations may be placed on some of the manifestations of religious practices if the right to practice one's religion is likely to 'impinge upon the rights of others'\*\*. Justice Kirby further outlines that the restrictions should only be put in place if they are 'proportionate, do not erode the basic right and are consistent with the norms of a democratic society'\*\*.

In this particular case a resident is most likely to be able to practice their religion in their own room and decorate their own room in a manner consistent with their own religious beliefs (proportionate and does not erode right to practice

religion). Due to the objections of other residents who do not want the common room decorated permanently in a manner consistent with a place of worship the common room should be subject to a roster system for a range of activities (both religious and non religious) which is put in place by the residential aged care facility after undertaking assessments of residents needs and discussion at resident group meetings which is consistent with the norms of a democratic society.

Following the same democratic process it should be recognised it is appropriate to organise faith based activities if residents wish to participate in such activities however this does not negate the need for providers to meet the activity requirements of non faith based residents.

### Practical Suggestions

Funding is a very real issue for providers of residential care services however perhaps faith based community volunteers may be sought to 'dress' the room in preparation for a religious service and once the service is over return the common room to the original condition. Alternatively, portable religious items may be put in place by residents or staff or the common room could contain a sliding door / cupboard that could hide the religious decoration of the room when the common room is used for non religious activities.

### Bequests

While bequests are most welcome by residential aged care services the fact that a resident has left an organisation a bequest should not influence the service provider to ignore the rights of residents who do not want the common area decorated on a permanent basis as a place of worship. However, should bequests be provided then a provider may well be able to build a separate area for permanent use as a place of worship which would meet the needs of both groups of residents.

\* Adelaide Company of Jehovah's Witnesses v Commonwealth (1943) 67 CLR 116 Latham J.

\*\* The Honourable Michael Kirby, 'Fundamental Human Rights and Religious Apostasy' (Speech delivered at the Queensland Conservatorium, Griffith University, 16 November 2007). Referring to International Covenant on Civil and Political Rights 1966 Article 18. Australia is a signatory to the declaration.

### A response from a residential aged care provider

#### St Andrew's Village, Ballina

In 2003 St Andrew's commenced planning a major redevelopment of its facility at a total cost of approximately \$11.6 million.

During this planning stage, the idea of including a chapel was raised and the Chairman of the Board at that time wanted to ensure that this should have a multi-denominational capability in order to meet the spiritual needs of residents and visitors alike. With this in mind, the Board discussed how this could be achieved and so it was agreed to seek opinions and ideas through the Residents' Committee, staff and also from the Anglican priest at the time.

In looking to the future and the maximum use of available space, the chapel was set up with IT equipment so that Sunday services could be recorded, or religious services viewed via the internet on a fully retractable screen if desired. This equipment allowed the room to be used as a multi-purpose room for staff education or meetings.

The design of the room featured four windows, with a large cross placed on the centre of the front wall and a lectern standing beneath at the cross – the usual way a chapel was set up.

To be more acceptable to people of multi-denominational faiths, it was agreed that the stained-glass windows would not have the customary images of Jesus Christ or other biblical personages, but rather illustrations of the natural flora and fauna native to the Far North Coast.

It was also decided to enclose the cross within a cabinet so that it could be concealed behind doors to accommodate different denominational groups' religious backgrounds and still allow access to the other equipment (eg, lectern or organ) available.

The success of the design and utilisation of our chapel is certainly a credit to the forward-thinking Chairman and Board of that time, who were willing to undertake this development with an empathetic awareness of needs in the future.

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

# Stay on your feet

Providing resources to establish a falls prevention program in the community, the *Queensland Stay on your Feet Community Good Practice Toolkit* is based on a four phase model - investigate, plan, implement and review evidence based falls management.

The toolkit includes up-to-date resources and focuses on achieving a measurable and sustainable falls prevention program in the community based on multiple stages of evaluation – process, impact and outcome evaluation.

This approach may be applied to the evaluation of any project in residential aged care and promotes sustainable continuous improvement.

Resources include a simple checklist for identifying if a person is at risk of falls. A more comprehensive checklist is also available to assess the full range of risk factors.

