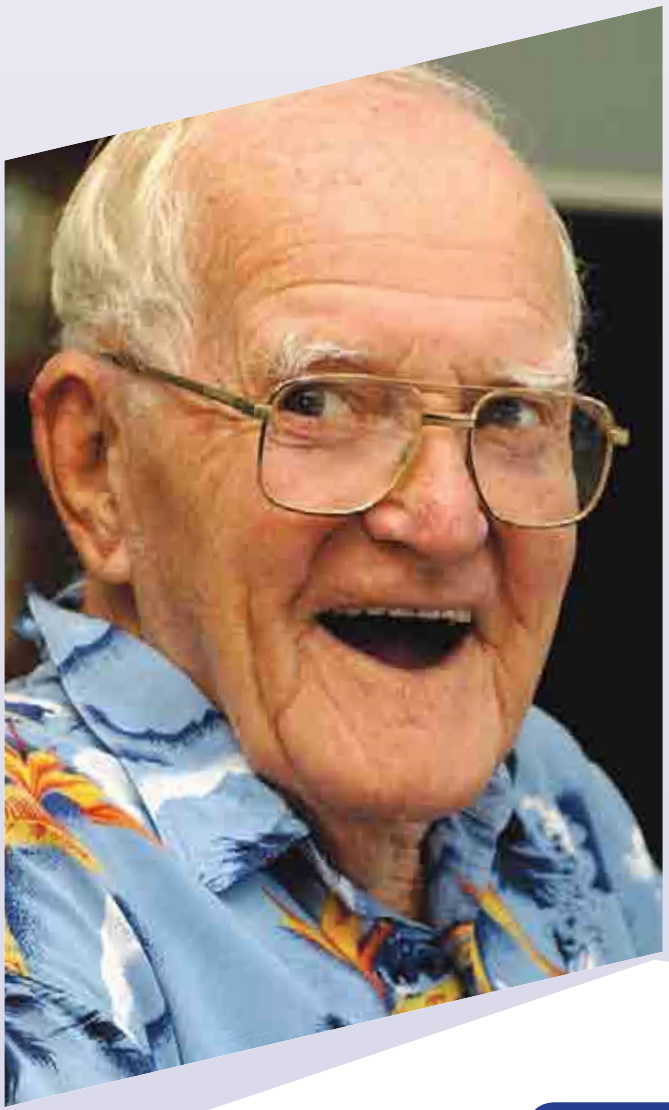
# Aged Care in Australia

## a guide for aged care workers



2ND EDITION

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## a guide for aged care workers

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Training and Education Support, Industry Skills Unit, Meadowbank
Department of Education and Communities

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# FOREWORD

Australia is a great place to live because of older people and the generations before them. Older people have spent their lives building our country, shaping our culture and making sacrifices to ensure a safe and prosperous future for our great nation.

As Australia's first Ambassador for Ageing one of my main roles is to promote healthy active ageing messages, but I also work hard to create a positive attitude toward older people.

Over the next 40 years the numbers of Australians aged over 65 years will grow until we represent a quarter of the population, and as our population ages we need to foster an attitude where older people are not seen as a burden.

And older people are certainly not a burden.

Many older Australians have fought in wars to protect this country, to uphold the way of life that is so valuable to us. Others have worked hard to build the institutions and technologies that all Australians benefit from, and then there are those who have built families and the community fabric which we all enjoy today.

And what about older Australians who spend their time helping others – volunteering in Australia is valued at around $75 billion a year and I am proud to say that many volunteers are older people.

As Ambassador for Ageing I want older people to live in dignity and security, and be free of exploitation and abuse.

Either as individuals or workers in the aged care sector, we need to foster dignified, supportive life circumstances for every older person, not just because it is the right thing to do, but also because older people deserve to live out their lives as valued members of our communities.

I am grateful to TAFE NSW for giving me this opportunity to write the foreword for this important textbook, and to everyone reading this book, don't worry about growing older, it can be just as fabulous as the other stages of your life!

*Noeline Brown*

Ambassador for Ageing
Department of Health and Ageing

# ACKNOWLEDGEMENTS

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This textbook is the result of the combined support of many people. We extend our gratitude and deep appreciation to those who have provided us with encouragement, insight, information and feedback during the process of development of both the first and second editions.

# ACKNOWLEDGEMENTS

## SECOND EDITION CONTRIBUTING AUTHORS/REVIEWERS

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**Denise Allison** for her initial design input to the first edition.

## ACTIVITY CENTRES

Community respite is available through activity centres. Activity centre respite programs may offer services for all older people, or they may be targeted for special-needs groups, such as dementia-specific services or culturally specific services. Activity centres provide group activities, individual programs and social outings.

While activity centres offer respite care and some time away from carer responsibilities, they also provide social contact in a safe and stimulating environment for many people who cannot join the social and leisure activities of their communities. Activity centres offer a variety of services including recreation and leisure, social and mental stimulation, meals and personal care. They are centre-based, which means the older person is usually picked up in a bus and brought to the centre. A small fee is usually payable to cover some of the costs. Some centres organise regular outings and accommodate the special needs of particular groups. For example, a typical day activity centre program might include craft, singing, bus trips, bingo, gentle exercise such as tai chi and shared meals.

