

## Important accreditation news

In May this year, the Minister for Ageing, Senator the Hon Santo Santoro announced a number of budget initiatives relating to aged care. He announced that all Australian Government funded residential aged care homes will have at least one unannounced visit each year by the Aged Care Standards and Accreditation Agency, and that the target average number of visits to homes would be 1.75 visits per home each year.

In line with the Minister's announcement, the Agency will be increasing the number of unannounced visits that we conduct to aged care homes. This means that in 2006/07, as we move out of the peak accreditation audit period, the majority of visits to homes by assessors will be unannounced.

For some time, our practice has been to write to the approved provider soon after a site audit, review audit or support contact and provide information about the timing of future visits. Naturally, there can be no advice of an unannounced visit. Where an announced visit is planned, the timing of the visit will be advised.

This means that any correspondence previously



provided about planned dates for support contacts no longer applies.

There will be a focus on key aspects of care and services as part of our national program of unannounced visits. In addition, there may be specific matters covered in unannounced visits for particular homes that will apply on a case-by-case basis. This may occur where non-compliance has previously been identified at a home or where there are specific matters that the Agency wishes to follow up.

Timing of site audits will continue as per the current arrangements, to ensure approved providers can advise residents, their relatives

and representatives of a pending audit by the Agency so that they can request to meet the assessment team, as provided for under the *Accreditation Grant Principles 1999*.

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## Just a word...

When people mention to me that the amount of paperwork required for accreditation is excessive, my response is that other than the application for accreditation which requires a self-assessment, we do not expect documentation other than that which would normally form part of a quality management system, directed to providing quality services to residents of an aged care facility.

Documents such as policies, procedures and plans are part of any well-run business. In fact, the Agency has a raft of our own policies, procedures, forms and guidelines available on our Intranet for staff to follow. And we must show that those policies and procedures are being followed as part of our own accreditation against ISO 9001:2000.

There are eight parts to the quality management system of ISO, under which the Agency is accredited,



covering five main areas of assessment: quality management system, management responsibility, resource management, product realisation and measurement analysis and improvement.

This includes actively seeking customer feedback to assist us in understanding our customer needs and improving our processes; ensuring that our staff are suitably trained, maintaining and improving their skills and that any suppliers and contractors are

reviewed with respect to their delivering in achieving our plans.

It also requires that records are kept and enable verification that the processes work according to plan and provide means for reviewing, measuring and analysing our processes, results and feedback.

These requirements are valid for any business in today's world, and in order to achieve our goals, we need to ensure that we have appropriate policies and procedures in place to satisfy our own customers' demands, not just in order to meet any external accreditation.

I suggest that if you have paperwork you are keeping solely for accreditation, you could review that decision.

A handwritten signature in black ink, appearing to be 'Mark Brandon', written in a cursive style.

Mark Brandon  
Chief Executive Officer

## Aged care – increased unannounced visits for residential aged care homes

### Why is this important?

- While the majority of aged care homes are providing quality care all year round there is a small minority of providers who must improve the safety and security of the vulnerable elderly people living in their homes.
- Visits by the Aged Care Standards and Accreditation Agency will increase substantially to around 5,200 per year, including some 3,000 unannounced visits, with all homes receiving at least one unannounced visit per year. These extra unannounced visits will focus on care standards and provide an incentive for the consistent delivery of high quality care.

**Unannounced visits are becoming a feature of accreditation in human services and recently the National Childcare Accreditation Council advised that all validation visits (what we call 'site audits') will be conducted as unannounced from 1 July this year.**

### Who will benefit?

- Over 194,000 residents each year in Government funded aged care homes, their families and the public will have greater confidence in the quality of care.

### What funding is the Government committing to this initiative?

- The Government will provide new funding of \$8.6 million over four years for this initiative.

### What have we done in the past?

- In 2004-05, the Agency undertook 4,438 visits, including 563 unannounced visits, with all homes receiving at least one visit.

### When will the initiative conclude?

- This initiative will be reviewed in the 2010-2011 Budget.

*(from Australian Government Department of Health and Ageing Budget documents May 2006)*

# Hip protectors save the day

Research in the March issue of the *Australasian Journal on Ageing* has confirmed that wearing hip protectors reduces the risk of hip or pelvic fractures and that they are a potentially cost effective strategy to reduce the incidence of fractures.

