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## Harmony in urban oasis

**O**n a triangular block, amongst Sydney's inner-city terrace houses and art decor warehouses, sits an aged care facility with a difference.



This bright and airy four-storey building is home to 60 residents, whose previous addresses included department store doorways and park benches. Jill Bicknell, Manager of Care Services for Mission Australia's Charles Chambers Court in Surry Hills, says most of the residents either have no family or have lost contact with them years ago. Unlike many aged care homes, almost all of the residents were in-house for Christmas lunch because there was no alternative.

There was an air of excitement within the Home before Christmas as residents rested after a huge seafood lunch which

included smoked salmon and Christmas pudding, sang Christmas carols and

talked about last year's Christmas presents and what was on their "wish lists" this year.

Without family and few friends, Christmas can be a lonely time but Jill Bicknell says through the efforts of the National Office Corporate Sponsorship staff she has managed to co-opt the support of some corporate sponsors who help make social events

something special for these residents. Most had put their names down on a wish list with suggested ideas as simple but significant as 'new socks', or 'plastic headband or toiletries', 'a grey T-shirt' or a 'summer dressing gown'. Through the support of the financial sector corporate sponsors, presents with a personal greeting, turned up for opening on Christmas Day.

The Home was accredited for three years in September 2003, and the report on the Agency's website tells the story of why most of the committed staff have been there for years – some for the six years of the life of the Home.



*The smile says it all. Resident, Beryl Spinaz enjoying hot chips on an outing to Bronte Beach*



*Residents enjoy a game of chess*

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# Just a word...

Applications for the next peak in accreditation begin flowing into our offices from April, reach a steady stream by August, and then continue in a solid block between December and March 2006.

During the last 12 months the Agency has reviewed and sought continuous feedback on all of its processes, so when people ask me what are the major changes expected for Round 3 they seem relieved, or disappointed, when I reply "not a lot". The key themes and approaches will not change although we are certainly looking to move forward.

Through the continuous improvement process, and within the framework provided by the legislation, any changes we make



will reflect the need to simplify the paperwork and reach even more towards a results and resident focus.

The application form is being revised and although the current one will continue to be valid for some time, it is intended the new

one will be easier to fill in and of course we hope most will take advantage of being able to apply electronically

We are planning to produce a DVD for release to all homes in the coming months which will provide some clear instructions, but I am confident that after doing this twice, many people understand what is required and see accreditation as simply a process that captures what they do already.

In this issue we are announcing our Better Practice seminar dates and plans for the year. We have decided to continue with State-based events and practical and interesting speakers who will lift our sights towards "better practice" and the quality of life for older Australians.

Mark Brandon  
Chief Executive Officer

## Nurse practitioners – the future of aged care?

The ACT is standing on the threshold of pioneering Nurse Practitioner models of care that will reshape the future of aged care service delivery within the ACT.

### What is a nurse practitioner?

The role of the nurse practitioner is being integrated into different models of health care delivery both in Australia and internationally. The nurse practitioner role builds on and extends the role of advanced level registered nurses. This may include prescribing medications, ordering investigations and making referrals to other health professionals. The nurse practitioner's scope is specific to the area they are registered to practice.

In the ACT, extensive preparatory work has been undertaken and

continues to establish a safe and conducive environment that supports the role of nurse practitioners. Amendments to legislation, the introduction of a Master of Nurse Practitioner course at the University of Canberra and development of an ACT Nurse Practitioner Framework will offer guidelines and practical information to prospective employers and potential nurse practitioners.

### Aged Care Nurse Practitioner Pilot Project

A jointly funded Australian Government and ACT Health project is underway in the ACT. The purpose of the year-long project is to investigate the potential impact of the nurse practitioner role in health service delivery for the aged care population of the ACT and provide information about the impact of the

role on selected health care outcomes. Three experienced registered nurses who are student nurse practitioners studying for the Masters of Nurse Practitioner at the University of Canberra will undertake clinical placements across the continuum of care in:

- residential care (nursing home)
- the community/neighbourhood, and
- two acute care hospitals.