Historically, volunteers played a vital role in organising activity centres. Increasingly, however, trained recreational activities officers or diversional therapists, who use their assessment and programming skills to develop social and leisure activities, are managing these activities.

## DAY THERAPY CENTRES

Day therapy centres are funded by the Australian Government and focus on providing specialist allied health services such as podiatry, physiotherapy, occupational therapy and speech pathology to maintain or help the older person to recover a level of independence.

These centres often work in close liaison with community-based transport services, since many older people have great difficulty accessing centre-based services. Some therapy centres may also employ diversional therapists to run recreational programs that are similar to activity centres.

Referrals to day therapy centres need to be made by community health workers, social workers, aged care assessment teams or medical practitioners.

## EQUIPMENT PROGRAMS AND INDEPENDENT LIVING

Many community health services, hospitals and chemists have a hire or loan system through which older people can borrow equipment and appliances to help them manage at home. Equipment may include special beds, personal alarms, commodes, sheep skins, hearing aids, shower chairs, walking frames, continence aids and wheelchairs.

Independent Living Centres, funded by the Australian Government, provide equipment for hire across

## National Aged Care Information Line

The National Aged Care Information Line acts as a single point of entry for people seeking information and access to aged care services. It is supported by a national aged care website for those people wishing to source information online.

This national information line and improvements to the national aged care website are part of national health reform efforts to establish a front end for aged care to improve information, intake and assessment.

National Aged Care Information Line

1800 200 422

Aged Care Australia
Department of Health and Ageing
website:
http://www.agedcareaustralia.gov.au

## Research

Research the laws and statutory regulations that relate to aged care. List and briefly describe each one and the role they have in aged care.

## Legislation on-line

Find out more about federal, state and territory legislation at:

www.comlaw.gov.au

The Freedom of Information Act 1982 also requires government agencies and authorities to publish information about their operations and powers that affect the public. It requires agencies to provide access to documents in their possession, although there are exceptions that mean documents may not have to be made available.

### Mental health acts

Each state and territory has its own mental health act and these clearly set out the rights of people with a mental illness. They emphasise:

- community-based care with hospitalisation only when necessary
- consumer rights — the right to know about decisions and orders made about one's care
- consent to treatment
- clear guidelines for involuntary admission
- a mental health tribunal to regularly review all patients
- legal definitions of mental illness, based on the symptoms the person is experiencing, rather than on his or her diagnosis.

### Child protection

Aged care workers employed in community services often come in contact with children, since many older people are either the primary or occasional carer for their grandchildren. Community workers must follow child protection laws and specific rules relating to child abuse and neglect, including mandatory (compulsory) reporting of possible child abuse in some states and territories.

Aged care workers are required to identify and report possible risks of harm to children. They are not required to assess whether abuse is taking place. If mandatory reporting applies in the work environment, this means that aged care workers must report suspected abuse.

Staff will be required by their employers to have pre-employment checks — for example a criminal record check or prohibited employment check — to confirm they have no history of child abuse.

