



Cappuccino hour at Scalabrini

Submitted by Sonali Pinto, Acting Director of Clinical Governance and Practice, Scalabrini Villages



For many ageing Italian migrants, culture and beliefs are important factors that contribute to a fulfilled quality of life. At Scalabrini Village in Drummoyne in Sydney, our population is predominantly Italian ethno specific.

Our staff and volunteers have developed a resident-centred activity that embraces our residents' culture and lifestyle choices and their independence while celebrating their individuality.

The simplest way to celebrate the Italian lifestyle is by sharing a good brew of coffee with freshly baked Italian biscuits and cakes. The therapy staff have introduced 'cappuccino hour' at our local in-house piazza every Monday and Thursday.

The mornings are very popular, our residents look forward to meeting in the piazza to catch up with friends and the week's gossip. The piazza area is brightly painted to reflect the colours of Italy, with bright hues of red, blue and yellow and photos of the Italian landscape.

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Just a word



Recently I attended the ACSA conference in Melbourne and later this month I will attend the ACAA conference. I enjoy attending these conferences not only for the content of the sessions but to take the opportunity to talk with a number of approved providers and staff from homes across Australia.

The performance of the industry is a topic of much interest and with the release of results of the industry's performance since 2000, I was not surprised to hear a lot of discussion about the special edition of *The Standard* that highlighted the major findings of the analysis.

When I first presented the findings at the Sydney Better Practice event, a number of aged care specialist media representatives interviewed me about the performance and reported the good news in their publications. I was pleased to read some positive news about the industry.

Of course there is always room to improve and as I've mentioned before, I believe the key to sustainable improvement is education, which is why we've continually expanded and developed our education services to the industry which includes Better Practice events, seminars and various courses, as well as making self-directed learning packages available on

our website and making information such as our *Results and processes guide*, *Audit handbook* and assessment modules available to the industry so you can have an insight into what assessors are looking for when they conduct an assessment of your home.

We think that education is such an integral part of the Agency core business and the future of aged care that we have developed a new brand called Agency Education. As our company's name does not include 'education', we have built on the Agency's logo which is well-known and recognised in the aged care industry. You will soon start to see this branding on our education material.

Mark Brandon,
Chief Executive Officer

Better 2007 Practice

Programs available now from www.accreditation.org.

Better Practice Perth 8-9 November

Registrations for Better Practice Perth close 5 November 2007.

Better Practice Melbourne 6-7 December

Early bird registrations for Better Practice Melbourne close 9 November 2007.

Go to www.accreditation.org.au for more details, email betterpractice@accreditation.org.au or phone the Better Practice events team on (02) 8831 1028.



Playgroup brings joy to generations

While the memories of bringing a child into the world may fade a little in our more senior years, a new program at TLC Aged Care Marina in Altona, Victoria is stimulating those memories for aged care residents.

An intergenerational playgroup recently launched is the result of a trial period and a series of meetings and discussions over a number of months.

The program brings together a group of 12 parents with their babies aged five to nine months, and the residents and staff at TLC Aged Care Marina.

"The program aims to provide a safe, positive and fun environment for babies, their parents and our elderly residents," explained TLC Aged Care CEO, Ingrid Williams. "It's really helping to build a true feeling of community here," she said.



The intergenerational playgroup idea began at an intergenerational day at Sloane House, auspiced by Melbourne City Mission and Baywest Young Mum's Group.

Hobsons Bay City Council staff sought expressions of interest from aged care facilities in the Hobsons Bay area and it was TLC Aged Care Marina, Lifestyle Coordinator Sharon Oates who jumped at the opportunity.

"The program has succeeded in bringing a new parent group together with the residents and staff here at Marina," said Ms Oates. "The new parent group was looking for a meeting venue and we were keen to introduce the program as an additional interest and offering for our residents," she said.

"Our residents at Marina so look forward to the visits from mums, dads and babies," said Ms Oates.



"Residents are enjoying the opportunity to cuddle a baby and remember the birth of their own children. They're remembering and sharing their own experiences as a parent," she said.