The project will draw on input from community and professional organisations and other experts across the ACT. The Research Centre for Nursing Practice at The Canberra Hospital will also play a pivotal role in the evaluation of the project.

The project is due for completion in June 2005. If you would like any further information, please contact ACT Chief Nurse, Jenny Beutel on (02) 6205 5128 or the Project Manager, Sonia Hogan on [sonia.hogan@act.gov.au](mailto:sonia.hogan@act.gov.au).

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Jill Bicknell considers that the staff are special people in the first place, but concedes that the inclusive way the Home is managed also helps. Every staff member, including the maintenance man, the personal carers and the chef, is involved in some way with feedback and continuous improvement. Staff take turns to chair the monthly continuous improvement meetings, and all staff are involved in the regular audits and surveys. In-house education has also played a major part in their motivation and job satisfaction.

Jill says there is never any problem getting resident feedback. She laughs that, instead of the reluctant muttering and the occasional whinges found in some places, her residents are used to "in your face" comments, which are short and sharp and help sort out any dissatisfaction pretty quickly. The resident meetings, as well as the daily organised activities, are well attended.

Jill seems meticulous about the internal appearance of the Home. Each resident has their own room with an ensuite bathroom. Each level is brightly painted with plenty of natural light and views from the lounges at either end.

A four-weekly and seasonal menu adds to the sense of well-being. Jill says a former Swiss chef and the current Austrian chef manage to provide healthy and hearty meals to help nourish residents who for years have neglected their diets.

There is also a monthly BBQ in the outdoor area behind the façade of an old church, and more recently, through the help of the corporate sponsors and volunteers, there have been outings.

Residents are still talking about the November bus trip to Bronte Beach where they ate fish and chips, soft drinks and icecreams, a treat for residents more used to an

inner-city street life with very little to smile about in their past.

The behaviour management of about 10 active alcoholics proved an initial challenge.

Initially alcohol was completely banned, but this just led to covert binge drinking. Now there is a small allowance and a policy of harm minimisation, and everyone remains happy with this negotiated outcome. Those with mental problems are case managed with the help of professionals from Caritas. With the help of early detection, and discussion amongst all staff on the use of alternative therapies and behaviour management, Jill says there are rarely any disturbances.

Students from two schools, Sydney Grammar School and Loreto at Kirribilli, build special activities for the residents into their school year. The boys' school students visit regularly to play chess or dominoes. The girls' school students come once a week and, with the Recreational Activities Officer, participate in activities like playing a game of

The Price is Right, that help build social skills and contact with the outside world.

The corporate sponsored morning teas have also been a big hit. "Special food and a chance to chat to someone else, and the possibility of winning a door prize make them attractive," Jill says.

"Most people wouldn't realise that people here have birthdays that go unrecognised because there are no family or friends. So a door prize, or small gifts brought by the corporate sponsors' staff, fill that gap. They are so special."

There is no doubt Charles Chambers Court is an inner-city oasis making the most of its resources with its focus firmly on making a difference and providing a safe and comfortable home for the community it serves.

Further details: Jill Bicknell on (02) 9211 9070 or email: [bicknellj@mission.com.au](mailto:bicknellj@mission.com.au) or the Mission Australia website: [www.missionaustralia.com.au](http://www.missionaustralia.com.au)



*Volunteers Lena and Dawn with resident Peter Turvey at Bronte Beach*



*Charles Chambers Court residents Ellen Anastasioy and Ellis Brooks take a stroll down Bronte Beach*

# Profile:

## Bridget Paul – Aged Care Quality Assessor



### Qualifications

Bachelor of Social Work, Bachelor of Arts (Psychology and Sociology), currently completing Masters of Administrative Law and Policy, and, registered Aged Care Quality Assessor (Quality Society of Australasia).

### Did genes, environment, destiny or accident get you here ?

My urge to advocate for a disempowered group, but at the same time get out of “grassroots” social work.