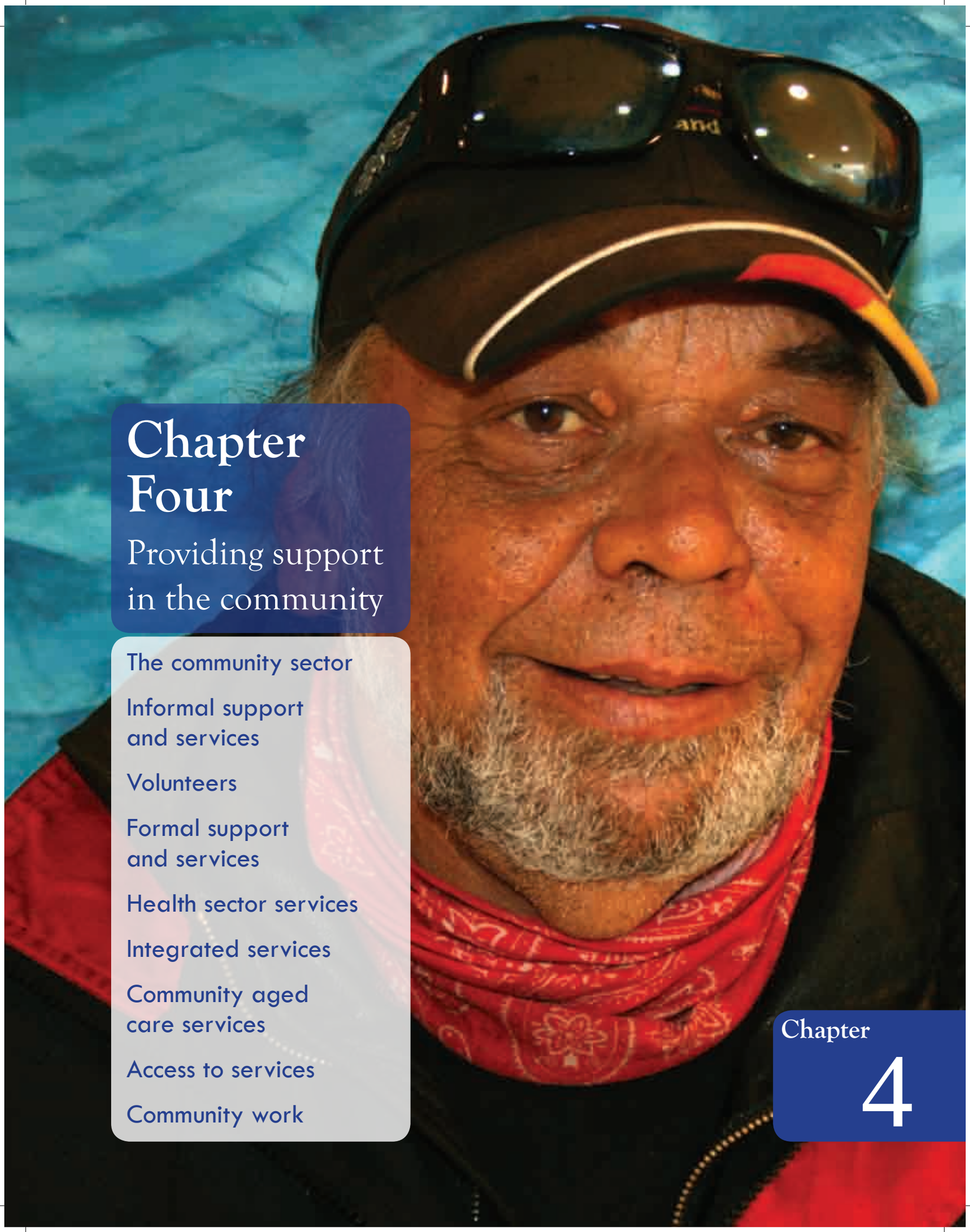
### Anti-discrimination

Anti-discrimination legislation makes it illegal to treat people differently and unfairly based on their race, gender, sexual preference, marital status, age, physical or intellectual impairment or carer responsibilities. Discrimination can occur at two levels.

1. **Direct discrimination** is any action which excludes or limits a person or a group of people from accessing a service because of a personal characteristic irrelevant to the situation (for example, a person is discriminated against by being told that the service has no vacancies when in fact it does).

## Separation of powers

| LEGISLATIVE POWER | JUDICIAL POWER | EXECUTIVE POWER |
|---|---|---|
| The Australian Government, through the Parliament, makes the laws. This is legislative power. | Judges decide how to interpret and enforce the laws. This is judicial power. | Government departments headed by an elected minister and run by public servants put the laws into practice. This is executive power. |