And plans are in place for volunteers and residents to contribute to a supply of toys for the young visitors to Marina. They will be making a selection of knitted and wooden toys for the babies and the toddlers to play with.

"Everyone really is a winner with the program," said TLC Aged Care CEO, Ingrid Williams. "The parents are certainly enjoying the positive attention and interaction with their new arrivals. For some parents who don't have an extended family nearby, it really is a blessing. Their children are able to interact with older members of the community and benefit from the experience. There is a wonderful exchange of advice, information and experience. It is a pleasure to see," she said.



Australians all...

Submitted by Ann Scard, Quality Coordinator,
Coffs Harbour Masonic Village



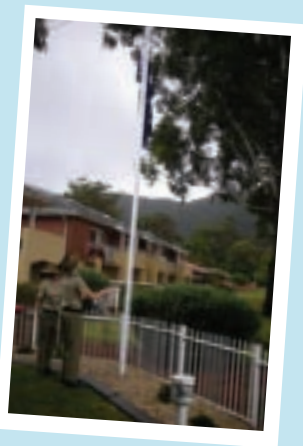
Masonic Village in Coffs Harbour NSW recently received a grant under the Federal Government's commemorations program, Saluting their service, to install a flagpole in the grounds of the Village for use on days of commemoration.

A special morning tea and ceremony was held to raise the flag, and even the rain could not dampen the spirit and pride felt by everyone when the young cadets slow marched to the flagpole.

Two residents spoke from their heart, reminiscing and expressing what the Australian flag meant to them and the local RSL chaplain performed the dedication prayer.

In the drizzling rain the cadets slowly raised the flag while everyone sang the national anthem. It was a very moving ceremony with not a dry eye in the house.

In the words of one resident: "God bless Australia and all who live in and love this island nation. May we continue to live and work in peace and unity under this great Australian flag."



No place like home

In a study reported in the *Journal of the American Geriatrics Society*, June 2007, residents in 'small-house' or 'de-institutionalised' nursing homes were found to experience a better quality of life than those in 'traditional' nursing homes.

'Small-house' nursing homes are referred to in the article as 'green houses' – they are self-contained dwellings for seven to 10 residents requiring high levels of care. Their design incorporates private rooms and bathrooms, a residential-style kitchen, a communal dining area, and accessible outdoor space.

The homes are designed like a real home environment with obvious displays of medication charts and nurses' stations avoided. This is also reflected in the home's hierarchy, with frontline workers centrally involved in decisions about day-to-day resident care.

For the study, residents, family members and staff from a 'green house' and two 'traditional' nursing homes were interviewed and results compared. Information was gathered on physical comfort, privacy, dignity, autonomy, ability to enjoy food, spiritual well-being, security, individuality, functional competence, relationships, and ability to engage in meaningful activities.

Residents of the green home reported higher satisfaction, higher quality of life and lower rates of depression, bed rest, decline in functional abilities, as well as higher scores on emotional well-being.

As a result of the study in the US, six more 'green house' facilities have been added to the initial green house featured in the study, and the Robert Wood Johnson Foundation began a replication project to open 50 green houses within five years.

More information: R A Kane, T Y Lum, L J Cutler et al., Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program, *Journal of the American Geriatrics Society*, June 2007 55(6): 832-39

Is religion good for our health?

While medical training in the western world is revolved around physical aspects of patients and their care, recent international and Australian surveys have shown that there is a need to also incorporate spiritual and religious dimensions.

There is evidence that many seriously ill people use religious beliefs to cope with illness. Studies reported in the *Medical Journal of Australia* suggest that religious people with illness have lower levels of depression,

especially when their physical condition is not improving, and experience better mental health and adapt more successfully to stress. Religious people are also physically healthier, lead healthier lifestyles and require fewer health services, according to the studies reported in the article "The importance of spirituality in medicine and its application to clinical practice."