The resource can be found at <http://www.health.qld.gov.au/stayonyourfeet/toolkit/default.asp> A CD version is also available by email order: [stayonyourfeet@health.qld.gov.au](mailto:stayonyourfeet@health.qld.gov.au)

## The National Falls Prevention Best Practice Guidelines

The Australian Commission for Safety and Quality in Health Care has developed guidelines for the prevention of falls in acute care, community care and residential aged care settings.

*Best Practice Guidelines Preventing Falls and Harm from falls in Australian Hospitals, Residential Aged Care and Community Care* was developed to reduce the incidence and impact of falls experienced by older people in care.

Guidelines are available specific to residential aged care as well as for other care settings. Easy-to-use guidebooks and fact sheets are also available for download at [www.health.gov.au/internet/safety/publishing.nsf/Content/FallsGuidelines](http://www.health.gov.au/internet/safety/publishing.nsf/Content/FallsGuidelines).

# Effective information systems

The effectiveness of information systems impacts on the overall performance of a home. Gaps in a home's information system can lead to non-compliance in one or many expected outcomes.

Expected outcome 1.8 Information systems had the highest incidence of non-compliance in the last two accreditation cycles in 2006 and 2009. While incidence of non-compliance has continued to reduce since the introduction of accreditation in 2000, these results indicate that information systems are the most vulnerable to systemic breakdown.

The one-day course on information systems helps participants develop and maintain effective information systems to facilitate the improvement and maintenance of high quality focused care for residents.

Participants will develop an understanding of the essential components that make up effective information systems. This course helps participants develop strategies to critically analyse and strategically implement changes to existing information systems.

| Effective information systems |            |
|-------------------------------|------------|
| 2 December 2010               | Naracoorte |
| 10 February 2011              | Orange     |
| 10 February 2011              | Brisbane   |
| 16 February 2011              | Mildura    |
| 24 February 2011              | Perth      |

## Courses and locations

| Understanding accreditation: a practical toolkit for homes<br>– three-day course |            |
|--|------------|
| 1-3 November 2010  | Adelaide   |
| 9-11 November 2010   | Adelaide   |
| 29 November – 1 December 2010  | Brisbane   |
| 6-8 December 2010  | Parramatta |
| 15-17 February 2011  | Parramatta |
| 28 February – 2 March 2011   | Brisbane   |
| Victorian courses are now hosted by Aged and<br>Community Care Victoria (ACCV)   |            |

| Managing risk to avoid non-compliance |            | Making Support Contacts work for you |            |
|---------------------------------------|------------|--------------------------------------|------------|
| 3 November 2010                       | Wollongong | 15 November 2010                     | Sydney     |
| 23 November 2010                      | Adelaide   | 16 November 2010                     | Melbourne  |
| 9 December 2010                       | Toowoomba  | 23 November 2010                     | Brisbane   |
| 14 March 2011                         | Perth      | 26 November 2010                     | Perth      |
| 18 March 2011                         | Albury     | 8 December 2010                      | Canberra   |
|                                       |            | 15 December 2010                     | Bairnsdale |

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

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offered

# Mind over matter

An older person's attitude to falling can influence the likelihood of them having a fall, according to new research.

The study, led by Professor Stephen Lord from Neuroscience Research Australia, included 500 Australians between the ages of 70 and 90. Research found that elderly people with a low perception of their risk of falling had a lower incidence of falls compared with those with a similar physiological profile and a more accurate perception of their likelihood of falling.



"We think that having a positive outlook helps people keep active, which protects against falls," Professor Lord said.

Dr Kim Delbaere, a postdoctoral researcher on the project, said that these findings suggest that "just by being active this group of participants reduce their falls risk".

The study also supported previous research that indicates elderly people are at higher risk of falling if they are overly fearful of falling. "Fear leads to a downward spiral for older people" said Professor Lord.

"When older people fear falling, they become less active and lose strength and balance".

The study has implications for how falls risk assessments are undertaken. According to Dr Delbaere, falls risk assessments should include a falls risk perception measure as well as a measure of physiological factors such as balance and muscle strength to more accurately assess falls risk.



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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