



Quality Dementia Care Standards: A Guide to Practice for Managers in Residential Aged Care Facilities

February 2007



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Preface

The purpose of this paper is to link in practical terms the principles of good quality dementia care to the framework of the aged care accreditation standards. It is intended as a practical check-list of things that will help staff manage facilities for people living with dementia whether they are mainstream residential care facilities or special units.

The task proved to be more controversial than expected in two ways. Firstly, there is a strong view that discussion of quality dementia care in a residential care setting neglects community care. And there is a wide spread view that community care is all too often neglected. There is also the view that good quality dementia care needs to look at the provision of care across the continuum. It is the intention of Alzheimer's Australia to produce a quality dementia care document that focuses on community care services and we believe that to do that properly it should be a stand alone document.

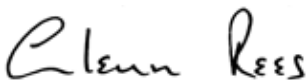
Secondly, there was a genuine sense of concern that these guidelines to staff would be used by the auditors of the Accreditation Agency in ways that would further complicate and make more difficult what is already regarded as an onerous accreditation process. This poses a significant dilemma. It was clear from focus groups that care managers wanted guidance linked to the aged care standards. This is also important from the perspective of consumers and no one has argued that there are things in this document that are unreasonable in implementing quality dementia care. Moreover it is important that Alzheimer's Australia ensures some transparency in what is needed for the many people living with dementia and family carers who often find it difficult to speak for themselves.

It should be noted too that there were other issues that were raised by care managers and staff as barriers to quality dementia care including workforce issues, funding and the need for leadership in the aged care sector that provides greater support to staff who are caring for those with complex needs.

Alzheimer's Australia thanks the Department of Health and Ageing for funding this publication.

Lastly, Alzheimer's Australia thanks AA Tasmania for managing this project and particularly Sally Garratt and Anne Kelly who wrote the publication.

This document and its companion document for care staff, Quality Dementia Care: Guidelines to Practice in Residential Aged Care Facilities for all Staff, are only one element of the many things that need to happen to improve quality dementia care.



Glenn Rees
National Executive Director

February 2007

Purpose of the paper

In February 2003 Alzheimer's Australia released a Position Paper on Quality Dementia Care. The purpose of this paper is to provide managers of aged care residential facilities with a simple tool to assist in attaining high quality outcomes in dementia care. The companion paper Quality Dementia Care: A Guide to Practice in Residential Aged care Facilities for all Staff is designed for those who deliver care to people living with dementia.

This document is designed to link the issues outlined in the Quality Dementia Paper to the aged care Accreditation Standards and to translate them into practical terms for staff managing facilities for people living with dementia.

There is no single or standard approach to dementia care – no “one size fits all” set of practices. The quality of dementia care is, however, likely to be high if it is driven by:

- a philosophical approach that emphasises person centred care;
- a partnership approach between the care providers, person with dementia and their family and carer;
- a professionally based care environment characterised by strong leadership; and
- adoption of best care practices that reflect the integration of a clear philosophy, current knowledge and applied skills.

Within this framework the needs of individuals can be addressed. The emphasis must be on flexibility and meeting individual needs because:

- there are many different types and symptoms of dementia that impact variously on individuals, even when those individuals are affected by the same illness;
- the nature of the condition changes as it progresses; and
- each individual, their history, current circumstances and relationships are unique.

This flexibility and focus on individual needs demands continual evaluation of existing techniques and trialing and assessing new approaches.

This document lists key questions that are designed to assist management to deliver high quality dementia care and meet the aged care standards. Each standard and corresponding criterion is examined to highlight best practice in dementia care.

The Accreditation Standards have been used as a guide in the development of this tool. The Accreditation Standards form an independent document that is necessary for facilities to follow in order to remain compliant. This document in no way replaces the Accreditation Standards document and is a **GUIDE ONLY** for achieving quality dementia care outcomes.

The Accreditation Standard is presented in blue italics with the suggested dementia care quality outcomes and key questions following.



1.

Standard 1:

Management Systems, Staffing and Organisation Development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Intention of standard: This standard is intended to enhance the quality of performance under all of the Accreditation Standards, and should not be regarded as an end in itself. It provides opportunities for improvement in all aspects of service delivery and is pivotal to the achievement of overall quality.



1

Expected outcomes

1.1 Continuous Improvement

The organisation actively pursues continuous improvement.

To meet this outcome it is suggested: Management has in place systems to audit whether the dementia care provided meets their stated model of care delivery.

- Staff have an understanding of the need to monitor care outcomes and participate in audits on a regular basis.

Key Questions:

Does management:

- Regularly audit dementia care processes?
- Take action to improve care outcomes?
- Include family and community members in a feedback process regarding dementia care?
- Involve staff in decision making about care?
- Where appropriate involve people with dementia?

1.2 Regulatory Compliance

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

To meet this outcome it is suggested: Management has in place a system that enables staff to maintain their knowledge about legislative and professional requirements for dementia care.

All staff have knowledge of current legislation pertaining to mental health and dementia care.

Key Questions:

Does Management:

- Provide staff with information about relevant legislation concerning dementia care eg guardianship?
- Ensure staff understand legislative provisions around end of life decision making.
- Encourage Advanced Care Directives or similar programs?

