

# MOVING INTO CARE

## Turning research into good practice

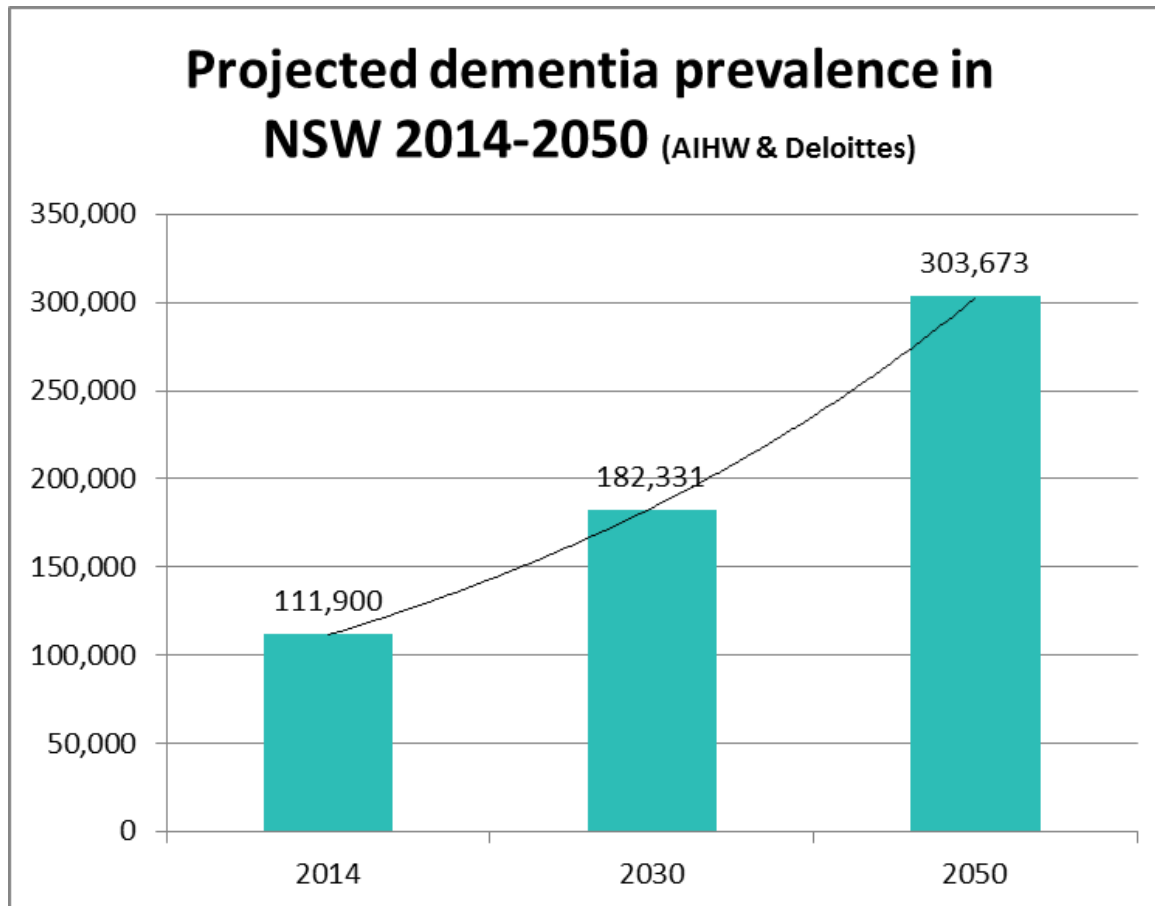
Sally Lambourne and Evan Rollins  
Policy, Research and Information

14<sup>th</sup> April 2014

ACS State Conference



# DEMENTIA PREVELANCE: NSW



# DEMENTIA AND THE MOVE INTO RESIDENTIAL AGED CARE

While every effort is made to support people with dementia to live at home for as long as possible, a large number will ultimately move into residential aged care.

In Western societies, between 75% and 90% of people with dementia will be placed in a RAC facility as a result of dementia severity, behavioural disturbances, and the inability of caregivers to cope with their complex needs.

