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**Emailed to:
1681 readers
and counting**

**Welcome to my
overseas readers**

09jelica@gmail.com

mobile: 021 311055

1/3 Price Crescent
Mt Wellington
Auckland 1060

4 YEAR CERTIFICATION

I am very pleased to mention more facilities achieving

4 year certification

My compliments and congratulations to:

Sprott House – Karori Wellington
Beattie Home - Otorohanga

For my friends, who have an audit this month, all the best!

If you are one of the very few achieving this then please let me know as it deserves a special place and recognition! If you don't let me know I can not publish it.

AUDIT ISSUES

After working my way through a number of audit reports, receiving feedback from providers about their corrective action requirements (CAR's) and talking with some auditors, below a collation of issues identified. I have picked the important standard 1.3.3 as it is all about resident's care. So if you have an audit coming up check out these specifics as well.

A number of Partial Attainments (PA) found in

Outcome 3: Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

Standard 1.3.3 SERVICE PROVISION REQUIREMENTS: Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcomes/goals.

The following "Time Frames" need to be adhered to.

- ✓ Residents must have an initial assessment completed on admission within 24 hours
- ✓ Residents are assessed by a GP within 2 working days of admission if not coming from a hospital where they have been seen by a doctor.
- ✓ InterRAI assessment to be completed within 21 days of admission and reflected in the long term care plan.
- ✓ Activities assessment and plan completed within 21 days. (can be incorporated in the long term care plan.)
- ✓ There is a review by the general practitioner at least every three months
- ✓ Medication charts are reviewed three monthly by the general practitioner

There are specific requirement around the InterRAI assessments.

- ✓ Following the initial admission assessment within 21 days, reviews and evaluations are required at least 6 monthly, in line with care plan evaluations or as needed, such as a change in condition
- ✓ Issues identified through the InterRai assessments need to be reflected in the care plan.

<p>Character is how You treat Someone who can do nothing for you.</p>	<p>AUDIT ISSUES cont'd</p>
	<p>Standard 1.3.4: ASSESSMENT. Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner</p> <ul style="list-style-type: none"> ✓ As above InterRai assessments need to be completed consistently ✓ Wound care and Pressure Injuries (PI) need to be assessed and reviewed appropriately. Documentation extensive enough to ensure that treatment is consistent. <p>Standard 1.3.5 PLANNING Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery</p> <ul style="list-style-type: none"> ✓ Care plans should help the staff in caring for the resident. So any issues identified in the InterRai assessment needs to be reflected in the care plan with clear guidance for the staff. ✓ Use interRAI assessment to develop and update the long term care plans ✓ Complete the InterRai assessment and then complete the care plan to ensure that all issues identified are reflected in care plan. <p>Standard 1.3.6: SERVICE DELIVERY/INTERVENTIONS Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p> <ul style="list-style-type: none"> ✓ I believe that there is a clear improvement in short term care plans. What can be improved upon is the closing off of these. ✓ Ensure long-term care plans include specific interventions and management for medical conditions. ✓ Wound care: A detailed plan should guide staff who is responsible for wound care to ensure consistent treatment. Short term care plan for wounds that are likely to heal quickly. Add chronic wounds to the long term care plan. Don't forget to get a wound specialist involved at the earliest if a wound appears complex and not healing. ✓ Weight management is not always completed as well as it should. Implement a short term care plan if this is a problem and be specific regarding the required interventions. <p><i>If you have had any issues during an audit, not already mentioned above, please let me know as this might help everybody.</i></p> <p style="text-align: right;"><i>Jessica</i></p>
	<p>REGISTER FOR THE FOOD ACT 2014</p>
	<p>If your rest home or aged care facility is preparing and serving meals to residents or people in the community, you need to register for the Food Act 2014 by 31 March this year.</p> <p>The Food Act is administered by the Ministry for Primary Industries (MPI) and local councils. The new Food Act takes a risk-based approach to food safety. The kind of plan or programme you need to register under, and who you register with, depends on the food safety risk of what you do.</p> <p>If you:</p> <ul style="list-style-type: none"> • prepare and serve meals you register under a food control plan • operate as a satellite kitchen and you only reheat food you register under a national programme 3 • use an external catering service they register under the appropriate plan or programme

REGISTER FOR THE FOOD ACT 2014 Cont'd

The examples below gives a good idea of which plan or programme applies to different aged care activities. You can also use MPI's helpful [Where Do I Fit?](#) tool to find out where you belong.

