An independent newsletter for people working in Aged Care

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Reaching over 1200 readers
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## PREVENTING PROBLEMS REGARDING PLACEMENT OF RESIDENTS.

To comply with the Code Rights 3,4(1) and 4(5) of the Code ensure that you verify resident's legal status or to ascertain, if resident is unable to consent to the placement, who could consent on her/his behalf and who you should consult and communicate with in relation to his/her placement.

Once resident's competence improves take sufficient steps to have her/him situation reassessed and arrange for the removal of the order that it is in place.

Record if residents are competent or not competent with respect to their personal welfare;
Have copies of PPPR Act orders, or EPOA documentation on residents' files; Clearly mark the files of residents who are deemed not competent;
Record the expiry date of any PPPR Act order so it is actioned;
Ensure that in the event that a PPPR Act order for welfare guardianship is issued, any existing EPOA is annotated to indicate that it has been superseded.

If phoning and leaving messages on a resident's behalf, to any department, is not responded to in a satisfactory manner, take further action to ensure that there is always evidence that you have done everything possible. One option can be a written letter to a manager or to the chief executive, clearly outlining your, your staff's concerns and the inadequate response received to date.

## PPPR Act applications

The New Zealand Bill of Rights Act 1990 provides that everyone lawfully in New Zealand has the right to freedom of movement and residence and everyone has the right not to be arbitrarily arrested or detained.
The PPPR Act provides for the making of a personal order with regard to a person who lacks competence.
Section 6 provides that a person lacks capacity if he or she lacks, wholly or partly, the capacity to understand the nature, and to foresee the consequences, of decisions in respect of matters relating to his or her personal care and welfare; or wholly lack the capacity to communicate decisions in respect of such matters. The PPPR Act provides protections for the subject person and sets out the process to be followed before a personal order is made. These include a requirement that the application and accompanying documents be served on the person concerned. Section 74(1) requires the subject person to be present at the hearing unless there are exceptional circumstances.
If a person is ordered to enter an institution, the institution must be specified in the order. There is also a more flexible provision, for an order to specify living arrangements of a certain kind.
Following the hearing, if an order is made, it would have to be served on the subject person. The order may specify a review date and, if so, who is to apply for the review. It will expire on the date in the order, or after 12 months, whichever is the earlier.


## SPARK OF LIFE cont'd

- How to offer choice even for people with advanced dementia
- How to stop repetitive questions
- How to communicate with a person who cannot speak.

This is a unique presentation where you can learn the special Spark of Life Attitude and Method to facilitate rehabilitation of language in people with dementia.

When you correctly implement Spark of Life Techniques, you can change lives in a way that until now could not be imagined possible.
This day is full of practical strategies for communicating with people with dementia in a way that connects straight with their language and memory enabling a higher level of success.
Although this education has been developed for interacting with people who have dementia, the information has a much broader application and be transferred to aged care, health and mental health.

| Date: | 30 October 2012 |
| :--- | :--- |
| Time: | $0930-1530$ Registration from 0900. |
| Place: | Lincoln Events Centre. Christchurch |
|  | Final details will be emailed when confirmed. |
| Topic: | Restoring Dormant Language |

## DISSOLVING CHALLENGING BEHAVIOURS.

What you can learn:

- How our beliefs create our reality.
- Why challenging behaviours are expressions of unmet needs.
- The 4 categories of unmet needs.
- How to become an unmet needs detective.
- To have a positive mindset like Edison
- A systematic strategy to dissolve challenging behaviours.
- How to build a "toolbox" of positive interventions that work.
- How to solve the mystery of false accusations.

This day is a gift that will not only enhance your work with people who have dementia but also your own life because challenging behaviours are everywhere.
Once you have learnt how to dissolve challenging behaviours you will gain the capacity to dissolve these behaviours in your everyday.
This will transform your relationship with your children, teenagers, partners, colleagues, friends etc.
When you correctly implement Spark of Life Techniques, you can change lives in a way that until now would not be imagined possible.

Date: $\quad$ Wednesday 31 October 2012
Time: 0930-1530. Registration from 0900.
Place: Wellington. Venue to be Advised.
Topic: $\quad$ Dissolving Challenging Behaviours
For more information or a registration form please contact me:
jelica@woosh.co.nz.
There is a really good Early Bird special so don't delay!

Nothing will ever be attempted if all possible objections must first be overcome Samuel Johnson

## RESIDENT'S RIGHTS

What can you do to achieve compliance with the Resident's Code of Rights?
Tips and guidance for staff.
Excerpt from "A practical guide to the Code of Health and Disability Services Consumers' Rights for aged care and disability support workers.