# Chapter Four

## Providing support in the community

The community sector

Informal support and services

Volunteers

Formal support and services

Health sector services

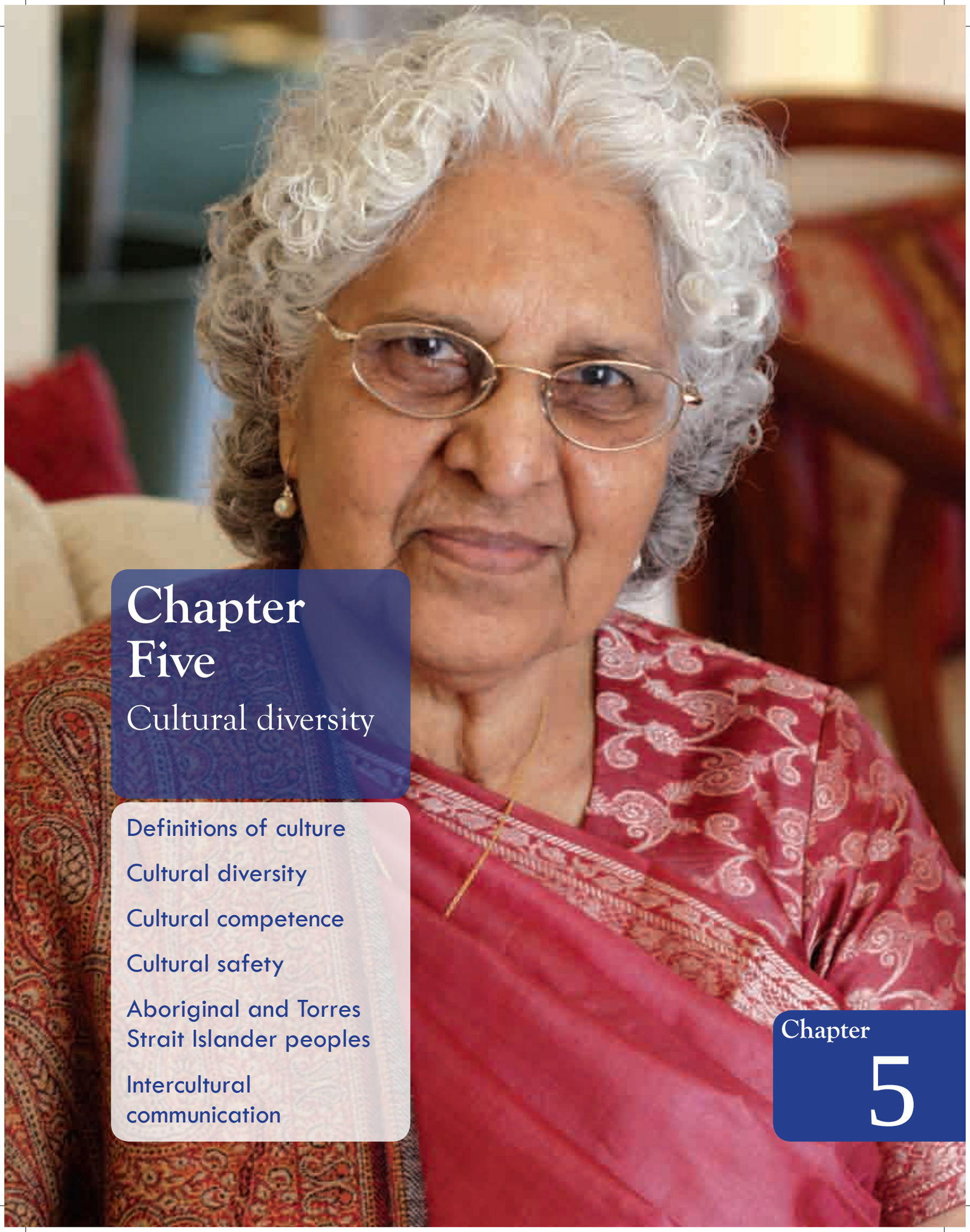
Integrated services

Community aged care services

Access to services

Community work

Chapter 4



# Chapter Five

## Cultural diversity

Definitions of culture

Cultural diversity

Cultural competence

Cultural safety

Aboriginal and Torres Strait Islander peoples

Intercultural communication

Chapter 5

GUMTREE GARDENS
QUALITY AGED CARE

Surname: ZDENZOWSKI
Given name: Eric
Room No.: 6
DOB: 16/12/1933
Doctor: Kerrigan

## Progress notes

| DATE/TIME | COMMENTS |
|---|---|
| 01/06/12 20:30 hrs | Eric complained of ® knee pain. Walking short distances |
| | to the bathroom and return with stand-by supervision. He |
| | ate all of his evening meal and is resting in bed at time |
| | of report. |
| | A Mann (Mann) AIN |

**Figure 7.10**: Omission of case study information in progress notes

GUMTREE GARDENS
QUALITY AGED CARE

Surname: ZDENZOWSKI
Given name: Eric
Room No.: 6
DOB: 16/12/1933
Doctor: Kerrigan

## Progress notes

| DATE/TIME | COMMENTS |
|---|---|
| 01/06/12 20:30 hrs | Eric has complained of pain in his right knee this evening. |
| | His right knee has been massaged with his prescribed |
| | ointment. His right leg has been repositioned with pillows. |
| | Eric still complained of pain in his right knee and has had |
| | a heat pack applied. The supervisor has been notified and |
| | has administered analgesics. Eric states he feels more |
| | comfortable. A Mann (Mann) AIN |

**Figure 7.11**: Correct recording of information from the case study in progress notes

- poor judgement, reduced visual perception, decreased hand–eye coordination
- difficulty handling situations or tasks
- headache, loss of appetite and digestive problems
- ineffective communication, irritability.

Aged care work can be both physically and emotionally demanding. As residential aged care facilities provide care for older people 24 hours a day, workers are required to work different shifts. Shift work can contribute to fatigue, and workers need to ensure they get sufficient rest and sleep between shifts.

Managers are responsible for ensuring that the staff roster minimises the impact of changing shifts for each worker, and gives sufficient rest and breaks in between. Tea/meal breaks and leave entitlements allow workers time to rest and relax away from work commitments. These breaks are essential and staff should not be allowed to work without breaks as this may affect their safety and the safety of others. Supervisors and employers need to encourage and support the use of workers' leave entitlements.

It is the responsibility of management to ensure that sufficient staff are working each shift and that there is adequate supervision of workers. Managers need to organise relief staff and casual workers to ensure the workload is covered at busy times, and to cover holidays, sickness and tea/meal breaks.

Monitoring levels of staff fatigue requires a commitment by managers to consultation and ongoing review of work practices. Managers must consider the potential impact of fatigue as a hazard whenever any changes occur in the workplace or new developments are proposed.

If aged care workers are experiencing fatigue and sleep problems, it is important to discuss these with their doctor. A number of factors can affect sleep patterns and lead to fatigue, including both physical and emotional issues such as sleep apnoea, depression, anxiety and grief.

If they have a health problem or are taking medication that affects their energy levels and results in fatigue, it is important that they discuss with their doctor the potential impact of the health problem and/or medication on their ability to do the work and to work in a safe manner.