1.3 Education and Staff Development

Management and staff have appropriate knowledge and skills to perform their roles effectively.

To meet this outcome it is suggested: Management provides ongoing education for all staff to maintain contemporary practice in dementia care.

There is a calendar of educational opportunities and records of attendance for all staff.

Key Questions:

Do care staff:

- Demonstrate knowledge about dementia, and at a minimum have they completed the Dementia Care Competency or are they willing to complete it?
- Demonstrate a philosophy of care that is compatible with person centred care?
- Display a willingness to be flexible in care delivery and adjust routines to meet individual needs?
- Assess situations and take appropriate action?
- Provide evidence of interpersonal and communication skills?

- Express a willingness to further develop knowledge and skills?
- Document care accurately and within legal parameters?
- Demonstrate contemporary knowledge of best practice in dementia care?
- Display a positive approach to people who are living with dementia and their families?
- Provide culturally appropriate dementia care for Culturally and Linguistically Diverse (CALD) residents?

1.4 Comments and Complaints

Each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms.

To meet this outcome it is suggested: There is documentation of the complaints process and outcomes that are discussed with the complainant and a record of follow up.

Management has a system of enabling residents and families to voice their concerns and complaints without fear of repercussion or victimisation.

Key Questions:

- Are residents' families aware of the complaint process?
- Do staff follow comments and complaints procedures?
- Do staff assist residents and families to complete complaint forms?
- Are residents and families given feedback on any action taken regarding their complaint?

1.5 Planning and Leadership

The organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service.

To meet this outcome it is suggested: Documentation matches the care processes and future changes in buildings and environments; and care processes are planned and followed.

Management has a vision statement and planning process that guides and enables high quality dementia care to be delivered.

Key Questions:

- Does the organisation have a clear person centred model of dementia care?
- Is this evident in the day to day care delivery?
- Is there on-going assessment of residents and review of the delivery of care?
- Is there a plan for improvement or future development that encompasses high quality dementia care?

1.6 Human Resource Management

There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives.

To meet this outcome it is suggested: There is a stable staffing pattern with consistent care delivery to meet the needs of residents living with dementia.

Systems are in place to maintain staff that are able to deliver high quality dementia care.

Key Questions:

Does management:

- Recruit adequately experienced staff who demonstrate a commitment to dementia care?
- Provide staff with access to an Employees Assistance Program?
- Provide support and resources, e.g. guidelines for staff in the day to day operations of the service?
- Promote and maintain a professional development budget?
- Provide comprehensive induction programs for new staff?
- Promote a learning environment that values education and encourages contemporary knowledge in practice?
- Promote interdisciplinary teamwork, case discussion and review?
- Recognise good performance from staff and give positive feedback and encouragement?
- Promote staff satisfaction by involving all personnel in decision making about care delivery?
- Provide adequate staff numbers to ensure assistance and time for the person to complete care routines themselves to their highest possible level?
- Promote an environment of respect for all staff, residents and visitors and encourage person centred language in all interactions?
- Allocate staff appropriately to meet each resident's needs?

1.7 Inventory and Equipment

Stocks of appropriate goods and equipment for quality service delivery are available.

To meet this outcome it is suggested: Management has a plan and has moved toward providing buildings and equipment that utilise contemporary technology in the provision of dementia care.

There are regular checks of equipment and safety issues for safe and effective delivery of dementia care.

Key Questions:

- Is assistive technology used to promote safety and reduce restraint, e.g. door alarms?
- Are appropriate resources available for day to day lifestyle activities and therapies suitable for dementia care?
- Are the resources kept clean and in good working order and replaced as necessary?
- Are beds and chairs replaced with dementia friendly furniture on an ongoing basis, e.g. low electric beds, gutter mattresses, support chairs?

1.8 Information Systems

Effective information management systems are in place.

To meet this outcome it is suggested: Management has in place programs to ensure staff have access to information in an appropriate location with safeguards for privacy and control.

Information is available to residents, families and staff in a user-friendly way to keep them informed and maintain privacy and confidentiality of residents.

Key Questions:

- Are residents and families kept informed about current dementia care practice?
- Is information about upcoming events relayed to families/friends?
- Do staff have access to the Internet to keep abreast of contemporary dementia care?
- Is information about community events made available to residents?
- Is privacy and confidentiality maintained for all personal records and documents pertaining to care?
- Is written information regarding care kept current?

1.9 External Services

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals.

To meet this outcome it is suggested:

Management has in place systems to provide all external providers with knowledge about dementia and safety of residents.

Contracts and documents have clearly outlined safety issues and the need to minimise disruptions to the environment for all residents living with dementia.

Key Questions:

- Are external contractors made aware of the special needs of people living with dementia?
- Is this written in all contracts and made clear to service delivery personnel?



2. Standard 2: Health and Personal Care

Principle: Resident's physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

2.1 Clinical Care

Residents receive appropriate clinical care

To meet this outcome it is suggested: Management ensures that clinical care provided to residents living with dementia is delivered through a person centred approach that encourages independence and social interaction at the level of competence of the person.

