hadn't told me that they might be very subtle. The first was just a gentle rubbing together of her finger and thumb, then we moved on to head rubbing, finishing with a bit of lip licking! But once I was able to connect with her it was like she couldn't communicate enough. One afternoon she was yawning her head off whilst maintaining eye contact and squeezing my hand. It really was like she didn't want it to end. At one point I leant in and gave her a big hug. She put her arm up and hugged me back as well as kissed my cheek". ■

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A changed model of care, supported by a partnership with Dementia Training Australia, has helped Ananda Aged Care transition to the new Aged Care Quality Standards and improve the confidence of its staff to provide best practice dementia care. In this, the first of two articles, **Michael Page, Karen Daniels** and **Pooja Newman** explain the process. In Part 2, to be published in the October/November issue of *AJDC*, they will highlight the significant benefits achieved

All aged care providers began the transition to new Aged Care Quality Standards ('The Standards') from 1 July 2018 and were expected to comply from 1 July 2019.

While the first new Standards since 1997 were long overdue, providers felt high levels of anxiety around how this was to be achieved with limited resources in a relatively short time frame. Guidance materials and training were provided by the Aged Care Quality and Safety Commission, though how the standards would be audited was open to interpretation.

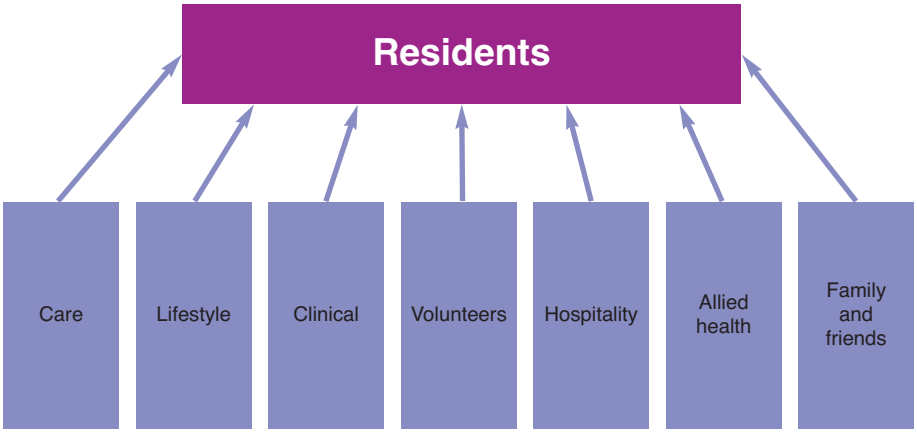
Ananda Aged Care embraced the opportunity and created a new role of Resident Focused Care Advocate to engage and consult with residents, families and staff and to advise management of priorities for the transition.

Ananda (a Hindu name meaning 'bliss') has two homes in Adelaide, South Australia. It is a family-owned organisation which promotes an inclusive, family-style environment for residents and staff. Ananda's 67-bed Findon home was upgraded extensively during 2014. Findon's Rose Wing is an eight-bed, female-only, Memory Support Unit (MSU) which, until December 2018, was a closed unit.

Ananda Hope Valley, purpose built in 2004, is a one-level 137-bed home with several gardens and outside courtyard spaces. Its 19-bed Derwent Wing MSU was a closed unit until February 2019. Following environmental assessment, occupancy was reduced to 17, with one double room used as a quiet space/sensory room. Derwent benefited from substantial refurbishment in 2018 using a vineyard theme, which tied in with the nearby Adelaide Hills viticulture community.

Both homes have a large number of Culturally and Linguistically Diverse residents (CALD), predominantly Italian and Greek. The Ananda workforce is also highly diverse with around 40 nationalities employed across the sites. Ananda had an impeccable accreditation record under the previous Standards and saw the transition to the new Standards as an opportunity to consolidate its values of compassion, comfort and care.