## Risks associated with driving

Driving, either to an older person's home or transporting older people, is a significant risk in the community care sector.

Organisations should develop a safe driving policy that includes:

- responsibilities, including who is responsible for vehicle maintenance
- minimum vehicle requirements
- minimum driver requirements
- road safety awareness
- fatigue management
- reporting procedures
- what to do in emergencies.

Consideration should also be given to area-specific issues such as country driving.

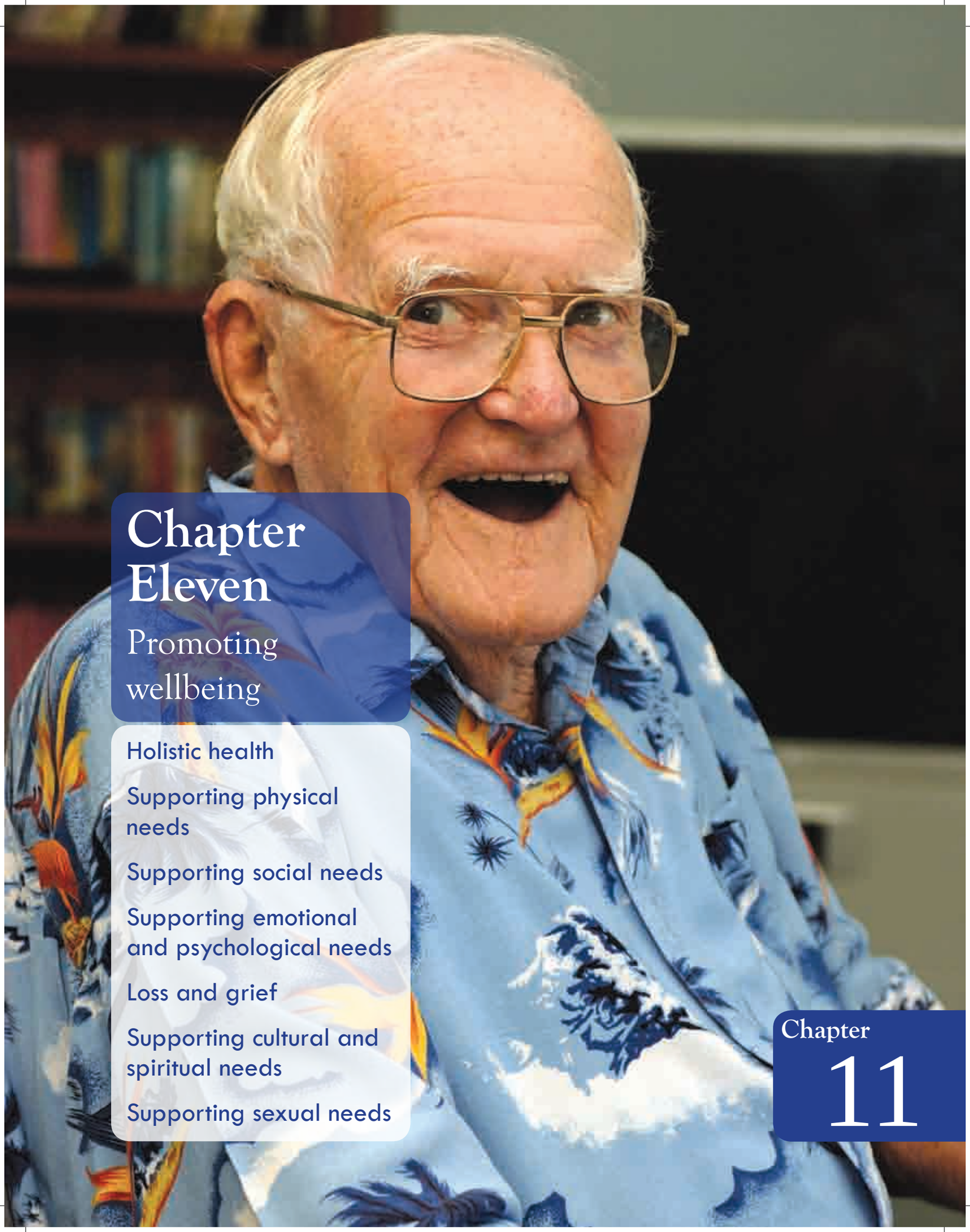
When scheduling work, aged care workers need to be given sufficient time to travel and complete required tasks.

Workers must:

- hold a current, valid driver's licence
- hold required insurances
- ensure the vehicle is registered
- follow the road rules
- ensure they do not drive if their passenger is behaving in such a way that they are distracted from driving safely
- ensure their passenger is wearing a seatbelt
- follow safe manual handling when helping an older person in or out of a car or transporting mobility aids
- not drive if tired or under the influence of certain medications or drugs/alcohol
- report any driving incidents to their employer
- carry out routine vehicle maintenance and check the vehicle regularly.

## WORKING ALONE OR AT NIGHT

Aged care workers often work alone or at night. Being isolated from other workers increases safety risks as it may be difficult to contact emergency services quickly. Emergencies may occur as a result of intruders, workplace violence from older people or others, changes in an older person's medical conditions, or working in the community.