Key Questions:

Interviewing / data gathering

- Is the person's ability to process information and answer for themselves assessed?
- Are family members asked to participate both in a support role for the person and in providing additional information that may be relevant to the information collecting process for those people who are unable to participate to a high level in the process?
- Are interviews conducted in a private, quiet environment that will support maximum participation from the person living with dementia?
- Are professional interpreters used as required for CALD residents and their families?
- Are questions kept simple, requiring only short answers until the cognitive ability of the client is known?
- Are responses accepted as truthful answers and not challenged as incorrect?
- Are concerns/accounts of the person with dementia heard and treated with respect?

Assessment

- Is the assessment process non-threatening and non-infantilising allowing time for responses?

- Is the client addressed personally and the name the client prefers to be known by recorded and used?

- Are reliable and valid tools used to document assessment data?

- Does regular assessment, evaluation and ongoing monitoring occur?

- Is the initial cognitive assessment reviewed over time and when the person has settled into the environment?

- Are families involved in assessment processes and care plan development if appropriate?

- Is physical assessment made over time due to awareness that functional ability may change and health conditions can alter responses, e.g. pre and post medication, time of day?

- Are residents' values, beliefs, cultural and spiritual needs assessed over time?

- Are family relationships and connectedness to others documented and explored over time?

- Is an initial Risk Management assessment evident, and is this reviewed and evaluated as time passes?

- Is there evidence that the resident has been involved in the decision making process about their care as far as they are able and that the family has been involved when the resident is unable to participate fully?

- Is consent of the resident/family gained before accessing information from other sources?

Care Planning

- Are care plans based on the information obtained at assessment and reviewed and changed as more details become known or the situation changes?

- Are care plans reviewed regularly and changed according to the resident's/client's needs and wishes?
- Are care plans written to maintain functional abilities?
- Are care plans flexible enough to account for daily changes in a person's abilities or wishes?
- Are choices such as food likes and dislikes, personal hygiene preferences and habits and activities recorded?
- Are abilities the client has as well as disabilities identified and recorded on the care plan?
- Is a comprehensive social history documented as the foundation for daily lifestyle choices?
- Are positive strengths that will assist in the maintenance of independence assessed and evident in the care plan?
- Is the resident's reaction to the ageing process and health problems recorded? e.g. arthritis, diabetes?
- Are end of life decisions discussed tactfully and recorded appropriately, if not directly with the resident then with family members?
- Are possible triggers for behaviour documented and then reviewed over time?
- Does the care plan incorporate any information that is pertinent to the resident completing their daily routines?
- Does documentation show evidence of the resident's preferences, abilities and involvement in the care process?
- Are all records/data kept in confidence and in a secure place?

2.2 Specialised Nursing Care Needs

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff

To meet this outcome it is suggested: Management ensures that residents living with dementia have appropriate referrals to specialised services to maintain their cognitive and physical abilities as long as possible.

Key Questions:

- Is referral to other special services based on assessment of the need and documented appropriately?
- Is the person's own General Practitioner (GP) retained if possible to help provide familiarity whilst reducing confusion and anxiety often associated with having to change their GP?
- Has there been an assessment of mental health and/or cognition by a geriatric psychiatrist or clinical psychologist?
- Is physiotherapy available for mobility and a plan made to enable staff to follow any therapy that will maximise and encourage mobility and independence?
- Is there regular provision of podiatry services?
- Are professional Interpreter Services used for people with communication difficulties due to language spoken?
- Is referral to speech pathology made for residents with eating or swallowing difficulties?
- Has the environment been assessed by an occupational therapist to assist with independence and daily living?

2.3 Other Health and Related Services

Residents are referred to appropriate health specialists in accordance with the residents' needs and preferences.

To meet this outcome it is suggested: Management ensures residents are able to access complementary and other health services if required, including legal, advocacy and counselling services.

Key Questions:

- Are families and residents referred to counselling services, support groups or community services as needed?
- Is referral to legal advisers, advocacy services or Guardianship Board made as appropriate?
- Is referral made to complementary therapists such as aroma therapists or massage therapists?
- Is there an efficient mechanism in place for a transition between hospital and residential care?

2.4 Medication Management

Residents' medication is managed safely and correctly

To meet this outcome it is suggested: Management has a system of medication management for residents living with dementia that follows best practice.

Key Questions:

- Is prescription for psychotropic medication only made following appropriate health and risk assessments with evidence of alternative management and strategies having been implemented?
- Is psychotropic medication, if prescribed, reviewed regularly and assessed with observational documentation of behaviour and side effects?
- Are there protocols for assessment of

side effects for other medications available and used by staff?

- Is medication administered in the most appropriate manner for the resident i.e. liquid instead of crushing tablets?
- Is decision making regarding PRN for mood altering medication adequately documented?
- Are protocols available and are they followed to ensure that the person living with dementia swallows the medication at the time of delivery?
- Is resident competency for self medication assessed?
- Is medication compliance assessed regularly for self-medicating residents?
- Is out of date and non current medication removed and disposed of appropriately?
- Is there a system for regular pharmacy review in place?

