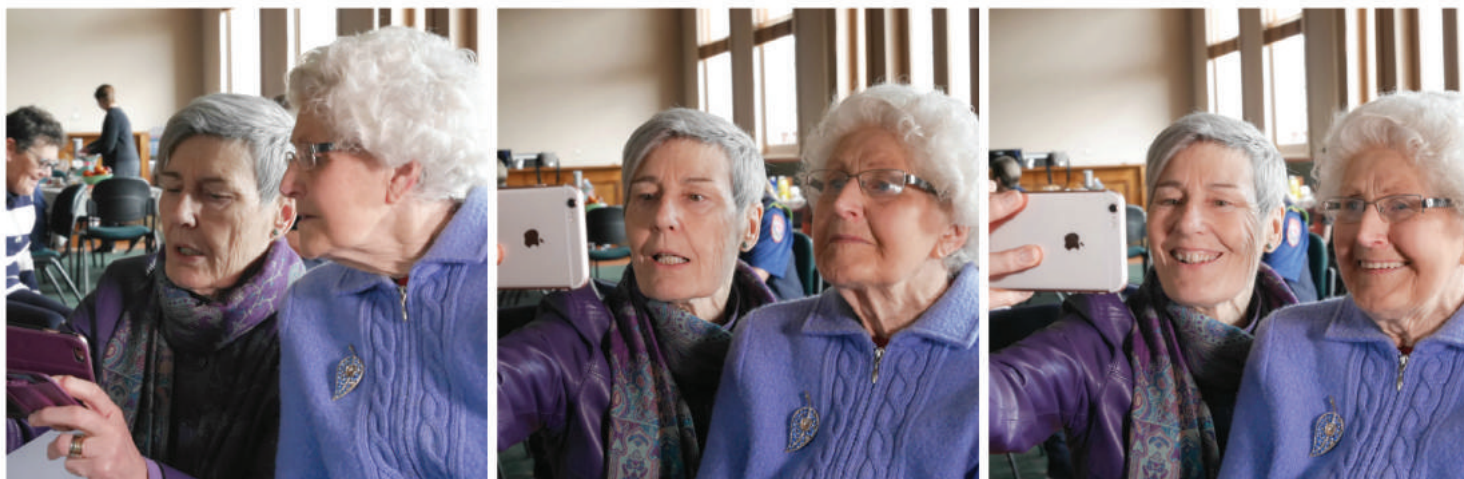


QUALITY STANDARD

monthly newsletter



Australian Government
Australian Aged Care Quality Agency



SMALL ACTS OF LOVE: A NATIONAL SYMPOSIUM ON DEMENTIA & LOVE ABOUT THE SYMPOSIUM

About the Symposium

Celebrate Ageing is proud to present this National Symposium in partnership with the Australian Association of Gerontology and supported by Alzheimer's Australia Vic. The Symposium will be held on 13th - 15th February 2017. Small Acts of Love will explore the importance of love in the lives of people with dementia.

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MESSAGE FROM THE CEO

As I look back over the year, we have much to be proud of – both as the Quality Agency and as the aged care sector more broadly. We continue to consult and engage with aged care providers and support organisations on a range of programs and projects aimed at ultimately improving the quality of care provided for older Australians.

We have done some significant groundwork on the development of consumer focused reports on residential aged care homes, including consultation with consumers on what is most important to them when looking for an aged care home. We are also consulting with providers on the best way to gather and report this information, including the development of a validated interview tool. We have developed and are about to launch a new computer assisted audit tool for our quality assessors – to help gather and analyse the information we collect at reaccreditation audits.

We launched the quality review guidelines for National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

We conducted another successful series of Better Practice conferences in all states and the Northern Territory. And we are well into preparations for the 2017 round of conferences.

We launched and rolled out nationally a new one-day workshop for home care: *Consumer Directed Care and the Home Care Standards – Where can it take you?* In collaboration with Council on the Ageing - Home Care Today.

We launched a new workshop for home care and residential aged care, Focus on diversity: Delivering services in a culturally inclusive way, in collaboration with the Centre for Cultural Diversity in Ageing.