## The study

- 12 residential aged care facilities - total of 562 resident places
- monitored and evaluated the use of hip protectors over six months
- series of surveys, completed by the falls prevention coordinators.

Over the period of six months there were 557 falls, 283 by males and 274 by females, of an

average age of 83 years. As a result of these falls there were 13 hip or pelvic fractures, and of those, 11 neck of femur fractures.

Findings suggested that males were more likely to be wearing hip protectors at the time of a fall – 49% of male residents that fell were wearing a protector and 36% of females.

Residents wore hip protectors in 42% of the falls. Of the 11 falls that resulted in a fractured neck of femur, two occurred while the resident was wearing hip protectors.

The study's results suggested that if none of the residents were wearing hip protectors during the

study, there would have been 19 fractures (pelvic or neck of femur) instead of 13.

In 96% of the falls reported, the resident who fell had been screened with a fall risk assessment tool, and in only 60% of cases was the resident allocated hip protectors. All residents that fell should have been assessed as needing a protector due to their high fall risk. The study suggests that the effectiveness of fall risk assessment tools requires further investigation.

Find out more in: "Effect of hip protectors in residential aged care settings" in *Australasian Journal on Ageing*, Vol 25, No 1 March 2006.

## Assessing in Accreditation - new course for industry

### Assessor course (four days)

For those who want to know more about aged care assessment and accreditation, and to conduct audits in your own facility.

Now a course is available to help you better understand the assessment process. This course will equip you with the knowledge and skills to carry out internal assessments within your organisation, leading to improved internal monitoring of performance and continuous improvement processes.

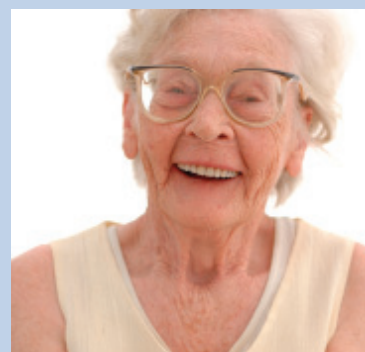
This course can help you to ensure your home maintains compliance with the Accreditation Standards between visits from the Agency and to identify continuous improvement opportunities.

### The course covers:

- Overview of residential aged care
- Fundamentals of auditing and legislative requirements
- Conducting the audit and evidence collection
- Reporting on an audit.

Senior Agency assessors who have a wealth of knowledge in assessment and experience in adult learning, will facilitate the course. The course will have limited participants so there is plenty of time for individual attention and the opportunity for one-on-one tuition.

If you are interested in knowing what assessors do, then this is the course for you.



Cost: \$825 including GST

For more information, visit [www.accreditation.org.au](http://www.accreditation.org.au) or phone 1800 728 589.



## Work, laugh and play - Hedley Sutton Community, Vic

Hedley Sutton Community's extensive lifestyle program has led to their Better Practice in Aged Care Award.

The lifestyle program has been tailored to the specific needs of the residents and ranges from doll therapy to volunteering within the home, tai chi and laughter therapy.

### Tai chi

Based on research the tai chi program has been highly successful, with monitoring showing improvements in residents' posture, mobility, strength, effort and energy. The classes have expanded with some of the more experienced residents taking on a mentoring role among the newcomers.

### Doll therapy

Doll therapy has focused on recognising the resident for who they are (parent, grandparent, great-grandparent) rather than on their challenging behaviour. The therapy has proved successful in providing an opportunity to give and receive unconditional love, to minimise agitated or intrusive behaviours and to provide a tool for structured reminiscence sessions.



### Laughter

The "Laughter boss" program is based on the concept that laughter in the aged care facility meets quality of life and psychosocial issues. Staff are trained in laughter therapy with the aim of the program being to create bonds, be nourishing, help improve coping, be supportive, give cognitive control, provide positive diversion and increase the 'smile age factor'. Residents collect jokes and funny stories and share them with each other and

staff in the Laughter Corner Group each week.

