Setting standards for dementia care in residential settings

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Outline

- Key principles
- Starting point
- The distance we need to travel
- Beginning a process of setting & meeting care standards
Caring for people with dementia is a significant part of the business of residential care settings.
Residential care settings: Where are people with dementia?

- Public nursing homes
- Private & voluntary nursing homes
  - dementia-specific care units
- Continuing care - medical
- Continuing care - psychiatric
Key principles

- ‘Person-centred’ approach
- Health and psychosocial care needs
- Dignity
- Autonomy
- Privacy
- Environment
- Carer collaboration
- Training and support for staff
Key documents

- Nursing Home Act 1990 requires private & voluntary nursing homes to be registered with the health board or area health board and meet standards set out in the legislation.

Nursing Homes Act 1990

- Minimalist standards set out in legislation
- Focus on health and safety
- No details on quality of care
- No mention of activity programmes
- No specific reference to people with dementia
Nursing Homes Code of Practice

- Health
- Domestic routine
- Autonomy
- Medication
- Restraint
- Activities
- Complaints
- Needs of special residents: mental handicap, younger residents and very dependent elderly people
- Terminally ill

Code of Practice for Nursing Homes. Department of Health, 1995
The current situation

- Variability in care standards and how they are applied
- System of inspection is not uniform
- No inspection or legislation for public nursing homes
- Care needs of dementia patients not addressed
- No national care standards for nursing homes
Standards for residential care settings*

- Focus on documentation, physical and medical needs
- Special needs and care provision for people with dementia are not addressed
- Fall short on environmental guidelines, recreation and psychosocial needs
- No minimum standards
- No clear system of accreditation, compliance or monitoring

*Draft Standards for Residential Services for Older People. ERHA 2002
41.1 Space for recreation

- The service shall have an identified area for residents which shall be sufficient enough to facilitate the involvement of members and/or visitors.
Care standards-UK style*

- Regulated by the National Care Standards Commission, an independent, non-governmental body
- Use national minimum standards to make judgments regarding registration and compliance

*Care Homes for Older People. National Minimum Standards. Care Standard Act 2000
Care standards-Structure & Approach*

- Appropriate needs assessment
- Health & personal care
- Activity
- Environment
- Staffing
- Management

*Care Homes for Older People. National Minimum Standards.
Care Standard Act 2000
Standard 20
Outcomes: Service users have access to safe and comfortable indoor and outdoor communal facilities

- The home provides sitting, recreational and dining space apart from the service users’ private accommodation and excluding corridors and entrance hall amounting to at least 4.1 sq. m for each service user.
- Communal space is provided which includes (the following):
  - Rooms in which a variety of social, cultural and religious activities can take place and service users can meet visitors in private;
  - Dining rooms to cater for all service users;
  - A smoke free sitting room
  - There is outdoor space for service users, accessible to those in wheelchairs or with mobility problems, with seating and designed to meet the needs of all service users including those with physical, sensory and cognitive impairments........
Accreditation versus Minimum Standards

- Two different models- ‘carrot or the stick’
- Caveat: Minimum standards may mean the bare minimum!
<table>
<thead>
<tr>
<th><strong>Country / Items</strong></th>
<th><strong>Australia</strong></th>
<th><strong>United Kingdom</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Agency</strong></td>
<td>Aged Care Standard and Accreditation Agency, a commissioned body of government</td>
<td>Commissions for Care Standards, an independent statutory body within the Social Care Policy Division of the Department of Health</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>1. ensure NHs to operate in accordance with the legislative requirements 1. ensure NHs to provide high quality care within a framework of continuous improvement</td>
<td>1. provide minimum standards of service 1. protection of service users; safeguard and promote their health, welfare and quality of life</td>
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<tr>
<td><strong>Nature</strong></td>
<td>Compulsory, statutory requirement</td>
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<tr>
<td><strong>Focus</strong></td>
<td>Outcome and Process</td>
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<td><strong>Process and Means of accreditation</strong></td>
<td>1. Desk audit. On site audit -- observation, discussion with staffs and residents 2. Notify services units the accreditation decision</td>
<td>1. Discussion with families and friends, staff and managers 2. Observation of daily life in the home 3. Scrutiny of written policies, procedures and records (No clear procedure has yet been set)</td>
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<td><strong>Power</strong></td>
<td>All services units must obtain accreditation to receive Commonwealth government funding</td>
<td>No service units can be operated without meeting the minimum standards</td>
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| **Running Agency** | Canadian Council on Health Service Accreditation, a non-profit and non-governmental organization | Independent and non-profit organizations  
Joint Commission on Accreditation of Healthcare Organization (JCAHO)  
Continue Care Accreditation Commission (CCAC) |
| **Purpose** | Quality Assurance | Quality Assurance |
| **Nature** | Voluntary | Voluntary |
| **Focus** | Structure, process and outcome  
Emphasis on team approach and client centered care | Process and outcome |
| **Content** | Client care and the delivery of service, information management practices, human resources development and management, the organization's governance and the management of the environment.  
The accredited status is determined by:  
1. Level of compliance with CCHSA’s national standards  
2. Demonstration of quality improvement initiatives  
3. Management of risk | 36 performance areas and 450 standards involved  
A Resident Rights and organization Ethics; B Continuum of Care  
C Assessment of Residents; D Care and Treatment of Residents  
E Education of Residents; F Improving Organization Performance  
G Leadership; H Management of the Environment of Care Design  
I Management of Human Resources; J Management of Information  
K Infection Control; L Accreditation Participation Requirements |
| **Process and Means of accreditation** | 1. Self assessment  
1. The Pre-Survey process -- documentation, data, analysis, interpretation and communication required for an organization's activity and performance information.  
2. On site visit -- discussion with staff, clients/patients, tours the settings and looks at documents and client/patient/resident records Notify the accreditation result  
Characteristics: Usually the surveying time is about 1 week. | The surveyors may spend several days at the organization observing activities, interviewing patients/residents and staff, and reviewing documents. The surveyors) spends a significant amount of time on patient/residents units, observing services as it is carried out.  
Characteristics: Random Unannounced Survey to check the performance between surveys |
| **Power** | --- | --- |
Irish Health Services Accreditation Board

- The Irish Health Services Accreditation Board is an independent organisation established under a Statutory Instrument (SI), whose primary purpose is to establish, continuously review and operate an Accreditation scheme for the Irish health system.
- Provides independent assessment of the performance of health services against a formally established set of national standards.
- Process is a developmental one using self assessment, the skills of peers trained and appointed as a team of surveyors and is always based on a well tested framework of healthcare standards.
- Accreditation guides healthcare organisations in identifying their strengths and also their opportunities for improvement and to better understand the objectives and complexities of their operations.
- With this knowledge, organisations can address short and longer-term plans to improve their performance and use their resources to most effectively meet needs.
- Accreditation process began in 2002 and is voluntary for acute hospitals.
- Plan is to roll out the process to other arms of the health service.
A National Accreditation and Care Standard System?

- Independent accreditation board for nursing homes as part of the Irish Health Services Accreditation Board
- Develop national standards that are dementia friendly in consultation with and acceptable to all stakeholders
- Include nursing homes and dementia specific units
- Set out care standards and/or assign level of risk/urgency of action required
- Use a self assessment exercise (SAE)
- Improve care through quality initiatives, Q awards and accreditation review
- Must be a checks and balance system in place
A man's personal defects will commonly have with the rest of the world precisely that importance which they have to himself. If he makes light of them, so will other men.

Ralph Waldo Emerson