2.5 Pain Management

All residents are as free as possible from pain

To meet this outcome it is suggested: There are pain assessment protocols for residents living with dementia and these are followed

Key Questions:

- Is pain assessed using appropriate tools such as the Abbey Pain Scale for a person living with dementia?
- Is a pain management plan in place and the outcomes documented?
- Are pain management techniques developed to meet each resident's needs, circumstances, conditions and risks?
- Are residents free from pain or is the

distress associated with pain eased to help residents enjoy an improved quality of life?

- Are referrals made to specialist pain management clinics as appropriate?
- Are other strategies for managing pain used and documented i.e. appropriate use of hot or cold packs, massage, and relaxation?

2.6 Palliative Care

The comfort and dignity of terminally ill residents is maintained

To meet this outcome it is suggested: Management follows palliative care protocols for people with dementia and respects their end of life wishes

Key Questions:

- Are guidelines for palliative care and dementia being used?
- Are families involved in care decisions?
- Is there facility for families to remain with their family member 24 hours if needed, e.g. fold away beds?
- Is there an appropriate environment and equipment for provision of palliative care?
- Are referrals to the palliative care team made?

2.7 Nutrition & Hydration

Residents receive adequate nourishment and hydration

To meet this outcome it is suggested: There is a special protocol for nutrition and hydration evident and followed for residents living with dementia.

Key Questions:

- Does assessment address any nutritional problems or factors such as ill fitting dentures or distractions in the environment that may affect nutritional intake?
- Is food served one course at a time and

in the most appropriate way to encourage independence and dignity?

- Is consideration given to where residents are seated for meals and who they sit with – do they have a choice?
- Do residents help with the preparation or serving of food?
- Is visual contrast between the plate, the food and the table provided to encourage the residents to focus on the food?
- Are residents given sufficient time to eat and enjoy their meal?
- Are additional fluids offered often to people living with dementia?
- Are residents given choices from the menu and their likes and dislikes both noted and acted upon?
- Are drink and food preferences known by catering and/or serving staff?
- Do menu choices reflect the cultural background of residents?
- Are food options available in style with traditional foods?
- Are drinks and finger foods available at all times for residents and families/visitors?
- Are meals available outside of set times?
- Are eating utensils appropriate for the person?
- Are resources available for staff to heat, cook and provide additional food if necessary during the night?
- Are families encouraged to assist the resident living with dementia with their meals?
- Are meal times promoted as pleasant and enjoyable?
- Is there a process of monitoring food and fluid intake for each resident?
- Are families welcome to bring special

food from home to share with residents?

- Does regular monitoring of residents' weight occur to detect and recognise changes?

2.8 Skin Care

Residents' skin care is consistent with their general health

To meet this outcome it is suggested: Management promotes the need for safety and consistent observation of the skin of residents living with dementia

Key Questions:

- Is the environment safe for wandering to reduce the incidence of skin damage, e.g. sharp corners on furniture, metal doorplates with rough surfaces?
- Is sun protection provided for outdoor activity?
- Are hygiene needs assessed to provide the person living with dementia appropriate levels of intervention, e.g. times for bathing and frequency similar to their previous routines?
- Are alternative methods of maintaining skin integrity used for residents who are distressed by bathing, e.g. Dermalux?
- Is assessment of skin integrity recorded following bathing?
- Is pressure area prevention implemented for residents who have poor mobility due to cognitive impairment?

2.9 Contenance Management

Residents' continence is managed effectively

To meet this outcome it is suggested: There are management plans in place for continence maintenance for residents living with dementia and appropriate strategies for managing incontinence.

Key Questions:

- Is an accurate assessment of continence and personal toileting routines documented?
- Are possible physical and physiological causes of incontinence investigated?
- Are residents afforded appropriate clothing in keeping with their personal choice?
- Is an appropriate continence plan implemented?
- Are a of range resources available to manage incontinence?
- Are toilet areas clearly marked to enable residents to find the toilet?
- Are residents observed to identify behaviour that may indicate they need the toilet?
- Are residents given privacy when using the toilet?
- Is the toilet bowl clearly defined i.e. black seat on white bowl?
- Are lights left on at night to clearly identify the toilet?
- Is there flexibility in the use of alternative receptacles for urination if all else fails, e.g. buckets/tins/potties/commododes?

2.10 Behavioural Management

The needs of residents with challenging behaviours are managed effectively

To meet this outcome it is suggested: Management has in place a system of assessment, planning, strategy implementation and evaluation of the behaviour of residents living with dementia, especially those who may show evidence of behaviours of concern.

Key Questions:

- Are assessment tools used to identify behaviours of concern including triggers, frequency, duration and outcome?
- Are triggers for residents' behaviour identified and environmental and behavioural strategies implemented to manage these?
- Are behaviours assessed as a possible attempt to communicate feelings or express a need?
- Is there a tolerance by staff to accept some behaviour as being important to maintain independence?
- Is the behaviour identified as socially unacceptable or high risk that staff believe requires intervention, or is this behaviour best not interfered with?
- Are staff following a model of care that accepts different behaviour?
- Are staff accountable for the role they may play in the development of behaviours of concern?
- Are referrals to a specialist in behavioural management made if strategies are deemed futile and behaviours of concern continue to cause distress for resident or others?
- Is there a restraint free policy and how is this followed?
- Are families included in the development of behaviour management strategies?
- Are creative strategies implemented to prevent, minimise or manage behaviours of concern, e.g. rummage boxes, wall tactile areas?