The authors suggest that by addressing the spiritual and religious dimensions in care,

clinicians – doctors, nurses, carers – can be truly holistic and bring people's wellbeing to the forefront. Essentially it is all about patient-centred or resident-centred care.

For more information on the studies, see the article, "The importance of spirituality in medicine and its application to clinical practice" in the *Medical Journal of Australia*, Volume 186 Number 10, 21 May 2007.

Cappuccino hour at Scalabrini Continued from page 1

The atmosphere during cappuccino hour is typical of the hustle and bustle of a market square in Italy. While waiting for a coffee order, residents can roam through the smallgoods and craft shop to pick up any essentials that they need.

Residents can be overheard talking in different Italian dialects over each other. Voices carry over the noise of the cappuccino machine, with orders and suggestions on how to make just the right cup of coffee or the perfect batter for fritolli/crispelli (depending on the region of origin in Italy).

The strong aroma of coffee brings back many reminiscing moments for residents that are reflective of images of Italian culture, the



sharing and celebration of community, food and friendship.

Our talented volunteers can cater to almost any order from short blacks to cappuccinos and macchiatos. Staff have also mastered the ability to thicken cappuccino to cater to residents with swallowing difficulties while maintaining the richness and aroma of the coffee (cream froth included!).

The cappuccino mornings are made possible with the help of our valued and dedicated team of volunteers, nuns and therapy staff.

Sharing with the neighbours

With the ever-increasing change in residents' care needs and need for more age appropriate activities Justeen Sorger, the Recreational Activities Officer of Wyong Aged Care Facility in NSW was fast running out of fresh and innovative ideas.

As she knew she wasn't the only recreational activity officer who struggled to attend meetings held in the southern area of the Central Coast of NSW due to time and distance, Justeen initiated a northern area activity coordinators meeting

at Wyong Aged Care. Eight facilities were represented and lots of ideas and resources shared. The networking meetings are set to continue on a bi-monthly basis, with the meetings to be held at each of the members' facilities.

Focus on leisure interests and activities from *Results and processes guide*



Each month we are profiling some of the expected outcomes of the Accreditation Standards. This month we focus on expected outcome 3.7 Leisure interests and activities.

Assessors look for the following results:

- Management demonstrates it is aware of residents' leisure interests and activity needs and that this information provides input to leisure planning and programming.
- Management demonstrates its processes are effective in encouraging and supporting residents participate in a wide range of interests and activities of interest to them.
- Residents/representatives confirm residents are supported to participate in activities and interests appropriate to their needs and preferences.

Assessors consider the following processes:

- How does the home ensure regular assessment of residents' preferences for interests and activities? For example, is there:
 - Consultation with residents/representatives and others (for example, diversional therapists or activities coordinators) in all aspects of decision-making (assessment, planning and evaluation) regarding residents' activities and leisure needs

- Consideration of specific cultural or spiritual needs
- An assessment of the current and previous history of interests and activities for each resident
- Any barrier to participation, for example cognitive or communication problems?
- How does management demonstrate how leisure interests and activities complement and assist other care areas?
- How does the home plan for each resident's interests and activities and how is this communicated to the relevant staff? In particular the plans may include:
 - Physical, mental, social and spiritual activities as appropriate and could include group or one-on-one activities
 - Consideration of other care needs and preferences
 - Any assistive devices required to allow participation
 - Any support functions required, for example, use of taxis and other transport or ensuring appropriate membership fees are paid
 - Any strategies to overcome barriers to involvement.
- 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
 - Support for residents to attend and participate in activities as indicated



- o A varied program of leisure activities encompassing the needs and preferences of residents?
- Does the home regularly evaluate and review the approach taken to ensure residents' participation in leisure interests and activities meets residents' needs and preferences? This includes:
 - o The monitoring of staff practices which are then improved as appropriate
 - o The evaluation of the effectiveness of the programs.

Links to related expected outcomes

Expected outcome 1.6 Human resource management

There should be appropriately skilled and qualified staff sufficient to ensure residents can participate in interests and activities of interest to them.