## Right 1

Right to be treated with respect
Consumers have a right to be treated with respect. This means they have the right to be listened to, to be treated kindly by people, to have their beliefs and ideas respected, and to have their privacy respected.

## Things you can do to treat consumers with respect:

1. Knock on the door before entering a consumer's home or room, and greet consumers before carrying on with your work. Remember that even in a rest home or residential situation, it is the consumer's home that you are entering.
2. Ask consumers what they would like you to help with on a given day. It is important to do this even though you might be a regular support worker in their home.
3. If a consumer wants to tell you something, please listen to him or her patiently - do not ask consumers to hurry up or shout at them.
4. Always treat consumers in an age-appropriate manner. Do not talk to them like children and avoid excessive hugging, patting, and kissing.
5. Always speak to consumers politely and in a gentle voice. If a consumer is being disrespectful to you, talk to him or her politely about how you feel and how you would like to be treated. If there is a problem, talk to your manager.
6. Give consumers enough privacy to talk to their visitors or to talk to their friends or family members over the phone.
7. Encourage consumers to open their own mail. If they need your support, open the mail in front of them.
8. Take time to learn about every consumer's cultural, religious, social, and ethnic needs and beliefs - be aware of things like removing your shoes before entering someone's home, or not cooking food that consumers don't eat for religious reasons.
9. Always respect consumers' beliefs about religion, sexuality, and morality. Do not try to force your beliefs and values on consumers.
10. If you are not getting on with a consumer or are finding it difficult to work with a consumer - talk to your manager - the sooner the better.

## Right 2

Right to freedom from discrimination, coercion, harassment, and exploitation
Consumers have a right to freedom from discrimination, coercion, harassment, and exploitation. This means they have a right to be treated in the same way as other people. They should not be forced to do things they don't want to, and no one should abuse them or take financial, sexual or any other form of advantage of their situation.

## Things you can do to treat consumers fairly:

1. Always treat consumers in the same respectful manner as you would treat other people. Do not treat them differently based on their age or ability.
2. It is inappropriate to pass any insulting or offensive comment about what consumers can or cannot do.

## RESIDENT'S RIGHTS Cont'd

3. Remember that over-praising consumers for little day-to-day activities can come across as patronising.
4. It is unacceptable to force consumers to do things they don't want to. If it is a matter of their health or safety, please contact your manager.
5. It is unacceptable to threaten consumers.
6. Verbal or physical abuse of consumers is never acceptable under any circumstances.
7. It is inappropriate to use someone's belongings without their permission, or manipulate them to give permission for something they don't fully understand.
8. It is unacceptable to take any money from consumers' accounts or to make them spend money on you, including on food, or to use their (personal/home) phone to make toll calls.
9. It is unacceptable to force consumers to talk about or read or view any material of a sexual nature; or to have any physical contact with consumers of a sexual nature.
10. If in doubt, talk to your manager, and he or she should be able to give guidance about your professional boundaries with consumers

## Right 3

## Right to dignity and independence

Consumers have a right to dignity and independence. This means they have a right to receive support in a manner that does not put them in awkward or embarrassing situations, and allows them to do as much for themselves as they possibly can within the limits of their impairment.

## Things you can do to promote consumers' dignity and independence:

1. It is inappropriate to do or say anything that will place consumers in an embarrassing situation.
2. When providing personal care, ensure a consumer's privacy by closing the door, drawing the curtains, using a towel during transfers from bathroom to bedroom, etc.
3. If providing support with dressing, ensure that consumers are always dressed neatly and appropriately for the occasion.
4. Ensure that consumers' belongings and equipment are always clean and tidy - for example, wheelchairs, communication devices, walking aids, etc.
5. Always ask before offering support to consumers - they may be able to manage without your support.
6. Encourage consumers to do as much as they can on their own and offer support only as and when required.
7. Do not underestimate consumers' abilities, especially severely disabled people with very high needs. Be creative and find out what they can do on their own.
8. Encourage consumers, where possible, to take part in household chores, including cleaning, cooking, gardening, etc.
9. When visiting health practitioners or other professionals, encourage consumers to do most of the talking and intervene only if required.
10. If in doubt about how much consumers can do on their own, ask them directly or talk to your manager. Do not assume people's capability based on their disability

The next three Rights will be in issue 21.