### Why did you choose this area of work ?

I was working as a social worker in geriatric rehabilitation but wanted to move into a more policy/regulatory area. One of my first jobs was working with war veterans and other seniors and I actually found that aged care was far more rewarding than other areas that I'd worked in, so wanted to stay in the industry.

### What do you do ?

I assess nursing homes and aged care hostels on behalf of the Agency to ensure they are meeting basic standards set by the

Federal Government according to a list of 44 Expected Outcomes. I also provide informal education to services and encourage them to continuously pursue best practice and set new benchmarks. Ultimately, I am working with other assessors and other bodies such as the Commonwealth government to ensure people living in aged care homes receive adequate care and enjoy a comfortable lifestyle.

*“I found that aged care was far more rewarding than other areas.”*

### Toughest part of the job ?

It gets tiring sometimes with the travel and reports.

### Most satisfying part ?

Seeing a positive effect on the residents through the work of the industry and the Agency.

### How do people see you ?

Generally I think the industry and residents/resident representatives are very positive towards us, but sometimes people don't really know what we do, so in general outsiders to the industry give us a bit of flack sometimes. I think a lot of people think we're somehow scary, but we're really not like that at all.

### What are you proudest of?

Being able to calm down anxious staff members at services and becoming a senior quality assessor.

### What you need to become an assessor

- At least four years full-time (or equivalent part-time) experience in a professional or management position of accountability involving decision-making.  
OR must be a Registered Nurse.
- Before being appointed, you need to complete a five-day Aged Care Quality Assessment Course with an approved course provider.
- A history in any of the following is highly regarded: aged care, social work, audit or quality management, nursing and allied health management systems.
- Travelling to aged care homes throughout the state is part of the job. A driver's licence is essential.
- Assessors can work either as employees of the Agency, or as a contractor.

Recruitment is conducted in 'rounds', where a group of assessors is appointed at the same time. For more information visit [www.accreditation.aust.com](http://www.accreditation.aust.com).

# Accreditation Innovation

**A**utumn Lodge Village in Armidale NSW has found an innovative way to ensure it is meeting the Accreditation Standards.

Every 18 months, the Village runs mini self-assessments involving board members, staff, families and residents. Their first mini self-assessment was in 2002 in preparation for Accreditation Round 2 and they have just completed the pre-Round 3 mini self-assessment.

Deputy CEO, Ms Indra Arunachalam explained that the Village has a Consultative Team in charge of quality. This team is broken up into four sub-teams each responsible for addressing one of the four Standards.

Prior to the self-assessment, the team holds an information day for residents and families to inform them of the processes and procedures of accreditation.

“We encourage as much participation as possible,” said Ms Arunachalam.

“Through the mini self-assessments we get to hear how families and residents perceive the Village. It is also an avenue for residents and families to let us know about problems and issues they might have and then to actively be part of the solution to these problems.”

“Often people don’t know what goes on in the engine room. So by participating in the self-assessment, our residents and their families know something of the work that is involved.”

Feedback from stakeholders has resulted in the following outcomes for residents:

- Upgrading of facilities so that every resident enjoys the privacy of a single ensuited room
- Commencement of work on an ecumenical chapel for spiritual needs
- Planning for a purpose built high care building to facilitate ageing in place for all residents including those with late stage dementia.

Self-assessment has also meant that the Village is well prepared for



*L to R standing: Liz O'Brien (QA Coordinator), Indra Arunachalam (DCEO), Pauline Feltham (Personal Carer)  
L to R sitting: Mrs Margaret Alabaster, Mr Allan Phillips, Mrs Mryl Harnett*

site audits and support visits by the Agency.

“When the site audit happens, everyone says the same thing because we have been through the continuous improvement process together.

“This involvement empowers the residents, their families and staff to be an influencing factor within the organisation to ensure the delivery of quality care,” Ms Arunachalam said.