# ALZNSW: RESEARCH PUBLICATION



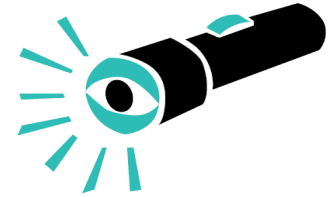
Discussion Paper 5  
October 2012

**THE MOST  
DIFFICULT  
DECISION:**

**DEMENTIA AND  
THE MOVE INTO  
RESIDENTIAL AGED  
CARE**

**TALKING ABOUT ALZHEIMER'S  
ACROSS AUSTRALIA**  
FIGHTDEMENTIA.ORG.AU

# THE RESEARCH



To **understand the experiences** of people with dementia and their carers/families. To **hear the voice of carers** who had placed a person with dementia in residential care.

Provide **recommendations** to Federal and State Governments and Aged Care Providers.

<http://www.fightdementia.org.au/new-south-wales/research-nsw.aspx>

# THE OUTCOME



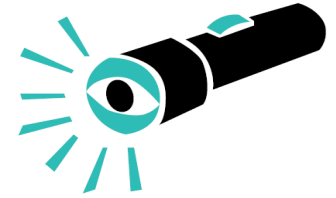
**MOVING >>  
INTO >>  
AGED CARE >>**

**WORKING WITH PROVIDERS OF RESIDENTIAL AGED  
CARE TO IMPROVE EXPERIENCES FOR RESIDENTS AND  
CARERS... READ MORE**

# MOVING INTO CARE

The **BEST care** for people with dementia can exist at home, in the community AS WELL AS in **residential aged care**

# SUSAN'S STORY



*Moving my mother into care was the hardest thing I have ever had to do in my life.*



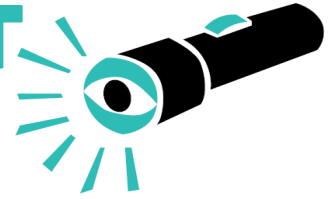
# SUSAN'S STORY DIFFERENTLY



What could have been done to improve the process or to achieve a more positive outcome.

- RNs and Care Staff
- Admission Staff in RAC
- Hospital and Community Health Staff
- Susan – The Carer
- Jill - The Resident

# MOVING INTO CARE PROJECT



- Free Consultancy
- Small Providers across NSW: <5
- Build on the Research
- Transfer knowledge and embed good practice
- Improving the experience for residents and family carers

# MOVING INTO CARE



## Values

Recognise the value of all human life regardless of age or ability.



## Individuals

Focussed on each unique person.



## Perspective

Looking at the world through the eyes of the person needing care.