Better Practice Awards were presented to 28 aged care providers. The judging panel was made up of esteemed aged care professionals.

We piloted a streamlined approach to minimise regulatory overlap between the Accreditation Standards and the Australian Commission for Safety and Quality in Health Care's National Safety and Quality Health Service Standards.

And we have been actively involved in the work of the Government in the development of a single quality framework across all types of Commonwealth – subsidised aged care.

All of this, as well as our national program of reaccreditation audits, unannounced visits, review audits and quality review of home care services – and our courses, workshops, QUEST and Qhome compliance assistance.

I am proud of what we have achieved over the past year and look forward to cementing many of these improvements and innovations in the coming year. I am grateful for the input and feedback we have received from aged care providers and organisations on various projects and welcome your involvement into the future.

For those of you taking a break over the Christmas and New Year period, I wish you happy, safe and peaceful celebrations with your loved ones. For those of you working through the period, I wish you contentment and satisfaction that you are providing the high quality of care that older Australians deserve.

Until next year,

Nick Ryan
Chief Executive Officer.

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Send us an email if you have a story – editor@aacqa.gov.au

SMALL ACTS OF LOVE: A NATIONAL SYMPOSIUM ON DEMENTIA & LOVE ABOUT THE SYMPOSIUM cont.

The focus on love draws on the *National Framework for Action on Dementia* and the *Guide to Creating a Dementia-Friendly Community* developed by Alzheimer's Australia. These documents outline the importance of ensuring that people with dementia are valued and respected and have the right to dignity, choice and quality of life. The Symposium responds to these documents by presenting strategies for service providers and community members to enact them.

The Symposium presents love as a common ground we all share and demonstrates the ways in which focusing on love can help ensure people with dementia are valued and respected.

Symposium delegates will be guided through an understanding of the significance of love and how small acts of love can transform the lives of people with dementia.

Target Audience

The Symposium has been developed for service providers. It will equip service providers with a range of practical approaches to addressing dementia and love that can be used in their workplace or community.

Registration includes:

- ✔ Book launch and exhibition: Monday 13th February 5.00 – 6.30pm, Ballarat Library
- ✔ Full day Symposium: Tuesday 14th 9.00 – 5.00pm, Mechanics Institute
- ✔ Valentine's Day Picnic
- ✔ Full day Symposium: Wednesday 15th 9.00am – 5.00pm
- ✔ Dementia and Love Tool Kit.

Details:

13 – 15th February 2017, Ballarat Victoria

Registration:

Register by 30/12/16 to receive the early bird discount (\$170) through the Symposium webpage opalinstitute.org/dementia-and-love or through Eventbrite.



CO-DESIGNING THE CONSUMER FOCUSED AUDIT REPORT

Professor Yun-Hee Jeon of Sydney University has undertaken research for The Australian Aged Care Quality Agency. The findings from her rapid literature review on the Australian consumer experience of residential aged care were presented in the article titled "Australian literature on consumer perspectives of residential aged care" published in the November 2016 Quality Standard. This work will assist the Quality Agency in co-designing a more consumer focused audit report. The full findings of Professor Jeon's research are available to view within the Quality Standard November issue.

BETTER ORAL HEALTH CARE FOR PEOPLE WITH DEMENTIA

The Australian Dental Association (ADA) and Alzheimer's Australia have launched a series of videos, *Partnering in Practising Care* to educate dentists and their team on best practice care for people living with dementia.

The videos were developed jointly by dentists, medical practitioners and people living with dementia and their carers. The series emphasises the importance of continuity of care, using preventative dentistry and ensuring the person with dementia has access to appropriate dental care for the duration of their condition.

Alzheimer's Australia National CEO, Maree McCabe said, it's so important that health professionals understand dementia and how to communicate with people who are living with dementia and their carers.

"Given the large numbers of people with dementia who will be seeking treatment from dentists, this project is timely to ensure the best practice in dental care is being achieved," Ms McCabe said.

Alzheimer's Australia National Ambassador, Ms Ita Buttrose AO, OBE, is a strong supporter of the project.