Michael Page (co-author here) was recruited to the newly created role of Ananda's Resident Focused Care Advocate in October 2018. As a healthcare change-management specialist with a strong nursing and dementia education background, Michael's first job was to advise the Ananda board on how to best prioritise



The traditional silo approach to aged care

A new standard of care

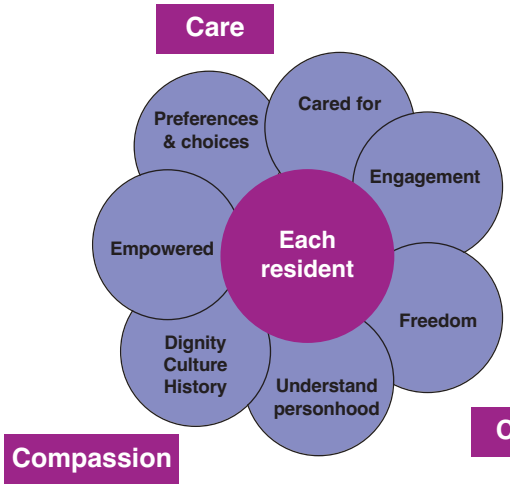
the numerous continuous improvement programs already underway, and to help prioritise an approach to meeting the new Standards. The project was led by Ananda's Clinical Director, Dr Pooja Newman, and Director of Nursing, Karen Daniels (co-authors here).

The nomenclature of the Resident Focused Care Advocate (RFCA) role was significant. While the new Standards refer to 'consumer directed care', Ananda residents were clear they did not wish to be called 'consumers' and that 'residents' was the appropriate term. Also, during a change management process it was considered vital that the RFCA was seen as someone with influence, though not 'wedded' to the board or management, and so could listen to and advocate for residents and staff with the aim of delivering resident-focused care.

After a period of consultation, engagement and observations of staff and resident interaction, the priorities for action were defined as:

- Changing the model of care from a traditional task-oriented approach to a resident-focused care model.
- Improving staff skills, knowledge and attitude towards residents with dementia, initially focusing on the MSUs and then rolling out key learnings to all areas. This was seen as a journey rather than a quick-fix solution and would need to be underpinned by significant investment in education and training.
- Improving the dining experience.

Making bread before lunch to stimulate the senses. All photos courtesy of Ananda Aged Care



- Traditional roles and silos are broken down
- The resident is at the centre and has choice
- Meaningful engagement, activity (solo and group) and preferences are supported throughout the day/night and are led by the individual resident

ANĀNDA AGED CARE

The Ananda Resident Focused Care Model

Resident-focused care model

A task-oriented approach to service and care delivery has been used in aged care for years. However, the new Standards demand a truly person-centred approach, with each and every resident being at the centre of care, and dementia best practice has supported this for some time. Issues for providers have been that the care workforce currently receives little theoretical or practical training, and almost none in dementia care.

A task-oriented approach was pragmatic in terms of resource management, yet for residents it meant fitting into the routines of a home, rather than truly feeling it was *their* home and that they had agency or genuine control over their lives. Staff became very comfortable with this model, so disentangling the notion that speed and efficiency were the prized assets of a carer would have to be done respectfully and tactfully, without blaming the system or staff.

The Ananda Resident Focused Care Model (see diagram above) was underpinned by an ongoing conversation with staff that residents do not live in our workplace, we are visitors to their homes, with one purpose: to support them achieve the best life. It also encouraged staff to consider that residents value relationships over tasks, and while 'stuff still needed to get done', the prime value of each staff member was in their engagement with residents.

This approach maps neatly to Dementia Training Australia's (DTA) salutogenic approach (www.dta.com.au/dta-salutogenic-approach), which is about focusing on factors that support health and wellbeing rather than risk and problems, and finding opportunities for people with dementia to live as full a life as possible.

Workshops were held for staff across different shifts and at weekends, with over 60% of staff across both sites attending between October 2018 and April 2019. The workshop material then became an online course on Ananda's newly created in-house Learning Management System called 'Ananda Academy'.

Removing the silos

It quickly became evident that staff roles were operating in silos (see diagram p28) and needed to intersect to improve teamwork and care. The traditional Leisure and Lifestyle (L&L) approach, especially at Hope Valley, was restructured to move away from a 'cruise ship entertainment' feel, where a relatively small group of residents decided on activities and attended them enthusiastically, while others perhaps did not fit so neatly into this plan. The L&L team was merged with the clinical and care team to allow improved communication and sharing of residents' life story information so that a holistic approach could be adopted. While this took a couple of months for staff to understand, it began to show rewards.