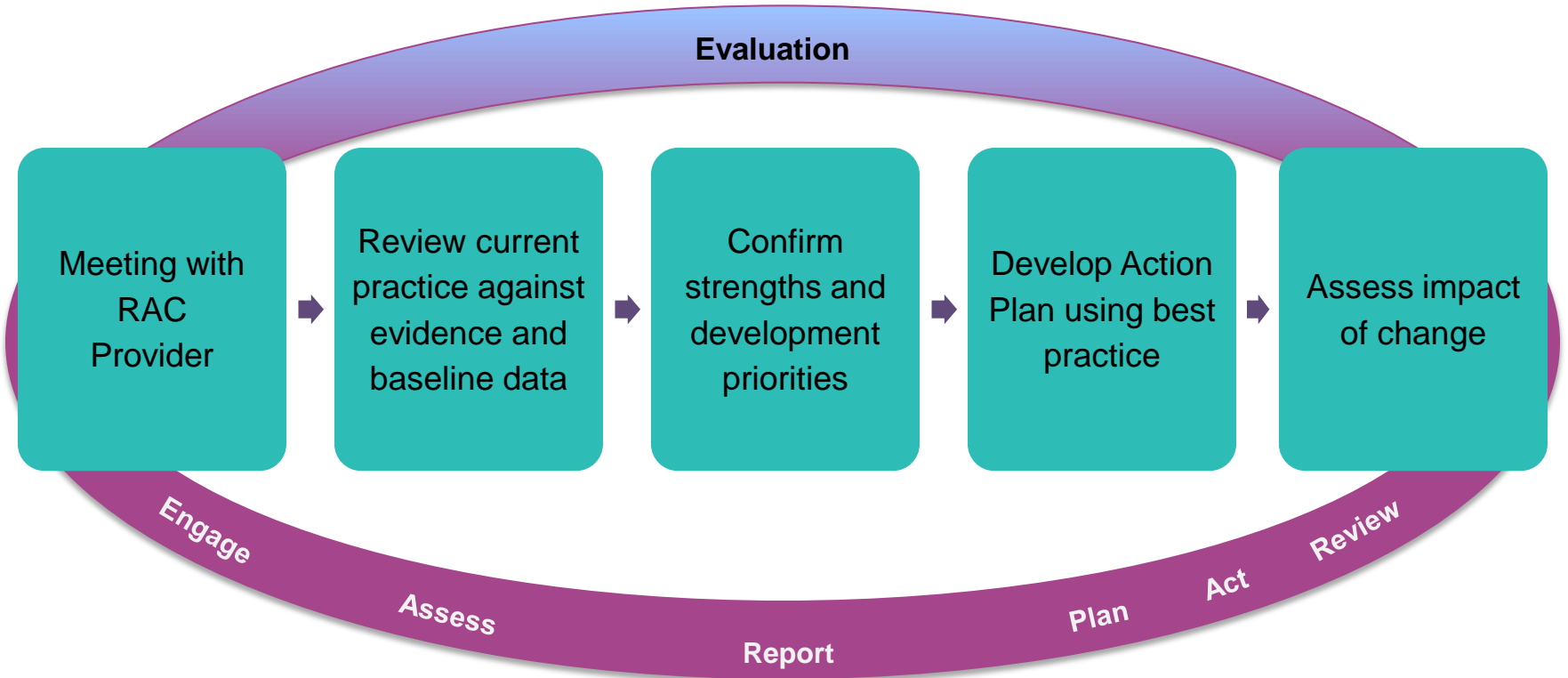


## Social

Seeing and responding to a person rather than a unit of care.

The V.I.P.S framework was created by the UK Association of Dementia Studies and published in *Person Centred Dementia Care: Making services better*, Brooker, D. (2007). Alzheimer's Australia NSW has permission to use this tool.

# MOVING INTO CARE PROJECT

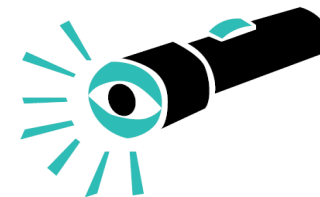


# ENGAGEMENT AND ASSESSMENT



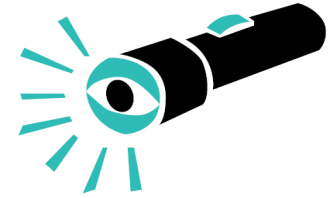
- Service Agreement
- Assessing practice against evidence and baseline data
- Carer Survey: < 12 months
- Staff Self Assessment Survey
- Document Review
- Assessment Report

# PLAN AND ACT



- Workshop
- Confirm strengths and development areas
- Identify priorities
- Identify outcomes
- Develop Action Plan