## Do you have an evacuation plan?

In the event of bushfire, flood, blackout, storm damage or building issues, residents may need to be evacuated quickly.

Does your home have an evacuation plan that you have regularly practised? Where would the residents go? How would you inform families? How do you ensure residents’ needs are still met and that they are still cared for?

At RSL Veterans’ Retirement Village in Narrabeen NSW, a ‘grab pack’ has been developed as part of their evacuation plan for the nursing home. The grab pack contains information on all the residents’ special needs, as well as colour-coded bracelets to

indicate their requirements (eg dementia, respiratory issue). This is helpful for unfamiliar carers or volunteers who may be looking after residents during the evacuation and in their new location.

Being on the edge of acres of bushland, management and staff practise the evacuation plan regularly, and keep the grab pack updated – weekly during normal times and daily during the bushfire season.

To find out more about the RSL Veterans’ Retirement Village’s evacuation plan and ‘grab pack’, contact Jenny McLure via email on [jenny.mclure@rslrv.com.au](mailto:jenny.mclure@rslrv.com.au).



## Maintaining residents' oral and dental care

**W**ith more older people keeping their teeth later in life, carers are presented with many challenges in ensuring that residents' oral and dental care is maintained.

A particular challenge for carers is maintaining the dental care of residents with dementia who may be unwilling to co-operate in their oral and dental care. Indeed, a dental study in Adelaide nursing homes conducted in 1998-99 showed that severely cognitively impaired residents had the highest levels of oral disease.

Inadequate oral hygiene can lead not only to increased tooth decay but also have more serious consequences, for example, the accumulation of plaque has been associated with an increased risk of aspiration pneumonia. This is due to the accumulation of bacteria which is then breathed into the lungs, particularly when eating. There is also increasing evidence

of a link between periodontal (gum) disease and cardiovascular disease.

Carers should also be aware that dental problems can lead to other associated problems. Sleep problems, loss of appetite, weight loss and even behavioural issues can all be symptoms of dental problems.

Individual medicines and poly-pharmacy can also have an adverse effect on the oral health of residents. Many of the medications commonly taken by older adults can affect saliva, resulting in a dry mouth (which can affect swallowing) or over-production of saliva. Low levels of saliva result in the oral environment becoming more acidic leading to dental decay. Medical or dental practitioners can advise on treatment options to relieve residents' symptoms. For example, the use of water and water-based rinses or sprays can provide relief from a

dry mouth. Crushed ice may also provide some relief and topical preparations to replace saliva are available.

When planning, oral health matters should not be dealt with in isolation but rather should be part of a holistic approach taking into consideration related issues such as diet, nutrition, speech therapy and meal times.

The care plan could include information about the resident's oral status, the type of care required as well as problems encountered with the provision of care. As a resident's oral status or self care abilities may change over time, care plans should be regularly updated, reviewed and evaluated.

### Resources

A useful resource is 'Practical Oral Care – a video for residential care staff' and the accompanying booklet published by Alzheimer's Australia (SA) together with the Australian Dental Association and Colgate Oral Care. It is available by contacting Alzheimer's Australia on 1800 885 088.

Another useful resource is the Best Practice Information Sheet "Oral Hygiene care for adults with dementia in residential aged care facilities", published by The Joanna Briggs Institute. Call 08 8303 4880 or visit the website [www.joannabriggs.edu.au](http://www.joannabriggs.edu.au)

## Better Practice 2005

In response to the overwhelming feedback for more information about better practice in aged care and to ensure an improved quality of life for older Australians, the Agency will host Better Practice events across Australia in 2005.

Visit [www.accreditation.aust.com](http://www.accreditation.aust.com) for more details.

**The events planned for 2005 are:**

### South Australia

Adelaide  
19 & 20 May

### Tasmania

Launceston  
17 June

### New South Wales

Sydney  
21 & 22 July

### Victoria

Melbourne  
25 & 26 August

### Queensland

Brisbane  
29 & 30 September

### Western Australia

Perth  
10 & 11 November 2005

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