An engagement shift was created to role model a new care/lifestyle hybrid and to role model and support resident-focused care. This included: carrying out daily

Ananda Aged Care's Matt Denny (lifestyle/carer) (left) and Michael Page (Resident Focused Care Advocate) receiving their DTA training certificates

environmental scans to ensure doors to gardens and all areas of the home were open and the ambient temperature and noise levels were comfortable for residents; setting up group activities; supporting carers with personal care tasks where needed; assisting the dining room set-up to provide a restaurant-standard front-of-house service; and, around these duties, providing one-on-one meaningful engagement for residents who either did not wish to join group activities or who had communication deficits that restricted this.

At Findon a Quality Ambassador/Staff Trainer role was created to support communication between teams of carers, clinicians and lifestyle staff and this has proved popular and supportive

Tailored training

DTA's Tailored Training Packages (TTPs) start with the understanding that staff need the right skills, knowledge and attitudes, and a built environment that supports them to provide high-quality care. TTPs are designed to bring about sustainable improvements in these areas to increase the wellbeing of people living with dementia and the staff who care for them (Fleming *et al* 2018).

Discussions between Ananda and DTA were ongoing through November and December 2018. During that time Built Environment Assessment Tool – Dementia (BEAT-D) assessments and staff training needs analyses were carried out with DTA. The formal TTP partnership agreement between DTA and Ananda was signed in late January 2019 and the one-year TTP began in March. The contracted objectives are:

- A reduction in incidents of responsive behaviour among residents.
- A reduction in use of antipsychotic medication.
- An increase in staff confidence in dementia care.

BEAT-D assessment

DTA's BEAT-D App was used in December 2018 to assess the environmental strengths and weaknesses of our MSUs. We answered structured questionnaires and uploaded photographs of aspects of the building that illustrate important features of its design, both good and bad. These were built into a comprehensive report that helped us see at a glance the areas that require improvement and begin planning how to do so.

The report was structured around 10 principles of design that have been found to be important in the reduction of confusion, agitation and depression while improving wayfinding, social interaction and engagement with life for people living with dementia (Fleming & Bennett 2017; Fleming *et al* 2016).

These principles are:

1. Unobtrusively reduce risks.
2. Provide a human scale.
3. Allow people to see and be seen.
4. Manage levels of stimulation – reduce unhelpful stimulation.
5. Manage levels of stimulation – optimise helpful stimulation.
6. Support movement and engagement.
7. Create a familiar place.
8. Provide a variety of places to be alone or with others – in the unit.
9. Provide a variety of places to be alone or with others – in the community.
10. Design in response to vision for way of life.

Following assessments in December 2018 we began implementing small and simple changes to our environments. Longer-term alterations to building design will be incorporated into the continuous improvement plan. Improvements had already been made in the past year, including the theming of both units (vineyard at Derwent and beachside at Rose) with attractive murals used to good effect. Changes made following the BEAT-D assessment included:

- Improved wayfinding signs, especially for toilets. We made more visual signs with yellow background and black writing in the main languages of residents: English, Italian, Greek and German. A photograph of a toilet was added. Use of signs to direct people to the dining areas were also used and visual clues were optimised.
- Replacement of all white toilet seats with black, contrasting with white toilets, in Derwent.
- Introduction of a large outdoor umbrella in Derwent garden to make better use of the patio area.
- Introduction of a quiet room in Derwent and a reduction in the number of residents in the wing from 19 to 17.
- Introduction of improved mealtime ambience and sensory items. Better use of contrast colours, eg burgundy place mats on white tablecloths. Table-runners, plants, calm music.
- Change of layout in Rose Wing and use of homely/era-appropriate furniture to enable residents to find their way to quiet areas to be alone or with others.
- Improved layout of tables and chairs to make the wings more homely.
- Use of interactive animals (cats, dogs, birds) as sensory/reminiscence aids.
- Staff training on reducing unhelpful stimulation and providing quiet times, eg around meals or bedtime.
- Opening the doors to the MSUs and providing opportunities for residents to be involved in activities in other areas of the home, eg the Mediterranean Club run by an Italian volunteer at Findon.
- Refurbishment of Findon's Friendship Club (large day room), following DTA's principles of design, began in July 2019.

The BEAT-D assessment will be carried out again towards the end of the project to evaluate progress.

'Ananda Academy' and DTA online

'Ananda Academy' was launched in March 2019 and provides online mandatory dementia training for staff as well as courses like *The Ananda Resident Focused Care Model*, a clinical skills library for nurses and a link to our DTA training.