# Chapter Eleven

## Promoting wellbeing

Holistic health

Supporting physical needs

Supporting social needs

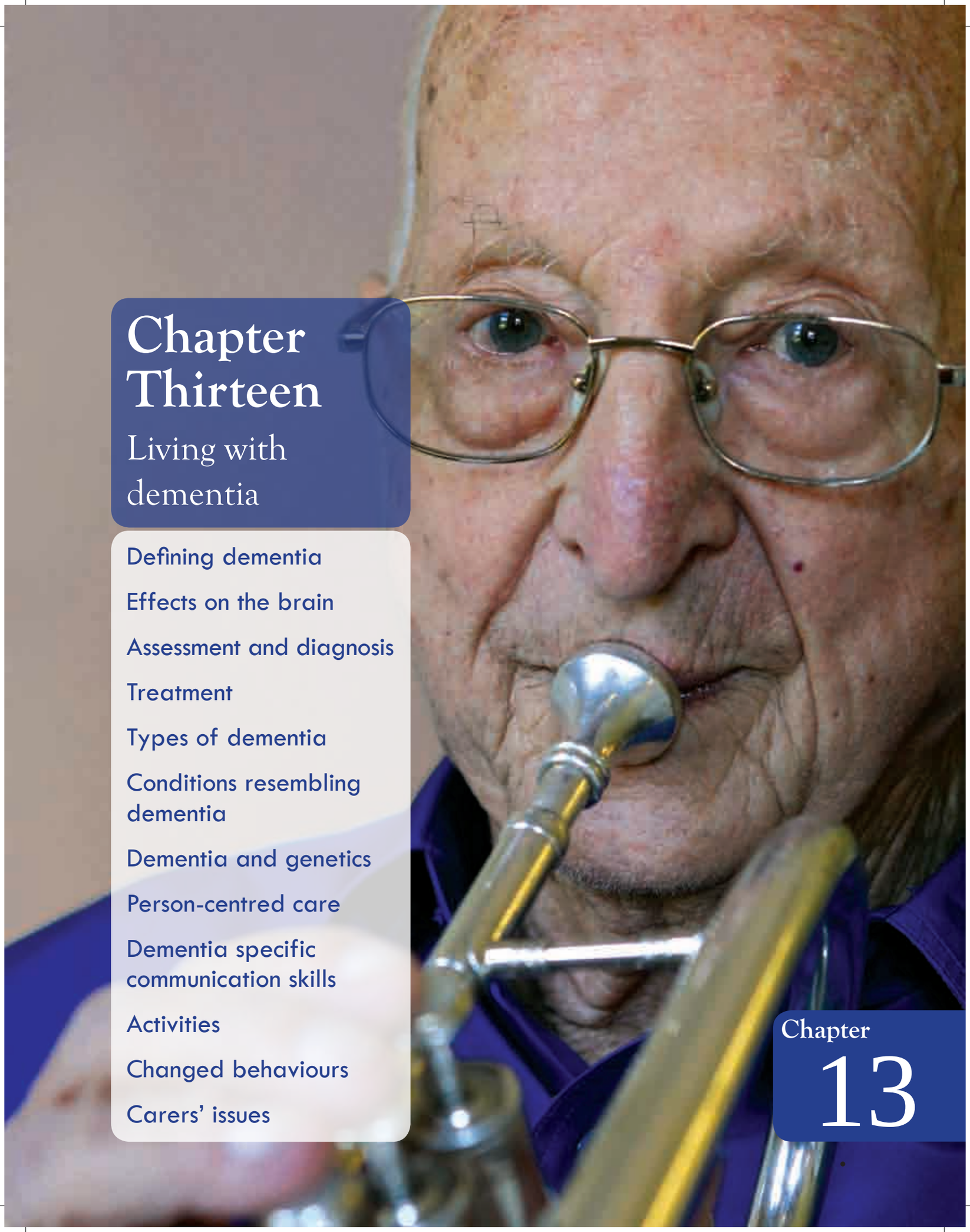
Supporting emotional and psychological needs

Loss and grief

Supporting cultural and spiritual needs

Supporting sexual needs

Chapter 11



# Chapter Thirteen

## Living with dementia

- Defining dementia
- Effects on the brain
- Assessment and diagnosis
- Treatment
- Types of dementia
- Conditions resembling dementia
- Dementia and genetics
- Person-centred care
- Dementia specific communication skills
- Activities
- Changed behaviours
- Carers' issues

Chapter 13

## CURRENT RESEARCH

Although there are no current cures for dementia, there is hope that slowing the progression of Alzheimer's disease may be possible. Many different trials and research programs are now investigating preventions, cures and treatments for dementia, as well as new concepts for best practice in ongoing support and services. Due to the large amount of research being undertaken, theories and ideas are constantly emerging and being trialled.