2.11 Mobility, Dexterity and Rehabilitation

Optimum levels of mobility and dexterity are achieved for all residents

To meet this outcome it is suggested:

There is in place a program that enables residents living with dementia to have maximum freedom whilst maintaining safety and personal choice

Key Questions:

- Are residents able to move freely and safely within the internal and external environment?
- Are mobility aids available and accessible to encourage mobility and independence?
- Are there rehabilitation programs of passive and active exercise to encourage mobility and dexterity?
- Are residents given sufficient time to enable independence and functioning to their highest possible level?
- Is footwear appropriate and well fitting?
- Is there a falls prevention program in place?
- Are hip protectors encouraged for high-risk residents?

2.12 Oral and Dental Care

Residents' oral and dental health is maintained

To meet this outcome it is suggested:

There is evidence that residents living with dementia have their oral hygiene attended to daily and that family involvement is encouraged to assist the resident to attend a dentist annually or as required.

Key Questions:

- Is dental health status checked annually using an appropriate assessment tool and

referral to a dentist made to check and clean permanent teeth?

- Are dentures permanently named and correctly fitted?
- Are residents encouraged to wear their dentures?
- Are personal routines followed for cleaning of teeth and dentures?
- Are fluids given following meals to ensure no residual food remains in the mouth?
- Are mouthwashes used when residents refuse to remove dentures for cleaning?
- Are fluids or sweets given regularly to combat side effects of medications eg dry mouth?
- If tablets are chewed is the oral cavity regularly checked for mouth ulcers?

2.13 Sensory Loss

Residents' sensory losses are identified and managed effectively

To meet this outcome it is suggested: Management is ensuring an environment that caters for sensory loss and cognitive impairment is maintained.

Key Questions:

- Is hearing and sight assessed regularly?
- Are spectacles and hearing aids checked daily and kept in a clean and working condition?
- Do sensory aids fit well and are they comfortable?
- Are residents with sensory loss encouraged to wear aides?
- Do staff recognise that hearing aids are not perfect, and can, for example, amplify background and/or other unwanted sounds?

- Do staff recognise the problem even though the resident living with dementia may be unable to communicate this?

- Are aids fitted before attempting communication with the person living with dementia?

- Does the environment allow for, and compensate for, sensory losses, e.g. good lighting, clear corridors?

2.14 Sleep

Residents are able to achieve natural sleep patterns

To meet this outcome it is suggested: There are protocols for the assessment and strategies that can be implemented, to induce natural sleep or to offer alternatives other than sedation if this cannot be achieved.

Key Questions:

- Are past sleep patterns and routines recorded and reflected in care plans?
- Does the environment induce good sleep, e.g. quiet, lighting dimmed?
- Is the bed warm and pillows comfortable?
- Are residents able to sleep in a chair if they choose to do so, or if it is noted they sleep better in a chair?
- Are alternative strategies tried before offering sedatives?
- Are quiet activities available for those residents who cannot sleep?



3.

Standard 3:

Resident Lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community



3

3.1 Emotional Support

Each resident receives support in adjusting to life in the new environment and on an ongoing basis

To meet this outcome it is suggested: There is a system in place that enables residents living with dementia and their families to discuss and manage their transition to care

Key Questions:

- Are residents' fears and anxieties managed with sensitivity and empathy?
- Are staff trained to be aware of the symptoms of depression?
- Are residents introduced to others in the care environment?
- Do residents have personal items and orientating information in the environment to help them feel comfortable and safe?
- Is enough time allowed to enable residents to express themselves?
- Do staff use person centred language?
- Are individuals listened to and respected?
- Are residents addressed by their preferred name?
- Are residents encouraged to participate in activities around the home and made to feel worthwhile?
- Are individual abilities encouraged?
- Are family members/visitors welcome at any time?
- Are communication difficulties taken into account and people given enough time to communicate and not rushed or hurried to respond?

3.2 Independence

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

To meet this outcome it is suggested: Management has protocols to enable residents living with dementia freedom to maintain independence and social interaction as far as possible.

Key Questions:

- Are residents' abilities recorded on the care plan?
- Are residents given enough time to complete tasks themselves?
- Are residents encouraged to complete tasks for themselves or with direction?
- Are residents able to move freely around the facility?
- Are aids provided to encourage independence?
- Does the environment promote independence, e.g. clocks, orientating information?
- Are residents able to participate in the life of the facility on a daily basis to promote self esteem and social interaction?
- Are residents able to maintain community involvement as desired?

3.3 Privacy and Dignity

Each resident's right to privacy, dignity and confidentiality is recognised and respected.

To meet this outcome it is suggested: Management ensures that residents' rights are maintained and that all staff practice according to policy and protocols.