The partnership was guided by a Steering Committee chaired by Associate Professor Matthew Hopcraft who said the Australian population is ageing, and Australians are retaining more of their teeth as they move into older age.

"With one in 10 people over the age of 65, and three in 10 over the age of 85 having dementia, this poses a significant challenge for the dental profession in managing the oral health and dental needs of these patients," he said.

"The ADA is excited to be partnering with Alzheimer's Australia to address the oral health needs of people living with dementia in our community. The Steering Group brings together people with a range of expertise in dementia and dental care, including consumer representatives dealing with dementia on a daily basis."



The video series addresses issues such as the ageing population and its impact on dentistry; simple ways dentists can adapt their practices to cater to the needs of people with dementia and their carers, an in-depth study in the complex issue of consent with a focus on the person, not the condition of dementia.

Partnership in Practising Care is funded by the Alzheimer's Australia National Quality Dementia Care Initiative with support from the J.O. & J.R. Wicking Trust. This initiative run by Alzheimer's Australia sees consumers set priority areas, select projects and provide advice through project steering committees. Consumers identified the role of a dentist as fundamental in the life of the person with dementia as a health care provider and trusted confidant.

The materials developed will also be freely available to allied dental practitioners such as dental hygienists, therapists and prosthetists. For more information about oral health visit Australian Dental Association. For more information about dementia call the Alzheimer's Australia National Dementia Helpline on 1800 100 500.

IMPROVING HEARING ASSISTANCE IN AGED CARE

Hearing impairment is very common amongst older Australians. If left uncorrected this frequently leads to social withdrawal and is associated with increased depression and dementia.

The peak national body, Deafness Forum of Australia is concerned that there is widespread under-recognition and under-management of hearing loss in aged care. This may in part be due to hearing impairment being a 'hidden' disability. The sooner people experiencing hearing loss start use of hearing aids, the more likely they are to persist with wearing them. This has important implications for home care.

Hearing assistance to clients is an **accreditation requirement** in residential care. Service provider obligations are summed up in Standard 2.16, "Care recipients' sensory losses are identified and managed effectively." Other relevant requirements are contained in the Quality of Care Principles 2014, Schedule 1, Items 1.11, 2.1(f), 2.7 and Schedule 2, Items 2.1, 2.3, 3.5, 3.7.

Staff hearing assistance responsibilities may be summarised as follows:

- ✔ Use appropriate communication techniques when speaking with all hearing-impaired clients.
- ✔ Identify, record and communicate to care staff any hearing assistance needed by individual clients.

Where needed by clients –

- ✔ Daily¹ insertion, removal and storage of hearing aids² - checking that they are functioning satisfactorily.
- ✔ Regular weekly battery change and check of hearing aids - including if necessary, cleaning wax blockages in moulds and tubing and ordering replacement batteries.
- ✔ Contacting a hearing services provider promptly to arrange hearing tests, fitting, servicing and repair of hearing aids.
- ✔ Assisting eligible residents to access benefits under the government Hearing Service Program.

1. Normally in residential settings
2. Including alternative devices



It is clear from these responsibilities that hearing assistance should be a normal part of personal care. The straightforward procedures required, if implemented competently, add little additional work and bring real benefit to staff as well as to their clients.

Staff **training** is critical to achieving improved hearing assistance. Accordingly, Deafness Forum gained inclusion of hearing assistance in the revised VET Direct Care certificates and the Diploma of Nursing and developed comprehensive training resources for both pre-service and in-service/CPD purposes. These resources are available **free** at Deafness forum of Australia and include:

- ✔ An **instructional video**. There is also an online instructional unit delivered via Moodle which incorporates the video.
- ✔ The **Good Practice Guide** provides additional reference material and suggestions for establishing an effective hearing assistance program.
- ✔ A **Poster Pack** designed to increase awareness of hearing loss amongst older clients and to encourage use of effective ways of speaking to hearing impaired people.
- ✔ **Teaching-learning modules** suitable for pre-service education and training and also for CPD purposes for relevant staff.

With management support, and the above resources followed by on the job practical experience, it is possible to implement effective hearing assistance for clients in aged care or hospital.