Meals on Wheels – direct to communities Rest home (breakfast, lunch, dinner) made in rest home kitchen Central kitchen with distribution network [Refer to National Programme 3 below for satellite kitchens]	Custom FCP or template FCP
Reheating meals and satellite kitchens	National Programme 3
Volunteer carers making meals in private homes (overseen by social services)	Keep making safe and suitable food (no requirement to be registered or verified)

What do you need to do? Custom (Bespoke) FCP

Once you've written your plan it will need to be evaluated and submitted to MPI as a custom FCP. You then register your plan with MPI. You can find information on custom FCPs [here](#)

Custom FCPs and National Programmes are checked by third party verifiers (there are some councils that can also verify (check) national programmes).

There's a register of verifiers and an [interactive map of verifiers](#) on the MPI website.

Template FCP or National Programme

If all your locations are in one council area, register with your local council.

If your locations are in more than one council area either you can either:

- Register each place separately with each local council
- Register them all together with MPI

Template FCPs are checked by your local council. If you have registered all your template FCPs with MPI then you can be verified (checked) by either the respective councils or a third party verifier.

Your council will charge a fee for registration and for verifying your approach to food safety. Some councils charge one fee that covers both registration and verification and sometimes they charge for each separately.

You will be checked within a year of registering your plan or programme. If all's going well, food control plans will be checked every 18 months and a national programme 3 will be checked every 2 years after the first verification. Both can be checked more frequently if there's a problem.

Rest homes are also audited by the Ministry of Health (MOH) on a regular basis. MPI and MOH are working with the Care Association to find a way to reduce the audit/verification load.

Further information; If you have any questions or concerns get in touch with your local council or email MPI at info@mpi.govt.nz

And remember to register before 31 March 2018! It's worth starting early to avoid a last minute rush.

Mary Macpherson, Senior Stakeholder Communications Adviser

Life only comes around once, so do what makes you happy, and be around those who make you smile.

Lessonslearnedinlife

	<div>6 DOMAINS OF COGNITION</div> <div> <p><i>by Kyrié Carpenter, ChangingAging Contributor</i></p> <p>Dementia is a feared word surrounded by a tragedy narrative. Understanding the experience of dementia, can help shift our perspective.</p> <p>I know and see daily the challenges and suffering dementia and aging can bring. I also know and see daily the beautiful joys and learning it can bring, to those experiencing it and those that care about them. My perception of dementia holds both the challenges and the joy, they are not mutually exclusive.</p> <p>Six domains of cognition are used to paint a picture of dementia in the psychological world’s guide to diagnosing. I will explain what the so-called ‘deficits’ in each domain look like. I challenge you to think about how these ‘deficits’ can also be teachers. There is more to the picture of dementia than can be painted by cognition alone. Keep in mind cognition, or thinking, is the easiest facet of the dementia phenomenon to measure and therefore is the basis for diagnosing.</p> <p>1. Complex Attention:</p> <p>One becomes more easily distracted and has trouble paying attention and multitasking. In our fast pace media inundated world this can be very challenging. Creating a space where one can go at their own pace, and distractions are limited, can be very helpful (for those with and without a diagnosis).</p> <p>2. Executive Functioning:</p> <p>One’s ability to perform tasks including planning, organizing and making decisions becomes more challenging. Simplifying the environment can be very comforting. Working together on projects can be empowering. As executive functioning decreases, an opportunity for simplification, learning to focus on one thing at a time, and interdependence are created.</p> <p>3. Memory:</p> <p>This is the most well known cognitive change. In some circles dementia is even called forgetfulness. This is also the most relatable change — everyone has at one point or another forgotten something. In memory changes with dementia, the brain no longer remembers things the way it once did, nor does it learn things the same way. Recent memories tend to fade first and forgetfulness recedes back in time from there. Time becomes more fluid and specific details shift and lose their weight. When memory is not steadfast and linear the only truth becomes the moment. When we forget, we can learn to be in the moment more.</p> <p>4. Language:</p> <p>Language shifts in three ways. The first two are a yin-and-yang of language, what are termed expressive and receptive language.</p> <p>Expressive language:</p> <p>Basically one’s ability to call up the word they desire in a given moment. When ones expressive language decreases, words that are available may be used rather than the most obvious word.</p> <p>For example; an elevator become “the up down up down up down.”</p> </div>
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Remember:
Be kind, be fair,
be honest, be
true and all of
these things
will come back
to you.
What goes
around comes
around.