## Health Ed Trust Education Programmes.

Health Ed Trust is well known in the aged residential care sector for delivering high quality, easy to use education programmes. Over 22,000 students have completed at least one programme and several thousand have achieved National Certificates using the ACE Pathway. The resources are very easy to follow with both manuals and DVD's to help care staff gain the knowledge they need to perform their role to the best of their ability.

Until the end of 2011 Health Ed Trust was subsidised through Careerforce, allowing them to provide unit standards and National Certificates at very reasonable prices to the sector. These subsides have ended and unfortunately prices have had to go up. However we are able to offer other benefits to the sector that provide very cost effective options and flexibility around time frames:

- Resources are designed to be copied so one set of resources purchased can be used for dozens of students if required.
- There are no set time frames for the course. Take as little or as long as you wish- as long as the NZQA qualifications remain current they will be awarded.
- There are no registration fees at the beginning of training. Fees are only paid for students who complete the course. Processing of ACE Programmes are now $\$ 95$ (excl. GST)

When the ACE and ACE Advanced are completed students are awarded the National Certificate in Health, Disability and Aged Support (Core Competencies) The student achieve the National Certificate in Community Support Services (Residential) when the ACE Dementia Programme is also completed.

## ARC Course - ACE Residential Care - exciting new programme

In August Health Ed Trust are launching a new programme to help owners and managers meet their ARC contract requirements and assist caregivers to gain some basic care giving skills and knowledge before going onto more formal qualifications.
The ARC Course aims to educate caregivers in the areas required by the ARC contract. The course has been reviewed by the DAA Audit agency to ensure all that the compulsory skills are covered.
Look out for more information in August on the Health Ed Trust web page www.healthedtrust.org.nz

Health Ed Trust also now offer:

- the National Certificate in Diversional Therapy (Level 4)
- a Professional development Series for Registered and Enrolled Nurses that can be completed on-site. You can chose topics that are relevant to you and your work situation.

If you are interested in finding out more about any of these options you can be sure of a friendly, no obligation chat about how the Trust can best suit your education requirements.

Julie Sparks
General Manager
Health Ed Trust
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You give but little when you give of your possessions. It is when you give of yourself that you truly give.

Kahlil Gibran

National Dementia Cooperative Regional Day 29 August 2012
Note this date! The National Dementia Cooperative is holding another regional day, this time in Wellington, with videoconference links throughout the country. Make sure you belong to the Cooperative to receive a programme and registration form, or check the website www.ndc.hiirc.org.nz

The National Dementia Cooperative (NDC) was established in 2011 to "cooperate and collaborate with like-minded people who are passionate about advancing knowledge of approaches to dementia care in New Zealand". We now have a steering committee, a logo, and a national coordinator who is jointly funded by Bupa, Presbyterian Support, Selwyn Foundation, and Good Partners Senior Care, and hosted by Waitemata DHB.

More than sixty people attended the regional day in Rotorua in February this year. They heard presentations from the four regions' dementia coordinators (all presentations are on the website) and planned to set up action groups to tackle specific issues. We received 120 expressions of interest and now have action groups covering Advocacy, Informal Carers, Information Sharing, Dementia Care Pathways, Research, and Workforce Development.

On 29 August we will have updates from the action groups as well as hear from other innovations in dementia in NZ.

It is free to join the cooperative, just email the coordinator maria.steur@waitematadhb.govt.nz

## National Coordinator National Dementia Cooperative

Level 1, 15 Shea Terrace, Takapuna
Private Bag 93503, Auckland 0740
DDI: 094884652

## DAFFODIL DAY <br> 31 August 2012

Daffodil Day is the Cancer Society's annual flagship event and one of the most important fundraising and awareness campaign in the country. As well as providing an opportunity to raise awareness of cancer in New Zealand, Daffodil Day is a major funding source for the Cancer Society. The Daffodil is one of the first flowers of spring, whose bright yellow blooms remind us of the joys the new season will bring. It represents the hope there is for the 1 in 3 New Zealanders affected by cancer.
The donations go towards vital scientific research as well as providing a wide range of support services, information. Health promotion and education programmes to reduce cancer risks, awareness campaigns and programmes for people affected by cancer.

Readers of my newsletter will be aware of my affiliation with the Cancer Society and my passion for this cause.
Our sector has a really good name as being active supporters and selling the daffodils on the day. I also managed to coerce some providers into taking on the role of area coordinators and hope that there are plenty of readers who will assist and/or donate on the day.
Easy from your cell phone: simply text daffodil to 2447 to make an instant donation of $\$ 3$. You can also become a volunteer to help out at a stand to collect for a couple of hours. http://www.daffodilday.org.nz

Please donate generously

## FIRE INLET CONNECTIONS

You might remember the news a short time ago regarding the fire hose inlet valves that got stolen.
Well this has triggered something!
If you had your fire inspection you might have been informed that yours is not made from the correct material! Apparently a large number of these inlet valves are made from aluminium instead of the regulated brass!