### Dementia collaborative research centres

Recognising the need for ongoing research, the Australian Government has funded three research centres – the Dementia Collaborative Research Centres (DCRCs).These centres were established to research the areas of:

- assessment and better care
- early diagnosis and prevention
- support for carers and consumers.

Accessing the DCRC website is a valuable way of staying informed of the latest trends in research. Go to:

www.dementia.unsw.edu.au


## TYPES OF DEMENTIA

There are many different types of dementia, each with their own cause, treatments and outcomes. Some dementias may be a late symptom of other diseases such as Parkinson's disease, AIDS and Huntington's disease. Some of the most commonly diagnosed dementias are:

- Alzheimer's disease
- dementia with Lewy bodies
- vascular dementia
- frontotemporal dementia
- alcohol-related dementia.

Knowledge of the different types of dementia, particularly those that are more common, is important for the aged care worker. The different dementias are closely related in their causes, physiology, symptoms and treatments.

The aged care worker is the one person in a position to observe and monitor an individual's behaviour and any changes as they develop. An understanding of the different dementias and the very subtle differences between them is the key to working with the person to compensate for lost skills.

Supporting someone with dementia and working with changed behaviours need not involve complicated strategies. Knowing how the condition is likely to progress, being able to recognise the skill level of the person, and observing and reporting on

### Case study

*Helena would become distressed each evening when she entered her kitchen to prepare dinner. Helena would report that her kitchen was filled with children from the surrounding neighbourhood and she was concerned there was not enough food to feed them all. Helena's husband would hear the conversation between his wife and the children. When his wife started to sound agitated and distressed he would walk into the kitchen, open the back door and tell the children their mothers were calling them for tea and they had to return home. He would stand at the door for an appropriate time, farewelling the invisible children from his kitchen. He would then turn to his wife, ask if they had all left and then close the door. His wife would often smile with relief and then join him in preparing their evening meal.*

### REFLECTION

Do you think that Helena's husband dealt with her hallucinations in an appropriate manner? Provide at least two reasons to support your decision.

## SUMMARY

We know there is no cure for most types of dementia, and that the condition is progressive. Each person will react differently and show different symptoms, depending upon the type of dementia, which part of the brain is damaged and their personal history. However, with a sound understanding of the condition and by maintaining the core principles of person-centred care, it is possible to maximise the quality of life for the older person with dementia, as well as their carer.

This chapter has established the importance of always putting the older person first. This requires recognising and acknowledging older peoples' individual differences, including their cognitive and physical abilities, cultural background and beliefs, and each older person's unique biographical profile. It also includes recognising the contribution and involvement of primary carers, families and friends.

This chapter also emphasised the need to recognise and support the psychosocial health of the individual. This can often be achieved through the use of effective communication skills, both verbal and non-verbal. It also includes a broad range of therapeutic communication techniques that can form the basis of activity planning and overall planning of support and services.

Older people with dementia are active participants in life — regardless of where they may be along the dementia pathway. It is the aged care worker's role to ensure that the older person is given the opportunity to express their individual differences and cultural preferences in a safe and nurturing environment. In this way, quality of life is maintained within a cooperative partnership.

## REFLECTIVE QUESTIONS

### ACTIVITY 1

List five common symptoms of dementia.

### ACTIVITY 2

Describe the key components of person-centred care.

### ACTIVITY 3

Describe how you may need to adapt your communication style when working with people with dementia. Provide examples of the different techniques you would use.

### ACTIVITY 4

Develop a social history based on your life to date. Identify three things that could be used from your social history to develop your own individualised activity plan.

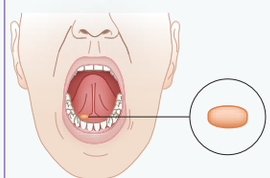
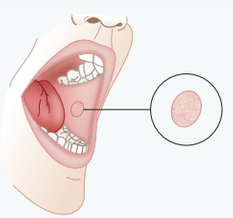
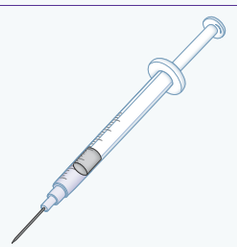
### ACTIVITY 5

What do you think the major impacts might be for a primary carer who is caring for someone:

A. at home
B. in residential care?

How might this affect your role as a paid aged care worker, and what could you do to make the relationship a positive one?

## Table 15.1 Forms of medication *continued*

| TYPE | DESCRIPTION | ADVANTAGES | DISADVANTAGES | FORM |
|---|---|---|---|---|
| **Sublingual** | The medication is placed under the tongue.<br>Example: anginine, glycerol, trinitrate | • Quick acting, effective in emergencies.<br>• Absorbed directly into the blood. | • May have an unpleasant taste.<br>• May irritate the mouth. |  |
| **Liquid** | A fluid that contains medication that is swallowed. Examples include mixtures, emulsions, suspensions, syrups and tinctures.<br>Examples: Agarol, pholcodine, Benadryl | • Easy to swallow.<br>• Can be flavoured. | • The person needs to be able to swallow.<br>• Some fluids can separate. |  |
| **Wafers** | Small disc-like preparation impregnated with medication. It is held in the cheek until absorbed.<br>Example: analgesia | • Quickly absorbed by the mucous membrane in the mouth. | • May have an unpleasant taste.<br>• May irritate the inside of the mouth. |  |
| **Injections (parenteral)** | Medication administered by a needle into a muscle or beneath the skin.<br>Example: insulin | • Quick response if given into a muscle.<br>• Reliable route of delivery.<br>• Can be formulated to have a sustained release. | • Administration into the muscle may affect the chemical nature of the medication.<br>• May be painful and distressing. |  |
| **Gel** | A semi-solid preparation in a non-fatty base, applied to the skin.<br>Example: Dencorub | • Good for hairy areas of the body. | • May leave a residue on the skin. |  |