Key Questions:

- Do staff respect the residents' right to privacy?
- Is common courtesy shown before entering residents' rooms?
- Do staff respect the wishes of those people who like to be alone at times whilst always ensuring safety and opportunities for interaction?
- Is there awareness of differing personal requirements for privacy and that this includes person-based recognition of modesty, e.g. some people may be content to undress in front of nursing staff for personal care procedures, while others may be very sensitive to this issue and may require careful and strategic use of towels, coverlets, etc?
- Is there awareness by staff that privacy issues may differ according to cultural background?
- Is the dignity of the resident living with dementia maintained by affording appropriate opportunity for decision making?
- Are all matters pertaining to care kept confidential?

3.4 Leisure Interests and Activities

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them.

To meet this outcome it is suggested: Management ensures a comprehensive program of appropriate activity to meet the lifestyle and competency for residents living with dementia is available.

Key Questions:

Planning

- Is there management support for comprehensive, flexible, diverse activity planning through the provision of resources, staff, and a philosophy that involves the person and family involvement and choices?
- Do staff understand brain function and frontal lobe involvement in initiation of all activities and how to best support residents with these impairments?
- Does assessment for activity plans include past and present interests, hobbies, and routines and are these reflected in the devised activity plan?
- Is there a philosophy of care that recognises the role all staff have in the provision of activities for people living with dementia?
- Do staff understand that everything they do, including personal care, is an activity?
- Are individuals and/or family members or friends offered choice and involvement in the activity planning process?
- Are activity programs offered and available 7 days per week including evenings?
- Are activities programmed to provide diversion and support at a time most valuable to the resident living with dementia?

- Do personal care activities recognise and support the residents' abilities rather than removing what abilities still remain?
- Are personal care activities provided at a time in keeping with past habits/rituals if at all possible?
- Is the emphasis for activities programs based on outcomes for the person living with dementia?
- Do activities proceed at the pace required by the person living with dementia?

Resources

- Do all care staff have access to resources such as rummage boxes or reminiscence games at any time during the day or night?
- Do Lifestyle and Leisure staff have a key role in ensuring provision of resources such as rummage boxes, sensory equipment for use by all staff?
- Are there diverse activity options; these including reminiscence, reality orientation, music therapy, pet/doll therapies and sensory experiences?
- Do activity programs utilise community and outdoors experiences?
- Are activity programs flexible and complementary of a person's abilities, interests and relevant to them?
- Do activity programs reflect the cultural diversity of people involved and participating, e.g. are special events celebrated/recognised within the facility/ service for all people regardless of cultural background?
- Are activities modified for impairments?
- Are everyday events and duties used to provide activity, e.g. dusting, sweeping, folding laundry?

- Are appropriately sized rooms available for activities and are there a range of rooms that provide for both quiet/individual activity as well as group activities?
- Are personal items used in activity programs, e.g. photos, treasures, books?
- Are equipment and resources for activities kept clean and maintained in good working condition and/or replaced as necessary?

Environment

- Are outside areas utilised for activity whilst providing safety and do they provide seating, areas of interest and diversions such as bird aviaries, fountains, birdbaths, etc?
- Does the environment invite and encourage participation and interest through the use of books, colours, mobiles, puzzles, bird feeders/baths, sensory equipment, pets, plants, fountains, etc?
- Are aids that encourage or enable optimum participation such as eyeglasses, hearing aids, walking aids used and maintained in good working condition?

Relationships/Social Interaction

- Are individual, staff, volunteer and community skills fostered in provision of activity planning?
- Are links with significant people encouraged and maintained in activity programs?
- Do activity programs enable celebration of relationships such as Father/Son, Mother/Daughter, and Grandchildren events?
- Do staff have an understanding of the principles and skills in using techniques such as reminiscence, reality orientation, validation, sensory equipment and music to enhance communication?

3.5 Cultural and Spiritual Life

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered

To meet this outcome it is suggested: Management ensures that cultural and ethnic needs are met for each resident and that diversity is valued in the facility

Key Questions:

- Do staff respect that each resident is unique and will find meaning in life in different ways?
- Do staff 'know the other' by discussing life ambitions, what gives pleasure, the importance of culture and spiritual beliefs?
- Is the impact of culture on the individual's ageing and cognitive impairment and how these shape values and beliefs explored, documented, and if appropriate, detailed in the care plan?
- Do staff have an awareness of the linguistic capacities of English as a Second Language (ESL) residents, and are changes appropriately monitored, e.g. a person with excellent English speaking skills may develop a preference for their first language as their dementia progresses?
- Do staff have an awareness of the impact activities that are reliant upon communication in English have upon Culturally And Linguistically Diverse (CALD) residents, e.g. films, video, television, reading materials, activity instructions presented in English only?
- Is there provision, if required, of signs/ labels in other languages?
- Are professional interpreting services used to facilitate communication?
- Are the normal rules of communication

adapted to meet the needs of CALD residents living with dementia?

- Do care and activity plans identify cultural values and allow for these in provision of care and activities?
- Are residents supported in their spiritual expressions, e.g. visits to places of worship or cultural significance?

3.6 Choice and Decision-Making

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

To meet this outcome:

Management has protocols that are followed by staff to seek participation from residents and their families to enable choice and promote quality of life for those residents living with dementia.