	6 DOMAINS OF COGNITION Cont'd
<p>Mum said “you treat this place like a hotel”. Which she will regret when I give her a low score on TripAdvisor for “rude staff”. bb.com.au</p>	<p>Receptive language:</p> <p>The opposite; it describes when we hear a word knowing what concept it connects to. For example; the word fork does not connect in the brain to the object fork. These two types of language use do not change equally. Someone may have large changes in their expressive language and no changes in their receptive language or vice versa. The third way language shifts is in grammar and syntax.</p> <p><i>These shifts in language are many times tragically perceived as a loss of communication ability. Far from that, they are a shift in the way one communicates. Often in my experience, not having the precise word on hand, or having to describe things in a more poetic way, offers a closer representation of pure communication, adding to the message layers of personality and affect. If one can listen with metaphorical ears, beautiful moments of connection, rather than just frustration, are possible.</i></p> <p>5. Perceptual — Motor:</p> <p>This means understanding what one sees, it has to do with how the brain and eyes speak to each other. For example; one may not be able to connect that a hairbrush is for brushing hair just by seeing the object. This can be particularly frustrating to both the person experiencing the shift and to those around them. This frustration mostly comes from a lack of understanding. Using curiosity to try to understand your experience and how it differs from who you are spending time with is imperative.</p> <p>6. Social-Cognition:</p> <p>With the phenomenon of dementia there is often a shift in one’s social behaviour. This can range from perception of others emotions to decreased inhibition. With a shift in social cognition there is less of a filter between thoughts, feelings and actions. All humans have thoughts and feelings that are not socially acceptable. These are often fleeting and most of us have learned not to verbalize or act on them. As social cognition shifts, and this filter becomes more permeable, one acts on these flashes of emotion. The beauty of this, is that one always knows where they stand, there is a deep honesty.</p> <p>It is important to remember that since these are in the moment, that is where they should stay. Just as quickly as our inner thoughts and feelings can change, so do the social behaviours of one with a change in social cognition. When they are acting angry, they are angry, when they are acting kind and happy, they are kind and happy. Decreases in social cognition offer a mirror for observing one’s inner emotional landscape; they also offer behaviours that can be very telling of unmet needs.</p> <p>In the phenomenon of dementia these six domains of thinking change at a different pace in every person.</p> <p>For both the person experiencing dementia, and their allies, it is important to understand these changes.</p> <p>When we can make meaning out of behaviours, it can alleviate anxiety and suffering.</p> <p>All of these can be perceived as ‘deficits’ but they can also be perceived as changes. Using this gentler viewpoint, there is room for the difficulty associated with these changes to be challenging, yet fruitful. Deficits call to be fixed. Changes call to be embraced and understood.</p> <p style="text-align: right;">Kyrié Carpenter</p>

You will be “too much” for some people. Too loud, too soft. Too this, too that. But you’ll always be perfect for the people who love you!

Simplereminders

SUMMER HEALTH TIPS

BOTHERSOME BUGS

What a pity that summer brings out all those pesky insects, but they’re all part of the package and it doesn’t take too much effort to keep them at bay and protect yourself from bites.

Mosquitoes are annoying and can also be a health hazard. Several species of mosquito call New Zealand home, including some imported exotic species that are carriers of disease-causing viruses.

Sandflies are another summer pest found near flowing water and in bush.

Tips for preventing mosquito bites

- Use insect repellent on your body, available as creams, sprays and roll-ons; also room sprays and outdoor sprays
- Light citronella candles when outside
- Keep a bottle of pure vanilla handy as bugs don’t like vanilla
- Some plants are natural mosquito repellents, such as lavender, basil and marigold, so try keeping these plants on your deck or patio; also rub some of the leaves between your fingers
- Essential oils may help, including citronella, lavender, tea tree and eucalyptus oil; rub some on the pulse points of your wrist.

HOW TO EASE THE PAIN AND ITCH OF AN INSECT BITE:

- Rub antihistamine cream or a topical corticosteroid cream on the bite site.
- Neutralise a sting to reduce the pain, using vinegar for wasp sting which is alkaline or baking soda for a bee sting which is acid
- Use calamine lotion to relieve itching and an ice cube to reduce swelling and redness around a bite.