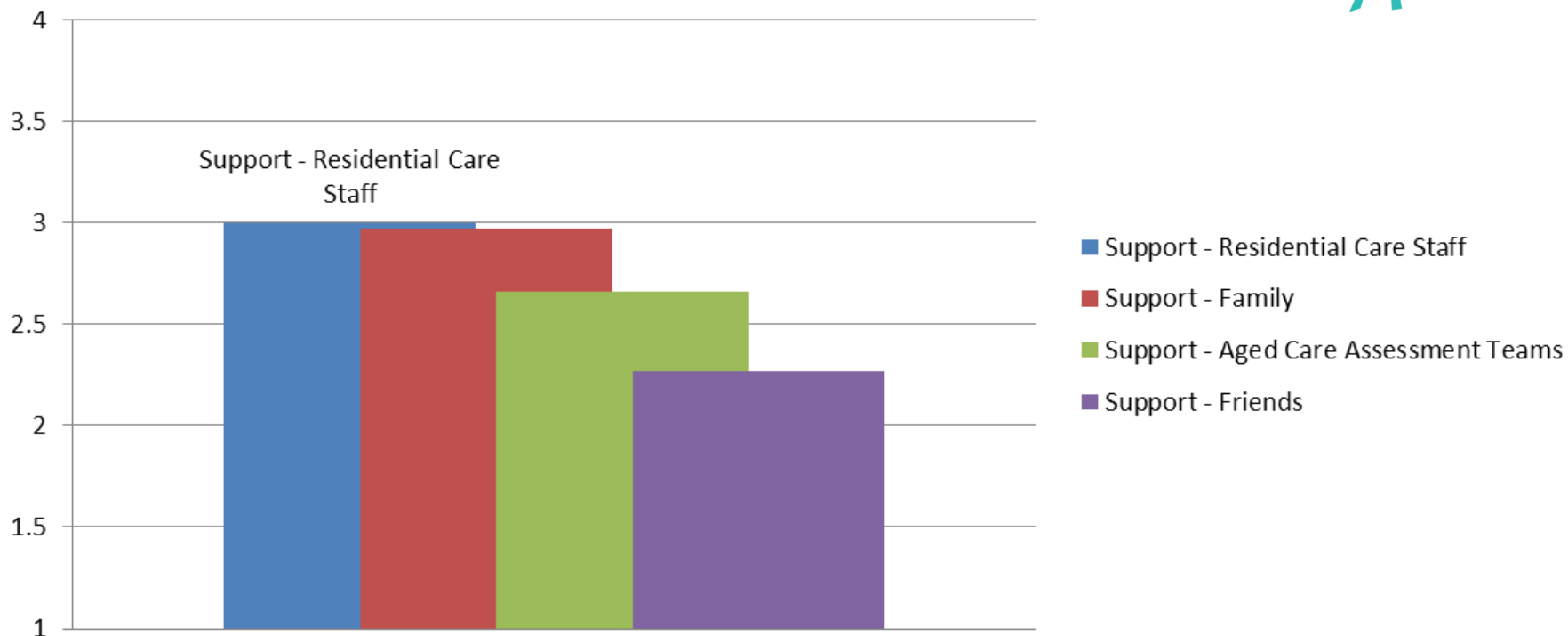
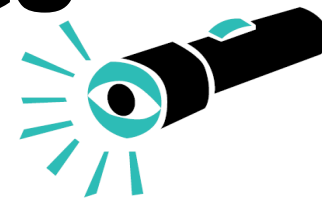
# REVIEW



- Contact Provider
- Identify actions, strategies and barriers
- Assess the impact of change
- Identify future development opportunities