The brass requirement has been a regulation for a long time but apparently not enforced very well. It is now that providers are told to change them.

I wonder if you could go back to the installer as it seems that they broke the legislation in the first place by not following regulations.

The regulation: SNZ PAS4505:2007 states: The valve and male couplings shall be manufactured from gun metal (also known as red brass) complying with BS EN 1982

From: specification for firefighting waterway equipment

The real leader
has no need to lead; he is content to point the way.

Henry Miller

## HOW TO SHOW YOUR CONTINUAL QUALITY IMPROVEMENTS

Every time you complete an internal audit, an analysis of exception reporting etc, and as a result of the outcomes you put corrective actions, improvements, or changes in place you should document this on a "Quality Improvement" list.
If you maintain this each year it provides the auditor with a running record of your initiatives and continual improvements.
As I wrote in the January issue of this year, it is a good idea to review each year's information collation and write a quality report on it.

A lot of providers make changes, improvements etc but as they are not listed when audit time comes they are easily forgotten and you don't receive the credit for it. This COULD mean the difference of 12 months or more on your certification.
A big could as the length of certification time depends on more outcomes.

## PALLIATIVE CARE NURSES NEW ZEALAND

Palliative Care Nurses New Zealand (PCNNZ) founded in 2006, is the professional voice for nurses who work or have an interest in palliative care. The vision of PCNNZ is to unite nurses across all care settings in promoting equitable access to quality palliative care for all.
As a professional organisation PCNNZ values respect \& dignity, partnership \& collaboration, professionalism \& integrity, together with patient-focused care inclusive of family \& whanau.
On behalf of its members, the nationally elected PCNNZ committee provides representation \& leadership to assist in meeting the many challenges facing nurses working with people who have palliative care needs. The committee also makes submissions and contributions based on the comments \& suggestions of its members, where a palliative care voice is required at a national level.
PCNNZ hosts a biennial conference and an AGM, produces a monthly enewsletter and has a dedicated website - www.pcnnz.co.nz - which includes a dedicated members-only section. Members also receive free full text online access to the International Journal of Palliative Nursing.

If the answer to the above is yes then

## Join hundreds of other aged care providers

Here is a total tried and tested Quality Programme tailor-made for aged care!
It is imperative to have the right policies and procedures implemented to ensure compliance of our service. All policies and procedures, including the related work forms, are written in a very user friendly manner and understandable to all staff.

All users of the programme become part of keeping the programme up to date which means that a lot of health care professionals have input into the programme.

Each policy also becomes a training tool for your staff. This is not only cost effective but also ensures that staff receives consistence training relating to your own procedures and service.

The programme comes on CD and can be personalised for your facility. It is then a straightforward matter to put the policies and procedures into practice in your facility.

This gives you total control of policies and procedures and you can personalise and change as many times as you like. After the initial purchase you don't pay anything anymore.

This programme was first developed in 1990 and has been constantly updated to reflect current requirements. It covers each area of the relevant services within a facility and includes the following manuals with policies and procedures: Nursing, Staffing, Administration, Quality System, Health and Safety, Fire and Emergencies, Cleaning, Laundry, Food, Gardening and Maintenance, Internal audits.

If you decide to purchase the programme, or parts thereof, you receive FREE updates through email whenever and as long as I can.

I invite you to contact me if you have problems with just one or two policies as I am happy to help you out.
For more information and to receive the order form and licence agreement,
contact me on 09 5795204, 021311055 or jelica@woosh.co.nz

## Some interesting websites:

www.eldernet.co.nz,
www.insitenewspaper.co.nz
www.moh.govt.nz
www.dementiacareaustralia.com
http://www.bpac.org.nz/Public/admin.asp?type=publication\&pub=Best
Please note these sites are not necessarily endorsed by Jelica nor is it responsible for the contents within them.

## REMEMBER!

Send your feedback, suggestions and articles showcasing your local, regional and workforce activities for publication in future issues.

This brings me to the end of this issue. I hope you enjoyed reading it and welcome any feedback you have. With your help I hope to keep this a very informative newsletter with something for everyone.

## Signing off for now.

If you choose not to receive this newsletter and wish to be taken of the data base please send me a return email.