### Residents as volunteers

Residents are encouraged to remain active and are supported to do voluntary work around the facility. Residents run the exercise program under supervision; run the kiosk, visiting in the nursing home, and assist with activities including the bus, shopping and pet therapy. This helps to increase self esteem and to feel valued for the contribution to their community.

## Food for thought - Bapcare-Westhaven Community, Vic

Westhaven Community received a Better Practice in Aged Care Award for its food services program, which demonstrates a high priority on customer service, choice, resident involvement and cooperation.

For a home with 127 residents, it can be difficult to tailor recipes and menus to suit individual needs and preferences, however Westhaven Community manages

to do just that despite its large culturally and linguistically diverse mix of residents.

At Westhaven the food selection and menu planning is entirely responsive to residents. Food services are part of the agenda at every resident meeting. The chef personally visits each of the six dining rooms during the week to ensure that even those who don't attend residents' meetings have

an opportunity to give feedback and comment on the food.

Each dining area is attended by the same six staff every day. This means that the catering staff get to know the residents very well and personally tend to the needs of the smaller groups of residents dining in the area.

To read more about this award, go to [www.accreditation.org.au](http://www.accreditation.org.au)



## Dying with dignity, home becomes a choice - Baptcare-Westhaven Community, Vic

Westhaven Community has been awarded a Better Practice in Aged Care Award for their resident-focused palliative care program that is based on the belief that all residents have the right to die in comfort and dignity in their place of choice and to have someone with them when they die.

There is a multi-disciplinary approach to palliative care, with involvement from nursing staff, medical practitioners, hospice staff, pharmacy, physiotherapy, aromatherapy, music therapy and massage; as well as the family and resident.

Education is key to the program, including:

- education and training in using syringe drivers for optimal pain relief. This enables residents to remain in the home to receive adequate pain relief
- training in sub-cutaneous fluid replacement to ensure resident comfort and to keep residents in the home rather than having to transfer them to hospital for fluid replacement

- staff also receive extensive training in assessing pain, developing pain management plans (in consultation with the resident and health care team) and evaluating pain relief measures; as well as complementary therapies for those residents who may use this in conjunction with medical treatments.

Staff make special efforts to ensure those residents without family are cared for and not alone, not only when dying but afterwards. Management have a policy that extra staff can be rostered on to stay with a resident if no family is available or if a family or resident require extra support during that time.

The Clinical Nurse Specialist meets with the resident's relatives and friends following death to support them during the grieving process and to then gather their feedback on the palliative care program.

Staff almost always attend resident funerals and a memorial service is held in the home for other

residents to grieve and remember those who have died.

Feedback from residents and relatives has been overwhelmingly positive about the sensitive response by staff to the needs of residents in the terminal stages. The program's effectiveness is demonstrated by the number of cards and letters from families thanking the home for making the palliative care process comfortable and dignified.

Current residents have commented that they feel confident that their own passing will be comfortable and in the familiar surroundings of their own home as they have seen this to be the case with other residents at Westhaven.

Staff can debrief at a formal session held by the clinical nurse specialist and chaplain and they can also meet privately with the chaplain. Staff say they feel confident that they can provide excellent palliative care and are able to give residents and their families a peaceful and dignified death.

## The architecture of living - Adelaide Senior Citizens Village, SA



### Architecture and healthy ageing

Adelaide Senior Citizens Village, run by the Italian Benevolent Foundation, has been awarded a Better Practice in Aged Care Award for its architecture and healthy ageing study conducted in conjunction with the University of South Australia.

After the village had undergone development, the University sought views from current residents, their families, staff and managers, as well as older people living in the community, about the ideal residential aged care accommodation.

### Private and communal space

Results showed that the usage of common and private areas were distinctly varied between people of differing cultural backgrounds, with those of culturally and diverse backgrounds enjoying the communal areas and the company

of others far more than 'mainstream' residents who tended to enjoy their own space.

It was discovered that special rooms developed for quiet time or private family group meetings were not utilised. They preferred communal areas. As a result, the home has adapted its communal area to provide more space for people and families to come together and the 'quiet' areas adapted to become a men's room with billiard table, music room, library and snoezelen room.