DTA has provided an Ananda-branded website which offers all staff access to

A mural has been used to disguise an exit in Ananda Findon's Rose Wing Memory Support Unit (MSU)

about eight hours of high-quality dementia training including: *The View From Here* (Graham *et al* 2018), *Bedtime To Breakfast* (Muldoon 2018) and *LGBTI and Dementia* (DTA). Many staff have taken up this opportunity so far and we encourage all new staff and those working in the MSUs to complete it.

Responsive behaviours consultancy

Each of the initiatives discussed were supported by a Responsive Behaviours Consultancy with DTA (Beattie 2017), where nine staff (five from Findon and four from Hope Valley) from various roles took part in an eight-week , one-hour video conference with DTA as part of a 'lead and learn' program. DTA consultants helped staff explore attitudes towards and experiences of responsive behaviours and offered tools and strategies to enable the knowledge from this group to cascade to the broader workforce.

This helped create a sustainable capacity-building education framework for addressing and reducing dementia-related responsive behaviour and created a small group of care champions for Ananda. Throughout the program the champions were closely mentored by DTA staff and supported to develop as leaders in responsive behaviour care.

Following the consultancy, which ran from March to June 2019, the two groups formulated and agreed on action plans with DTA, which included:

- Adoption of the Antecedent Behaviour Consequence (ABC) model to contextualise responsive behaviours.
- Implementation of assessment tools to help staff identify behaviours and individualise care planning.
- Commitment to extending the door opening at Derwent wing.
- An action team to consult on how best to use the quiet / sensory room in Derwent.
- Implementation of the Top 5 program (see *The View From Here*), memory boxes and 'Who am I' prompt cards.
- Refurbishment of Findon's 'Friendship Club' (large day room) to better meet the needs of residents with dementia.
- Cascading key learnings to care staff in the MSUs.

As part of the TTP, clinical staff began a Medication Consultancy from August 2019 with the aim of reducing use of antipsychotic medication and minimising chemical restraint.

Staffing, 'no uniform' policies

Greenwood (2018) explains the many benefits of consistent staffing, including familiarity with the people providing personal care tasks. This was a key early objective to help us develop dementia champions and to focus our training, workforce development and knowledge translation strategies. Rosters were assigned with the level of experience, training and confidence of staff to care for residents in an MSU. We also consulted staff on a 'no uniform' policy and most were very comfortable with this idea.

We translated knowledge on minimising unhelpful stimuli such as handovers, competing media (TVs, radios etc) and limited use of the Public Address (PA) system to emergencies only in the MSUs.

We are currently discussing the use of night attire for night staff as per the DTA course *Bedtime To Breakfast* (Muldoon 2018).

Ananda has improved the dining experience for residents by clearing away clutter, using homely table settings and playing relaxing music

The dining experience

Research by The Lantern Project (Hugo 2018) found that stimulating the five senses is a key to mealtime enjoyment and can improve nutritional intake. As a part of Ananda's Resident Focused Care Model the ambience of the dining experience at each home was seen as sub-optimal and efforts were made to protect mealtimes from extraneous stimuli such as competing noises, other activities, staff walking through dining areas unnecessarily and use of the PA system.

At each home we installed a large umbrella and extra benches outside so that residents could dine on the patio and move around the garden in good weather. We also provided white tablecloths with burgundy-coloured serviettes and placemats in keeping with the vineyard theme at Derwent, table-runners, plants as table decoration and cleared away clutter during meal service. Soft, relaxing music was encouraged and carers wore aprons to suggest a café / restaurant feel. Staff and residents used a bread maker to make their own bread and stimulate olfactory senses.

A bain-marie system was introduced at both homes by our Hospitality Manager and has transformed the quality of food and the ambience of the meal services and provided a homely environment for residents with and without dementia. ■

The second part of this article, *Opening The Doors*, will be published in the October/November 2019 issue of *AJDC*. In Part 2, the authors will discuss the results of Ananda's decision to open the doors to its dementia-specific units, and the benefits for residents and staff of the new model of care and tailored training program.

Acknowledgments

The authors are grateful for all Ananda staff who have championed this change process. We would also like to thank Dementia Training Australia and all staff involved in the TTP for their continued guidance and support.

■ Michael Page is Ananda Aged Care's Resident Focused Care Advocate; Karen Daniels is the Director of Nursing; and Dr Pooja Newman is the Clinical Director. To follow up on this article, contact Michael at michael@anandaagedcare.com.au

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