ENSURE WATER SAFETY

Water activities like swimming, boating, fishing and surfing are always a large part of summer fun, but every year water tragedies cloud what should be such a happy family time. So make sure this does not happen to your family.

- Always read warning signs at the beach and make sure the water is safe to swim in, and swim only between flags
- Make sure your kids know how to swim
- Always wear lifejackets on boats
- Never leave young kids unattended near water – even a paddling pool can be a source of danger
- Don’t dive into any water unless you are sure it is deep enough.

FOOD HYGIENE

More sunshine and daylight means more outdoor eating, but remember that in warmer weather you need to be more careful with food as bacteria grow faster in warmer weather.

Tips for BBQ food safety

- Clean the BBQ and scrub off any grease that could be harbouring bacteria, make sure there is no rust that could get into your food
- Defrost frozen foods thoroughly in the fridge or microwave before cooking
- Keep food covered and in the fridge before a meal, and leave it covered until you’re ready to cook or eat it
- Marinate food in the fridge, not on the bench top
- Don’t keep leftovers out and as soon as steam stops rising, refrigerate or freeze them; throw out any perishable items left out for more than four hours.

<https://www.familyhealthdiary.co.nz/conditions/summer-health-tips/>

SILVER RAINBOW

Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) Education for Caregivers



If you are interested please contact Julie on Julie.Watson@kahuitukaha.co.nz to find out how you can book Silver Rainbow education for your organisation.

Products for Dementia care

My name is Fran West and I create products for aged care and dementia - <http://www.bestdementiahelp.com/>

I am based in Adelaide, South Australia, and produce **Reminiscence DVDs** - <http://www.bestdementiahelp.com/movies-1-aged-dementia-alzheimers>

Digital jigsaw puzzles on CD - <http://www.bestdementiahelp.com/digital-jigsaw-puzzles-dementia>

Picture books on CD - <http://www.bestdementiahelp.com/picture-books-1-dementia-alzheimers>

Print your own Dominoes on CD - <http://www.bestdementiahelp.com/dominoes-dementia-alzheimers>

and a variety of **Activity books on CD** - <http://www.bestdementiahelp.com/books-1-for-aged-care-and-dementia>.

Most of my products are on DVD or CD and are therefore a reasonable postage cost to NZ. Even though I am an Australian producer many of my products are still relevant to New Zealanders.

At present, I have a small range of my products available through Quality Life NZ - https://www.qualitylifeonline.co.nz/shop/ALL+PRODUCTS/DVDs++CDs/x_cat/00325.html.

However, that website does not have my full range of products.

If you would like to be added to my fortnightly email newsletter just let me know.

Fran West, Adelaide, South Australia info@bestdementiahelp.com

DEVELOPMENT OF A RECOMMENDED STRATEGY FOR THE MANAGEMENT OF HIP AND KNEE OSTEOARTHRITIS IN THE NEW ZEALAND PUBLIC HEALTH SYSTEM.

The University of Otago is leading a national health policy project, supported by the Health Research Council of New Zealand, and seeks to consult a wide range of stakeholders. The purpose of the project is to inform the development of a recommended strategy for the management of hip and knee osteoarthritis (OA) in the New Zealand (NZ) public health system. The outcomes of the project will have direct relevance to the aged care sector as it will provide evidence for the most efficacious and cost-effective packages of care for New Zealand citizens living with OA. Ultimately, the information may help to inform public institutions, such as the District Health Board portfolio areas in disability, chronic disease management, ageing and rehabilitation.

Given the scope of the project and relevance to the aged care, rehabilitation, long term conditions, disability and other areas, there is a request from the aged care sector to complete a simple 15-30 minute online questionnaire.

The online questionnaire and information sheet can be accessed at the following link: <https://tinyurl.com/ybootx2l>.

True friends
are never
apart, maybe in
distance but
never in the
heart.