Expected outcome 1.7 Inventory and equipment

It is expected that appropriate equipment and supplies are accessible to ensure residents can participate in interests and activities of interest to them.

Expected outcome 2.13 Behavioural management

The use of leisure activities may be one strategy considered by a home when managing and preventing the challenging behaviours of residents.

Other expected outcomes of Standard 2

Residents' physical and cognitive needs should be considered when assessing the leisure needs of each resident. Expected outcomes such as 2.13 Behavioural management, 2.14 Mobility, dexterity and rehabilitation and 2.16 Sensory loss should therefore be considered.

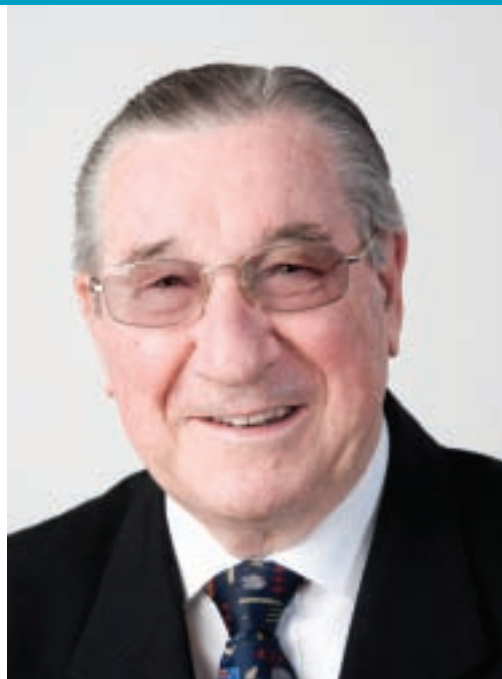


Other expected outcomes of Standard 3

Other aspects of resident lifestyle should be promoted and may be enhanced through the provision of leisure activities, for instance, activities should be culturally and spiritually appropriate, should be in accordance with residents' needs and choices, should promote dignity, should promote participation in the community as preferred by the resident, and where able, may provide a form of emotional support.

For more information on the results and processes of other expected outcomes, you can download the Results and processes guide from the Agency's website, (97 pages) or you can purchase a copy of 'The Accreditation Essentials'. Go to www.accreditation.org.au and click on 'Resources for sale: Accreditation essentials'.

Director profile - John Lang OAM



▲ John Lang OAM

The Standard is featuring a profile on the directors of the Agency.

This month, we profile John Lang.

His background includes:

- former international corporate director.
- currently serves in a number of not for profit organisations in the field of education, housing, indigenous volunteers, and aged care accreditation. He remains active in the Rotary Organisation.
- he specialises in professional services of accounting, marketing, corporate governance and aged care.

What has been the biggest change in aged care over the past ten years?

It is clear to me that the introduction of the Accreditation Standards and the Aged Care Standards and Accreditation Agency Ltd has led to an improvement in the provision of services by providers. Over the past 10 years it is patently clear that there is a much closer relationship between approved providers, the Agency and the Department of Health and Ageing as they share in the goal of improving the quality of care and quality of life of older Australians.

It has also been interesting to see the growth of many 'extra curricular' services offered to residents in order to improve their lifestyles in later years. It is to be hoped that this trend will continue.

What issues do you see facing aged care now and in the future?

I believe one of the biggest challenges facing all businesses today is that of governance. We read how organisations can be overspent by millions of dollars in just a few months. This suggests to me incorrect forecasts or a lack of control of planned expenditure – in essence this is a lack of governance expertise. Aged care is not exempt from this challenge.

Also of great concern to me is the shortfall of qualified staff available in regional and remote locations. Hopefully solutions will be found to ensure additional staff are available to meet the needs of isolated homes and residents.

I notice another current trend is the apparent growth of nursing home mergers, as they seek to enhance profitability and security of tenure. This issue is of great importance to our communities as we witness an increasing number of senior citizens.



The Aged Care

Standards and Accreditation Agency Ltd

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