# INTRODUCTION

This chapter explores the delivery of support and services to older people using a palliative approach. Palliative care is the care given to a person with a life-limiting illness for which there is no curative treatment. In older people, a gradual decline in functional ability can make it difficult to delineate where curative care ends and palliative care begins.

A palliative approach allows an increasing focus on comfort-oriented care and support. A palliative approach enables competent individuals who are ageing to identify, inform and document their wishes regarding their care as they move closer to their end of life. This provides clear instruction to family, friends and all members of the multidisciplinary team of the care that is to be provided, whether it be in the last years, months or days of a person's life.

The aged care worker follows a palliative care approach as part of a palliative care team, and may be caring for the older person in their home or in a residential care setting. A number of older people also receive palliative care in a hospice or hospital setting.

This chapter will discuss:

- the definition of palliative care and a palliative approach
- the difference between curative and palliative care
- the aims of a palliative approach
- the implementation of advance care directives and advance care plans
- the use of complementary therapies in a palliative approach in aged care
- responding to signs and symptoms of pain or discomforts with strategies to promote comfort
- signs of dying
- the aged care worker's role in providing care at the end of life, after death, and for the bereaved family and friends
- managing emotional responses and ethical issues when delivering palliative care.

# PALLIATIVE CARE

## DEFINITION

The World Health Organization (2005) defines palliative care as:

> *"an approach that improves the quality of life of individuals and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual".*

## CORE VALUES

The World Health Organization further states that palliative care:

- provides relief from pain and other distressing symptoms
- affirms life, and regards dying as a normal process
- intends neither to hasten nor postpone death
- integrates the psychological and spiritual aspects of care
- offers a support system to help people live as actively as possible until death
- offers a support system to help family and carers cope during the person's illness and in their own bereavement
- uses a team approach to address the needs of the person, their families and carers, including bereavement counselling if indicated
- avoids futile interventions
- will enhance quality of life, and may also positively influence the course of illness
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life.

Other considerations include:

- limiting investigative procedures to those that will inform the decisions required in meeting the goals of palliative care
- limiting procedures to those where the benefits of treatment outweigh the disadvantages.

## DIFFERENCE BETWEEN PALLIATIVE CARE AND CURATIVE CARE

To understand the nature of palliative care, it is vital to understand the difference between curative

## Table 16.6 Managing loss and grief

### Someone who is dying

- Organise visits by religious or spiritual advisors at the older person's request if required.
- Provide emotional support by enabling the older person to raise their concerns and fears.
- Provide honest answers to their questions or seek advice from others if unsure.
- Seek support from supervisor if necessary or other members of the palliative team.

### Relatives and loved ones

- Acknowledge their grief and feelings.
- Provide time to listen as they express their grief and to respond to any questions they may have.
- Support cultural and religious practices.

### Other residents

- Keep them informed of what has happened or is happening.
- Provide emotional support and time for them to respond and express their feelings.
- Provide opportunities for the residents to express their loss, grief or concern through gestures such as attending the funeral or memorial service, signing cards for relatives, a memorial tree planting etc.

## Principles to help reduce stress and avoid burnout

- Take regular annual leave holidays, long-service and/or sabbatical leave, and pursue alternative interests or hobbies to enhance fulfilment.
- Develop realistic expectations of the degree of support you can provide to dying patients, and understand what the threat of death, aloneness, meaninglessness and personal freedom mean to you.
- Identify mentors, colleagues and family you can use (when appropriate) to debrief regarding difficult situations.
- Create regular opportunities to reflect on practice with an appropriate professional (not an immediate colleague).

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## ETHICAL ISSUES IN A PALLIATIVE APPROACH

Caring for an older person using a palliative approach often raises ethical issues. An ethical issue or dilemma is when there is a conflict over an action or decision, due to competing points of view or possible courses of action.

In palliative care, these issues often arise around sensitive and/or personal concerns relevant to the older person who is dying.

Some common ethical issues include:

- decisions regarding medical treatment — for example, to continue or discontinue medication; whether to provide hydration
- conflict that may occur in relation to personal values and decisions made by or for the older person — for example, the aged care worker may not agree with the person or their family's decisions
- when to stop or not initiate procedures
- requests for assistance to die.

It is important that aged care workers seek support from their supervisor and follow the organisation's policies and procedures in relation to ethical issues as they arise.