IMPACT OF INDOOR AIR TEMPERATURE ON AGITATION OF RESIDENTS WITH DEMENTIA

Federico Tartarini, Prof Paul Cooper, Prof Richard Fleming

In Australia, more than 50% of the people who are currently living in Residential Aged Care Facilities (RACFs) have dementia and it is commonly believed that they spend 80% to 90% of their day indoors. Therefore, maintaining a good and healthy physical environment is a key aspect in dementia care. People with dementia rely on the physical environment to perform day to day activities and evidence from previous studies indicates that indoor environmental quality (e.g. lighting, noise, building design) is positively correlated with quality of life of residents. Although, to date, few studies have tried to determine the specific impact that the thermal environment (i.e. indoor temperature, humidity, air velocity) has on health and well-being of residents in nursing homes.

A longitudinal study was conducted by a research team from the University of Wollongong that aimed to determine the correlation between indoor air temperature variations and manifestation of agitated behaviours of people with dementia. Agitated behaviours of residents with dementia, all living in one facility, were assessed by trained caregivers using the Cohen-Mansfield Agitation Inventory (CMAI), on a fortnightly basis. Indoor air temperature variations, across the entire dementia unit, were monitored using small monitoring devices placed in participants' rooms, common areas and bathrooms.

Results show that agitation may be a form of communication that people with dementia employ to express discomfort with the surrounding environment and sensory overload. Frequency and disruptiveness of agitated behaviours significantly increased when residents were exposed to either relatively cold or warm indoor average temperatures. Agitation was also

significantly correlated with the cumulative amount of time that residents were exposed to high and low temperatures. This study has practical implications for the aged care sector, highlighting that high standard of care can be delivered only if RACFs provide thermal comfort throughout the year. Minimum standards regarding thermal comfort settings in nursing homes should be developed and incorporated into regulations, and a qualitative assessment of the indoor environment should be included in the accreditation process of RACFs, to ensure that all accredited facilities provide comfortable conditions for the residents. Enhancing thermal comfort conditions will not only reduce manifestation and disruptiveness of agitated behaviours; but will also increase the productivity and quality of care delivered by caregivers to the residents. Since when cold and warm temperatures occurred at the facility, caregivers had to handle increasing levels of agitation while themselves being exposed to uncomfortable conditions.

Carers also play a central role in providing thermal care to residents. They have an ongoing responsibility to help residents, who may not have the ability to do so, to perform adaptive strategies (e.g. having hot and cold drinks, adjusting clothing insulation, opening and closing windows, turning on and off ceiling fans) to cope with shifts in the indoor microclimate.

For details go to the Sustainable Buildings Research Centre (SBRC).

TIME TO ENJOY THE PARTIES AND FESTIVITIES

As we enjoy the fun and celebration that revolves around food, we need to think about how to keep ourselves safe from food borne illnesses. The Food Safety Information Council has some helpful tips and hints to keep everyone safe.

“WHY CAN’T I EAT THAT?” ‘DIGNITY OF RISK’ IN DYSPHAGIA MANAGEMENT IN AGED CARE.

Dysphagia is a growing health concern in our aging population with many complex health conditions impacting swallowing function. It is reported up to 65% of residents living in residential aged care have dysphagia. Speech Pathologists assess and manage residents swallowing ability, support meal time management and advise on optimal diets and fluids based on each residents clinical assessment, medical conditions and presenting signs and symptoms.

The social opportunities and pleasures associated with mealtimes can be significantly impacted by dysphagia. Limiting food and fluid choices for people with dysphagia, can increase the risk of malnutrition, dehydration and social isolation. Therefore, it is not surprising that people living in residential aged care and their families are concerned and calling for more choice in the food textures and fluid consistencies available in their ‘homes’, to improve quality of life, and to eat foods and fluids contrary to those recommended.