Apost

<p>F E A R has two meanings: “Forget Everything and Run” or “Face Everything and Rise”. The choice is yours. <i>Zig Zagler</i></p>	<p>HAVE YOU HEARD ABOUT GREY MATTER?</p>
	<p>We'd like to introduce you to another newsletter that the Ministry of Health Library prepares.</p> <p>The Grey Matter newsletter provides monthly access to a selection of recent NGO, Think Tank, and International Government reports related to health. Information is arranged by topic, allowing readers to quickly find their areas of interest.</p> <p>If you'd like to subscribe to Grey Matter, email library@moh.govt.nz</p>
	<p>TOTAL QUALITY PROGRAMME</p>
	<p>Are you struggling with your policies and procedures? Find it difficult to keep up with all the changes? Come audit time you realise that information is not up to date?</p> <p>If the answer to the above is yes then</p> <p>Join hundreds of other aged care providers</p> <p>This totally tried and tested Quality Programme tailor-made for aged care has been around since 1990!</p> <p>All policies and procedures, including the related work forms, are written in a very user friendly manner and understandable to all staff.</p> <p>The programme comes on CD and you are in charge to personalise it for your facility.</p> <p>For more information and to receive the order form and licence agreement, contact me on 09 5795204, 021 311055 or 09jelica@gmail.com</p>
	<p>TRAINING SESSIONS</p>
	<p>If you need training provided on site please let me know as I am available to provide this on non clinical topics such as:</p> <p>Please be aware that I am based in Auckland. Very happy to travel but it will add to your cost. You might be able to talk to facilities in your area to get together and share the costs.</p> <p>Cultural Safety, Spirituality, Sexuality & intimacy, Privacy, Rights, Confidentiality, Choice, Communication and Documentation, Quality and Risk Management, Abuse and Neglect prevention, Restraint Minimisation and Safe Practice, Managing behaviour that challenge us, Complaints Management, Open Disclosure, EPOA, Advance Directives, Informed Consent, Resuscitation, Health and Safety, Ageing process, Mental Illness, Civil defence, Dementia care, Bullying in the workplace.</p> <p>If you are looking for a topic not listed here please drop me a line.</p> <p>I am happy to facilitate different times to suit evening and night staff.</p> <p>References available on request.</p> <p><i>Jessica</i></p>

<p>We rise by lifting others Robert Ingersoll</p>	<p align="center">NEWSLETTERS BACK ISSUES</p>
	<p>Remember there is an alphabetical list of topics from all my newsletters available on my website which refers to the related issue. This website is available to everybody: www.jelicatips.com No password or membership required.</p> <p>I believe in having the data available to everybody as it is important that as many people as possible get the information and that we help each other as much as possible in this very challenging sector.</p> <p>I don't mind sharing this information but I don't agree anybody making financial gain from this information!</p>
	<p align="center">HELP ME KEEPING THE DATABASE UP TO DATE!</p>
	<p>Changing positions? New email address? Let me know if your details are changing so I can keep the database up to date.</p> <p>If you know anybody else who would like to receive the newsletter please let me know and I will be happy to add them to our growing readers' base.</p> <p>Thank you all for your contribution each month. <i>Jessica</i></p>

Some interesting websites:

www.careassociation.co.nz; www.eldernet.co.nz; www.insitenewspaper.co.nz; www.moh.govt.nz;
www.careerforce.org.nz; www.dementiacareaustralia.com; www.advancecareplanning.org.nz;
<http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>; <http://www.open.hqsc.govt.nz>;
www.safefoodhandler.com; www.learnonline.health.nz; www.nutritionfoundation.org.nz/about-nznf/Healthy-Ageing;
www.glasgowcomascale.org

Please note these sites are not necessarily endorsed by Jelica nor is it responsible for the contents within them.

The information contained in this publication is of a general nature and should not be relied upon as a substitute for professional advice in specific cases.

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.

CONFIDENTIALITY AND SECURITY

- I send this with due respect to, and awareness of, the "The Unsolicited Electronic Messages Act 2007".
- My contact list consists ONLY of e-mail addresses, I do not keep any other details unless I have developed personal contact with people or organisations in regard to provision of services etc.
- E-mail addresses in my contact list are accessible to no one but me
- Jelica Ltd uses Avast antivirus protection in all aspects of e-mail sending and receiving

Signing off for now.

Jessica

SUBSCRIBE OR UNSUBSCRIBE

- If you do not wish to continue to receive emails from me, all you need to do is e-mail me and write "Unsubscribe". I will then remove you from my contact list (though I will be sorry to lose you from my list).
- If you know of others who you think would benefit from receiving my newsletter, please pass on my details and have them sending me an email with the subscribe request.