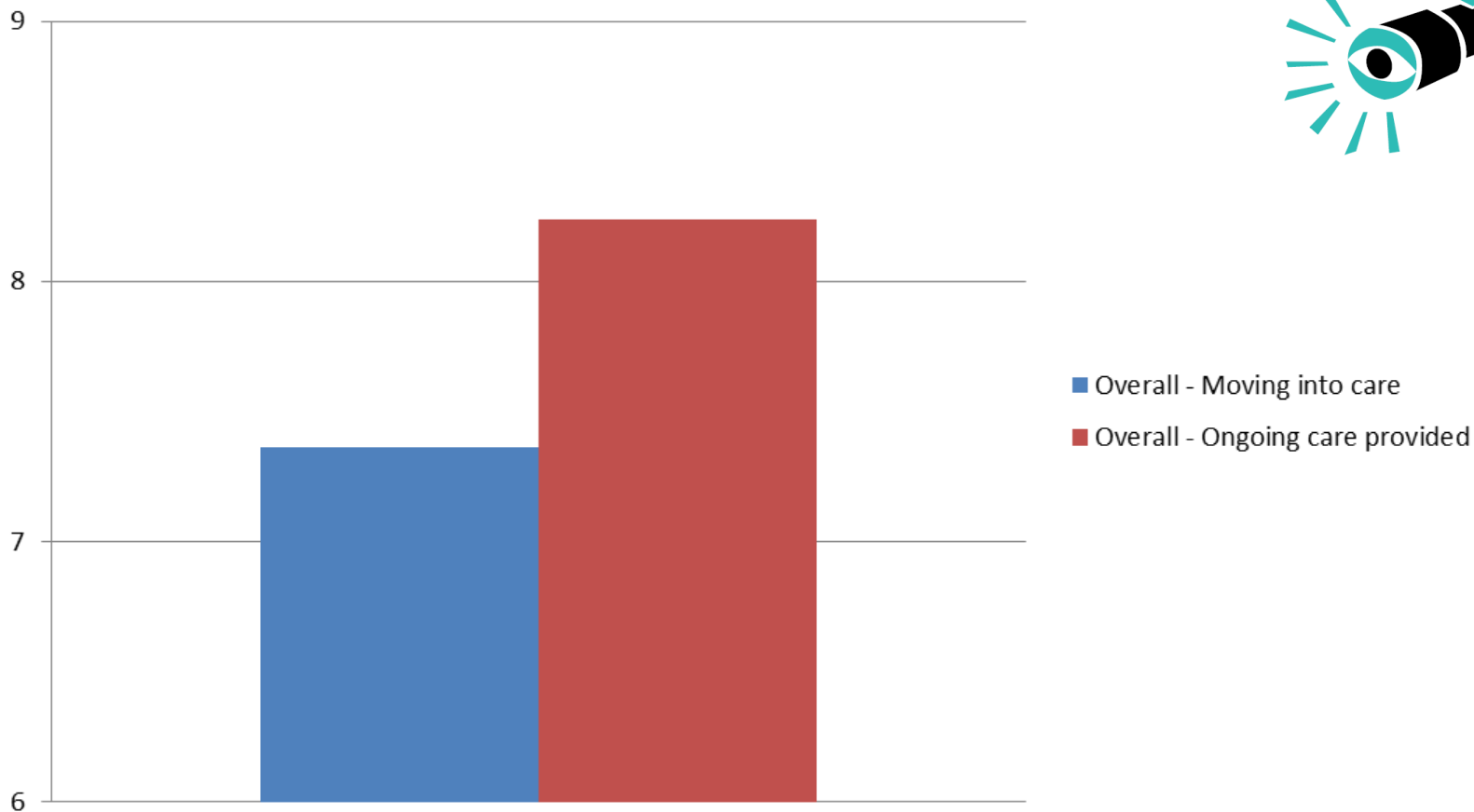
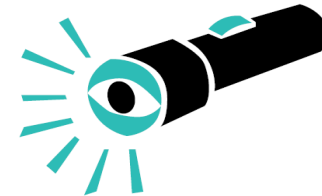
# MOVING INTO CARE: FINDINGS



- Carers report that they receive more support