Key Questions:

- Is there evidence of residents' choice both in documentation and in day to day observation by others including family members and visitors?
- Do residents choose their own meals or are they chosen by staff?
- Are residents given choice about what they wish to wear or style of clothing?
- Are routines flexible to accommodate individual wishes?
- Are residents involved in activity planning?
- Do menus have input from residents?
- Are residents living with dementia involved in resident/relative committees?
- Are residents encouraged and

supported in decision making?

- Are residents and/or their families being offered choice in all aspects of care and are they able to contribute to decisions that impact on them?

Grooming

- Are shoes kept clean and stored appropriately?
- Is clothing appropriate for the environmental temperature and personal style of the resident and is it replaced as required?
- Is the resident offered choice of clothing, personal jewellery, perfume/after shave, etc, if appropriate?

Tenure and Responsibilities

Residents have secure tenure within the residential care service, and understand their rights and responsibilities.

To meet this outcome:

Management have ensured residents and families understand the terms of their contract and their obligations.

Key Questions:

- Are families aware of their rights in regard to tenure and the expectations of the management in a contract signed by both parties?
- Are families made aware of the possibility of transfer of the resident if their care would be better delivered in another environment, eg psychogeriatric units?

3.7 Resident Security of



4.

Standard 4:

Physical Environment and Safety Systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.



4

4.1 Living environment

Management of the residential care service is actively working to provide a safe and comfortable environment consistent with resident's care needs.

To meet this outcome it is suggested: There is evidence of personalised rooms and spaces that are conducive to maintaining quality of life for those residents living with dementia.

Key Questions:

Space control/utilisation

- Are areas safe for wandering and provide pockets of interest and diversion?
- Is assistive technology used to support risk management strategies, e.g. bed/door/chair alarms?
- Are orientation cues used to promote independence and self esteem, e.g. door signs, labels, and pictures to identify particular areas/rooms/items?
- Is there provision, if required, for signs/labels in other languages?
- Are contrasting colours used to aid orientation and independence?
- Has design and colour been utilised to disguise staff areas to reduce frustration and confusion?
- Are there smaller sitting areas to encourage small groups and intimacy?
- Are living units smaller to decrease confusion and noise and encourage a homelike feel?
- Does the environment have good lighting using as much natural light as possible?
- Does the environment support a healthy relationship between all staff, residents, families and friends?
- Is the temperature kept at a comfortable level determined by residents (not staff)

- Is there adequate ventilation and an odour free environment?
- Are bedroom areas accessible for residents during the day?
- Is there good utilisation of window views i.e. chairs facing out rather than inwards?
- Are outdoor spaces easily accessible and safe?
- Is there provision for prayer/sacred space or observation of cultural rituals?

Décor and Ambience

- Are the floor coverings and furniture homely, comfortable and maintained?
- Does the environment encourage spontaneous participation, interaction, distraction and interest, e.g. books, and sensory equipment?
- Do personal spaces reflect the resident with personal possessions and are they encouraged not only in bedroom areas but also communal areas if appropriate?
- Does the environment encourage communication, e.g. name badges, information boards, and low noise levels?
- Are pictures, plants, pets and ornaments used to offer interaction, encourage communication and aid in a sense of well being?
- Are notice boards used to provide information for the day such as staff, meals, events for both residents and visitors?

Staffing Patterns

- Is there consistency in the rostering of care staff?
- Do staff know as much as possible about residents' past history, interests, abilities etc?
- Are interactions with residents to do with rather than to do for?

- Are key staff appointed for individuals and families to raise issues of care with?

Relationships

- Is the environment a welcoming one where families and friends are encouraged to participate in facility activities?
- Are families/friends welcome to enjoy refreshments or meals?
- Are intimate and private areas provided where families and friends can visit?
- Are communication books used to update family and friends of events or other information when the resident living with dementia is no longer able to do this?
- Are family and friends considered an important component of quality care and are they involved in delivery of care?
- Are there resources to allow family or friends to stay in times of acute illness or approaching death?
- Do staff respect the level of involvement family and friends wish to have and recognise that this may change over time.
- Is there an emphasis on what is best for the resident at the time not on meeting deadlines?
- How is family feedback and evaluation recorded?
- Are there procedures in place that support the introductions of new residents/staff and a process for supporting people when relationships end or change?
- Are key relationships recognised between residents and friends and are they supported in maintaining these relationships, e.g. letters, cards, outings to places of spiritual/religious significance or the local community?
- Are family members given permission and encouraged to initiate activity such as

hand massage, reading, feeding birds or taking a pet for a walk?

- Are 'This is Your Life' albums or family trees created with residents and/or family to encourage reminiscence and communication?

4.2 Occupational Health and Safety (OHS)

Management is actively working to provide a safe working environment that meets regulatory requirements.

To meet this outcome it is suggested: There are protocols that are followed that provide guidance for the safe care of residents living with dementia.

Key Questions:

- Can residents safely use domestic equipment of daily living, e.g. kitchen mixers, vacuums etc.
- Are there safety locks on stoves and equipment used in activity work?
- Are rooms/cupboards that have dangerous goods safely locked at all times?
- Is the medication room and trolleys locked at all times when not in use or attended by staff?
- Are staff aware of the OHS issues for families and visitors?
- Is the environment kept clear of items that may be dangerous for people in transit, e.g. chairs in corridors?
- Is the maintenance of the physical environment kept free from hazards and records of regular checks made?
- Are the work areas for staff kept secure from residents, e.g. laundry and kitchen areas key coded or locked?