There is a correlation between level of compliance to food and fluid recommendations and the type of advice given (Low et al 2001). Reasons for failure to follow fluid and food recommendations include lack of knowledge regarding dysphagia, lack of time, and disagreement with the recommendations. (Colodny 2001, McCullough 2007)

Residents, aged care staff and speech pathologists are place at a high risk, without clear processes surrounding an individuals choice to consume foods and fluids not recommended due to compromised swallow safety. A Victorian study lead by Professor Joseph Ibrahim 2015, alarmingly found choking was the second highest cause of preventable death in residential aged care. To greatly reduce the potentially disastrous effects of choking, aged care providers should implement clear dysphagia management systems that are safe, resident centered and support staff.

What to include in Dysphagia Risk Management Procedure

In line with the Speech Pathology Australia Dysphagia Clinical Guidelines, risk management may include Commonwealth, State, Local and facility regulations for fire, safety, and occupational health and safety. Along with these laws and policies, dysphagia management procedures should include

1. **Identifying and screening** for dysphagia early. Know the signs, symptoms and impact of cognitive ability on mealtimes. Refer to speech pathology if a resident is identified as having dysphagia.

2. **Education** of staff on dysphagia, correct feeding and safe swallowing strategies.
Ongoing education to catering, clinical and care staff on correct modified diet textures and modified fluids.
3. **Client centered decision-making** Information about resident’s dysphagia and aspiration risk that is personal, accurate and evidence based. It is imperative the information provided is understood, provided at the right time, to the right people, with the right team and in the right format.
4. **Clear documentation**
5. **Implementation** of recommendations, accurate communication of recommendations to resident, family, catering and care staff
6. **Evaluation** of recommendations
7. **Compliance** to Australian Standards for Texture Modified Foods and Fluids

The development of a holistic multidisciplinary approach to dysphagia management can greatly assist the medical, nutritional, and psychosocial mealtime needs of residents.

What should informed consent in dysphagia management look like?

Informed decision making in dysphagia management should be provided:

At the **right time**

In the **right setting**

In the **right format** consider need for

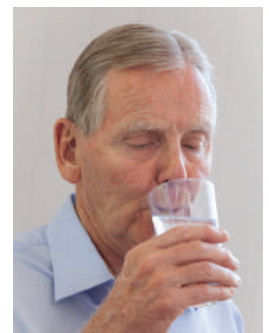
- Video
- Written
- Verbal
- Catering for culturally and linguistically diverse communities.

With the **right people**

- Resident
- EPOA/ Family

Involve the **right team**

- Clinical
- Management
- Quality
- Medical
- Speech pathologist



Bernadette Dutton is a Certified Practicing Speech Pathologist with more than 23 years experience managing adults with complex dysphagia in aged care, palliative, community and tertiary hospital settings. She is the Principal of Loqui Speech Pathology, managing and supporting a team of speech pathologists providing speech pathology services to residential aged care facilities throughout Australia. Correspondence can be directed to bernadette.dutton@loqui.com.au

EVACUATION GUIDELINES

When developing and implementing disaster management plans homes and services need to consider the relevant legislation, guidelines and their requirements under the Accreditation standards or Home care common standards. As we approach the fire season, homes and services are encouraged to use this opportunity to review and update their disaster management plans.

The NSW Government has recently released new guidelines. Guidelines are provided in other states or may be provided by your local government area. Please ensure you contact your local government area for information on any other joint emergency or evacuation plans for your area.

Here are links to the NSW resources:

Evacuation Decision Guidelines for Private Health and Residential Care Facilities

Australian Emergency Management Handbooks - helpful manuals for preparation:

Australian Emergency Management Handbooks

Other helpful resources:

<http://www.agedcommunity.asn.au/providers/aged-care-emergency-planning/>

<https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/emergency-preparedness>

Understanding Accreditation Course

Now Two Days - presented by Australian Aged Care Quality Agency

We have listened to your feedback and in 2017 our revised two day program will be launched to replace the current three day program.

This two day industry focused course aims to provide participants from residential aged care homes with an introduction to the aged care regulatory framework, accreditation standards, audit process, principles and methodology.

This course is written and facilitated by staff from the Quality Agency experienced in undertaking re-accreditation site audits and Quality reviews.

As part of our agreement with the industry peak bodies LASA and ACSA (in all states except WA) this course is hosted and administered by them. Please visit our website for dates, locations and to register.



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