from residential care staff than any other group, even family! (n=184)

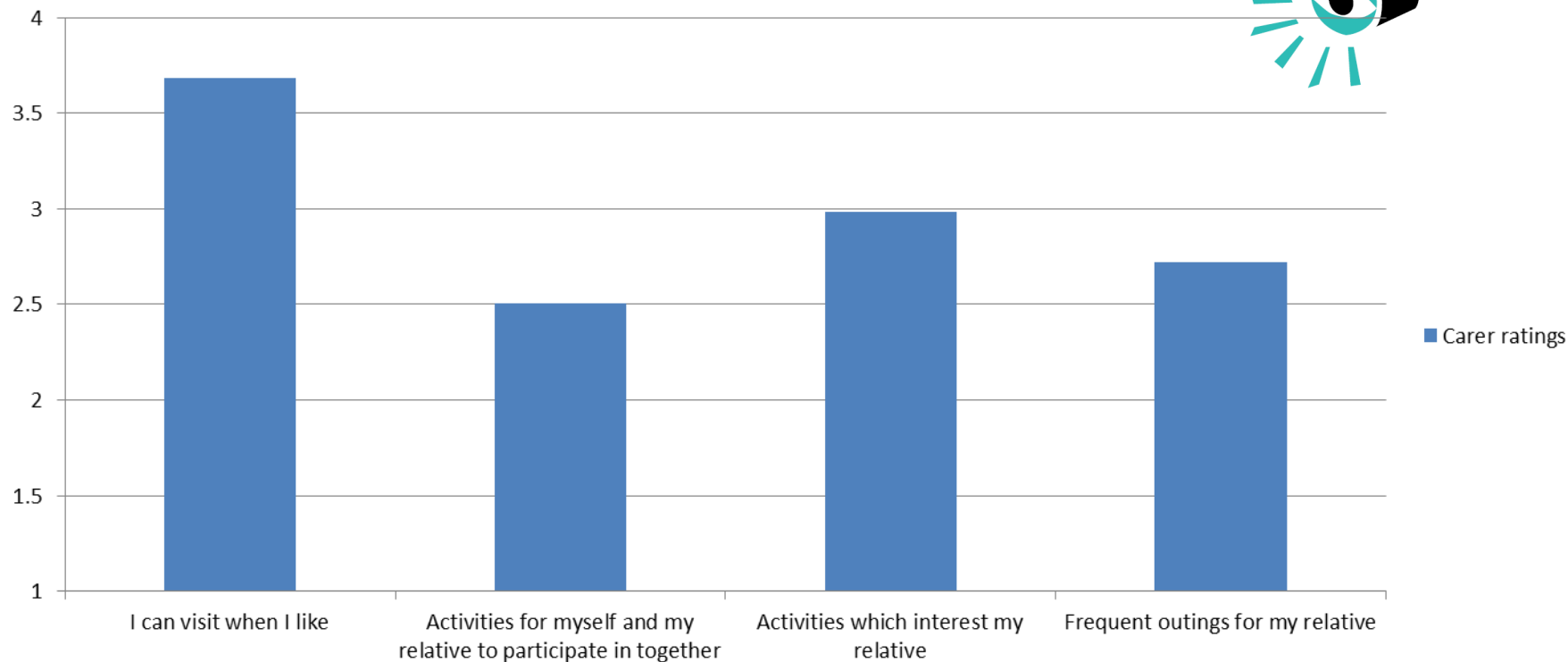
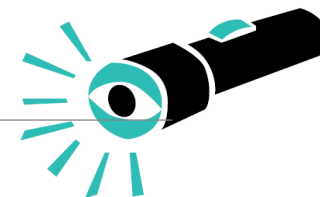