4.3 Fire, Security and Other Emergencies

Management is actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks.

To meet this outcome it is suggested: There is evidence of regular fire and safety drills and special protocols for the safe evacuation of those residents living with dementia.

Key Questions:

- Are all staff regularly drilled for evacuation and fire/safety procedures?
- Are all beds fitted with mattress evacuation harnesses?
- Is the safety system checked regularly and recorded, e.g. smoke doors closed when alarm activated?
- Are safe areas with supervision designated for residents living with dementia in the event of an emergency?

4.4 Infection Control

An effective infection control program is in place.

To meet this outcome it is suggested: Management has protocols in place that are followed to provide a safe infection control program.

Key Questions:

- Are appropriate measures available for toileting hygiene, e.g. disposable wipes and skin moisturiser in bathrooms?
- Are food spills and body fluid escapes cleaned appropriately when they occur?
- Do staff wash their hands adequately between resident attentions?
- Are protocols/procedures followed to maintain infection free environments?

- Are there policy and procedures in place to deal with infectious outbreaks, e.g. influenza, viral infections, scabies etc?

- Are staff observant in watching residents living with dementia keep themselves clean, e.g. hand washing after toilet, changing clothing, etc?

4.5 Catering, Cleaning and Laundry Services

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment.

To meet this outcome it is suggested: Management has protocols in place that provide hospitality services that enhance quality of life, choice and dignity for residents whilst ensuring an appropriate working environment for staff.

Key Questions:

Catering

- Are menus checked by a dietician to ensure adequate daily intake of nourishing food and fluids for residents/clients?
- Are meals presented in an attractive manner, e.g. blended food arranged separately and food finely cut if required?
- Are menus checked to ensure food is dementia friendly, e.g. finger food, soup in cups, extra food available at all times?
- Is the delivery of food user friendly for residents living with dementia eg plates with raised edges, spoons with easy grip handles, non-slip placemats.
- Is food and fluid choice available for meals and snacks?
- Do staff have access to snacks for residents between meal times?
- Are foods served at a suitable temperature for people living with dementia?

Housekeeping

- Are residents able to do some domestic chores under supervision, e.g. dusting?
- Is the environment kept safe when cleaning procedures are being undertaken?
- Is bed linen clean and does it provide an appropriate level of warmth for residents' comfort?
- Is the environment kept clean with no odour or carpet stains?

Laundry Services

- Is laundry kept securely in bags sealed in the appropriate room for collection?
- Is clothing returned to residents safely and put away in their closets?
- Are appropriate laundry services available for items that are not to be washed?
- Are all items of clothing and personal washable items such as rugs, labelled clearly with the resident's name?



Additional Reference Material

Internet sites

Alzheimer's Australia www.alzheimers.org.au

Arthritis Australia www.arthritisaustralia.com.au

Australian Pain Society www.apsoc.org.au

College of Pharmacy www.vcp.monash.edu.au

Beyondblue (depression) www.beyondblue.org.au

Continence Foundation Australia www.continence.org.au

National Ageing Research Institute (NARI) www.nari.unimelb.edu.au

Palliative Care Australia www.pallcare.org.au

Wound Foundation Australia www.vcp.monash.edu.au

Evidence based guidelines and reviews such as –

www.nicsl.com.au

www.latrobe.edu.au/acebac/board.htm

www.cochrane.org./indexO.htm

www.joannabriggs.edu.au

Alzheimer's Australia Publications

Quality Dementia Care Series

1. Practice in Residential Care Facilities for all Staff
2. A Guide to Practice for Managers in Residential Care Facilities

Papers

1. Dementia: A Major Health Problem For Australia
2. Quality Dementia Care
3. Dementia care and the Built Environment
4. Dementia Terminology Framework
5. Legal Planning and Dementia
6. Dementia: Can It Be Prevented?
7. Palliative Care and Dementia
8. Decision Making In Advance: Reducing Barriers and Improving Access to Advanced Directives for People With Dementia
9. 100 Years of Alzheimer's: Towards a world without dementia
10. Early Diagnosis of Dementia

Reports commissioned from Access Economics

The Dementia Epidemic: Economic Impact and Positive Solutions for Australia, March 2003
Delaying the Onset of Alzheimer's Disease: Projections and Issues, August 2004
Dementia Estimates and Projections: Australian States and Territories, February 2005
Dementia in the Asia Pacific Region: The Epidemic is Here, September 2006
Dementia Prevalence and Incidence Among Australian's Who Do Not Speak English at Home, November 2006

Other Papers

Dementia Research: A Vision for Australia September 2004
National Consumer Summit on Dementia Communiqué, October 2005
Mind Your Mind: a users guide to dementia risk reduction 2006
Beginning the Conversation: Addressing Dementia in Aboriginal and Torres Strait Islander Communities, November 2006

These documents and others available on www.alzheimers.org.au