### Single or twin-share?

While some older and experienced staff believed that some residents enjoyed company, and that twin shared rooms still had some value, this was completely discounted in the research, with every resident enjoying their own room with private facilities. They elected to go to communal areas or seek out a friend when they wanted company.

### The kitchen connection

The report recommended positioning the kitchen to make sure it is incorporated into the residents' space. At the Adelaide Senior Citizens Village, there are a number of small kitchen/dining areas where meals were mainly served. Meals are prepared in a larger kitchen in the home.

Residents said they'd like to be involved in the cooking process, interacting with kitchen staff and smelling the food during preparation. The home now prepares more meals in the smaller kitchens with residents participating in the whole process, as an alternative to a 'cooking program' as part of an activities program.

The results of this research will be used by the Italian Benevolent Foundation when they soon embark on another new development, to ensure residents' lifestyles are further enhanced by their environment.

## The Knitting Room - Strathaven High Care and Low Care Facilities, Tas



Strathaven High and Low Care Facilities (run by Strathcare) in Tasmania have been awarded a Better Practice in Aged Care Award for *The Knitting Room* Project, a community arts project which is so successful it's become a tourist attraction!

*The Knitting Room* is a collaborative labour of creativity, laughter and memories, which is bringing to life part of a 1950s home. The creative process is centred around older citizens, who are rarely associated with this type of project, and harnesses their knitting, crocheting, weaving and stitching skills in an unexpected way.

A work in progress, *The Knitting Room* consists of a front garden with its white picket fence and a white car tyre swan ornament, through the hallway to the dining and living rooms where mum irons, the kids play and dad reads his newspaper, past the 'blue corner' (an acknowledgement of depression in later life) and through the backyard, complete with veggie patch, gum tree, chooks and the ubiquitous

outdoor 'dunny'. Everything within the display has been magically conjured entirely from threads and fibre and glowing with vibrant colours.

With approximately 300 participants from Strathaven and the wider community, including other residential care homes and community groups, and ranging from 10-95 years of age, the project has managed to capture the imaginations of young and old and created intergenerational links within the community.

Exhibited a number of times *The Knitting Room* has been overwhelmed with visitors and media interest. In May 2006 at the Moonah Arts centre the exhibition attracted over 3000 visitors both locally and interstate. The support from the media continues to assist in promoting a positive face to ageing.

*The Knitting Room* project is a celebration of life, of creativity and of relationships in situations where it is not expected.



**Perth**

**19-20 October 2006**

**Melbourne**

**23-24 November 2006**

**Better  
2006  
Practice**

To register for any of the events go to  
[www.accreditation.org.au](http://www.accreditation.org.au) or phone the events team  
on 02 8831 1028.

# Safe and sound?

A study by the Commission for Social Care Inspection in the United Kingdom has found that the recruitment and vetting of care staff is one of the poorest areas of performance in regulated social care services in England.

An analysis of 150 inspection reports indicated that the poorest performing services consistently did not implement adequate pre-employment checks and reference checks for all staff; and did not implement robust recruitment policies and procedures.

The report says that employers can improve their recruitment and vetting practices by improving: verifying the suitability of new care staff; robust written policies and procedures; application and

interview process and getting people involved.

The National Minimum Standards for care services in UK include the following references to the recruitment of staff:

- A written, robust policy and procedure is in place for the recruitment, selection and vetting of staff
- All candidates for employment complete an application form
- Satisfactory Criminal Records Bureau disclosure
- Satisfactory Protection of Vulnerable Adults (PoVA) checks.

However, the report goes on to say that a robust vetting scheme alone will not necessarily safeguard those in care. Pre-employment checks are just one of the tools available to employers to assess the suitability of care staff. Once employed, ongoing supervision and training of staff are crucial. Managers need to create and maintain an open culture so that people feel safe to challenge poor care practices.

A copy of the report in *InFocus Quality issues in social care* is available from the Commission's website [www.csci.org.uk](http://www.csci.org.uk). Click on 'about CSCI' and then choose 'publications' and search for 'Safe and Sound'.



## Classic car outing

*Residents from St Andrews Village in the ACT enjoying the annual Classic Car Outing, with about 30 residents having a ride and reminiscing, the men particularly interested in technical details and the women admiring the beauty and the social event.*



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