# MOVING INTO CARE: FINDINGS



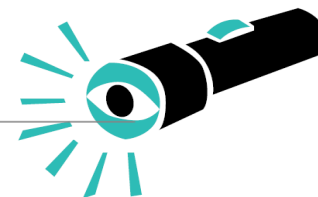
- The move to residential care is a very difficult period for carers and residents, carers consistently rated moving in much lower than ongoing care being received (n=184).

# MOVING INTO CARE: FINDINGS



- Carers rate ability to visit very highly, but rate available activities and outings much lower (n=184).

# MOVING INTO CARE: FINDINGS



- Carer ratings indicate that there is less discussion about support or family involvement in care planning than fees (n=184).

# WHAT CARERS ARE RECOMMENDING

*It would have been easier settling in if I had had one person to approach each shift.*

*Have a support person through the WHOLE process. It is an extremely emotional time for the carer.*

*I would have liked a meeting, say with an RN, to fully understand the implications of this new life for both of us, rather than learning as matters arose.*

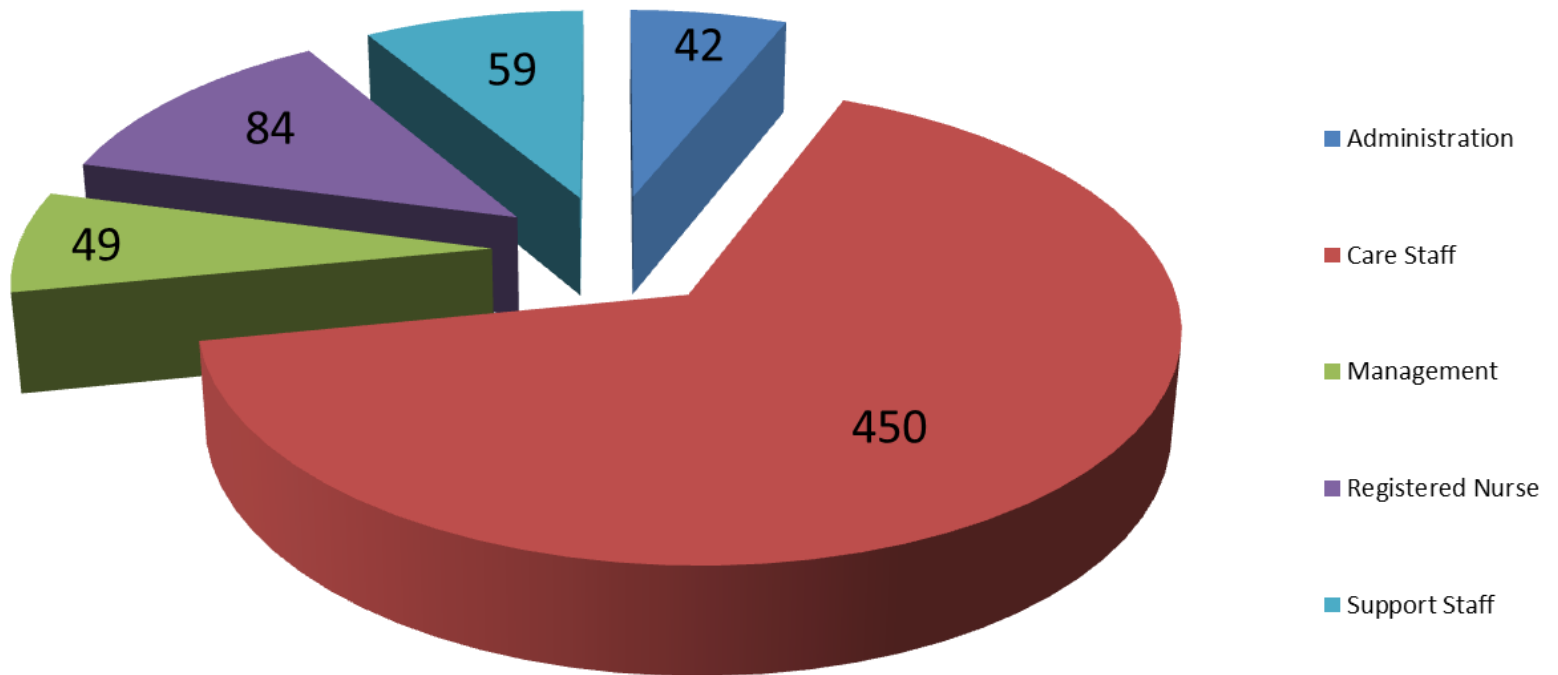
*The process was rushed. Only had 2 days to get Mum there. Would have liked more information about the whole process.*

# MOVING INTO CARE: STAFF SURVEY

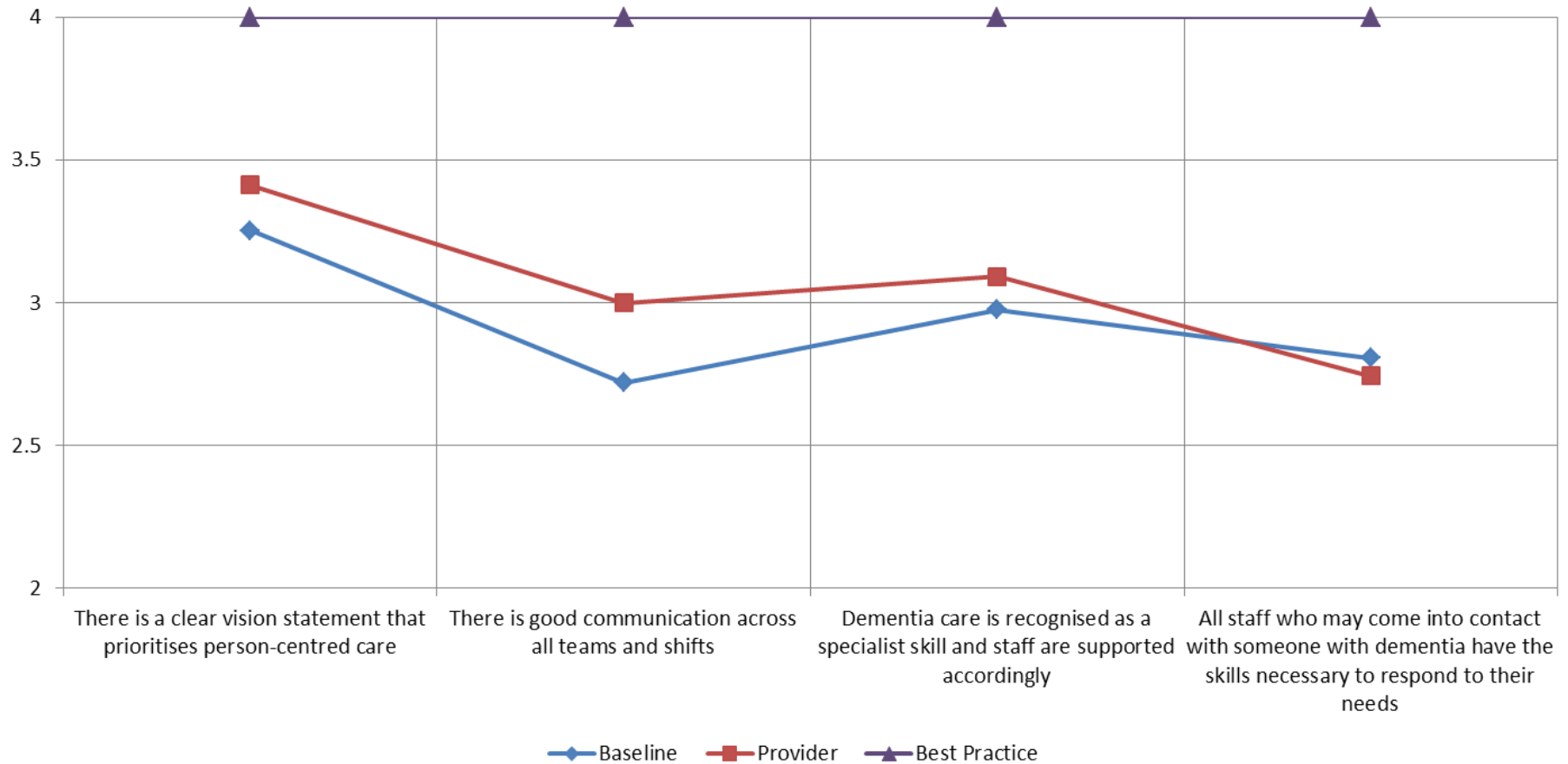


- What staff think about the kind of care that is delivered
- How staff feel about their role
- What is done to contribute to the quality of life of the residents who call the facility home.

# MOVING INTO CARE: STAFF FINDINGS



# MOVING INTO CARE: FINDINGS



# MOVING INTO CARE: FINDINGS



## Values

Recognise the value of all human life regardless of age or ability.



- Strong **leadership** and **management**
- Clear **vision** towards person centred approaches to care
- Good **communication** and **supervision** across staff levels
- Ongoing **training** and practice development
- **Accessible** outside spaces
- **Welcoming** environment



# MOVING INTO CARE: FINDINGS



**Individuals**  
Focussed on  
each unique  
person.



- Residents are recognised and engaged as unique individuals
- Life history information is collected and shared
- Care plans are dynamic and up to date
- Tailored activities that are varied and meaningful

# MOVING INTO CARE: FINDINGS



- Staff display empathy and try to improve resident well-being
- Challenging behaviours are understood as resident distress and communication
- Dementia friendly physical environment: home-like, signage, noise, temperature, outside spaces
- Acceptable risk



**P**erspective  
Looking at the world through the eyes of the person needing care.

# MOVING INTO CARE: FINDINGS



## Social

Seeing and responding to a person rather than a unit of care.



- Keeping residents actively engaged with the community
- Welcoming families and friends to the home and sharing in the care
- Involving residents in decision-making

# BEST PRACTICE EXAMPLES



- Restraint Free Community
- Managing challenging behaviours –reduced staff concerns and fewer complaints
- Dementia friendly environments
- Integrated community: families, residents, dementia residents
- Carer Support Groups: *How to make the most of your visit?*

# PROVIDER EXPERIENCE



Patricia Chew - CEO

## St Catherine's Aged Care Services

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A work of the Daughters of Charity  
of St Vincent de Paul



# WHERE TO FROM HERE?



## **AizNSW:**

- Work together with Providers to improve practice
- Build the evidence base and share the knowledge
- Dementia advocates and key contacts
- Identify areas for greater dementia support

# WHERE TO FROM HERE?



## **Aged Care Sector:**

- Come on board
- Refer small providers to our Project
- Identify best practice Providers

# MOVING INTO CARE



*I saw a facility where I would be happy for my wife to live and where I would be happy to live. I saw a home where everyone was seen and valued.*



# THANK YOU



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