SECTION FOUR:
ASSESSING AGED CARE ENVIRONMENTS

BACKGROUND BITES

- Aged care is dynamic; accordingly, it is important to routinely assess a range of areas as part of the process for sustainable improvement.
- Assessors from the Australian Aged Care Quality Agency are being trained to use an observation tool based on Dementia Care Mapping, to provide information contributing to the assessment process of facilities' performance against the Accreditation Standards.
- Policy and practice in any long term care facility should be underpinned by the assessment of all aspects of the physical and social environment in relation to the principles of person-centred dementia care.
- The VIPS Framework can be used as a set of principles to underpin the implementation, review and ongoing development of facility-specific person-centred dementia care.
- An enabling environment is a cohesive system of support that recognises the experiences of the person with dementia and best provides assistance for the person to remain engaged in everyday life in a meaningful way.
- The therapeutic value of the very best physical environment will be lost if the social environment is not functioning in a way that requires everyone to be person-centred in providing care. Examining both the physical and social environment requires assessment.

WHAT SHOULD BE ASSESSED AND WHY?

The evidence emanating from the past thirty years of research clearly tells us that care that is person-centred can best meet the needs of people with dementia.

The Australian government has adopted the Short Observational Framework for Inspection (SOFI) and, working with the developers from Bradford University in the UK, have adapted its revised version (SOFI 2)for the Australian context (Quality Standard, March 2014). SOFI 2 is based on the values of person-centred care and provides a structure to observe — how the residents are valued, how they are treated as individuals, what is their perspective of the world, and how their social environment is enriched.

Therefore, it is appropriate that facilities frame their own assessment in the context of person-centred care. Even if you have adopted person-centred care as your philosophy, understanding it in practice, within your facility, is essential.

Providing creative and individualised care for people with dementia requires an organisational commitment to "looking at the whole picture," i.e. all the factors that influence how the resident feels, functions, and responds to care. These factors include:

- intrapersonal characteristics (e.g., resident's health, cognitive status,);
- interpersonal influences (e.g., resident's relationship with staff, degree of family engagement, staff knowledge and attitudes);
- physical and social environment (comfort, functionality, and capacity to "cue" the person with cognitive impairment); and
- policies (e.g., those related to staffing, communication, care evaluation, and decision-making).

Consider the contents of Box 3 adapted from the work of Dawn Brooker (2007) in which she outlines the outcomes when there is a lack of balance and/or inappropriate emphasis across the different definitional elements of person-centred care. You may recognise one or more of these.

BOX 3: INAPPROPRIATE EMPHASIS ON ELEMENTS OF PERSON-CENTRED DEMENTIA CARE

UNDER-EMPHASIS OF THIS ELEMENT	ELEMENT	EMPHASIS PLACED ON THIS ELEMENT BUT NOT OTHERS
Discrimination within care organisations and policy agenda against people with dementia and those who care for them.	**V**	Care evangelism. Platitudes that people agree with but don't know how to put into practice.
Chaotic and inappropriate assessment and care plans for people with complex needs and life histories.	**I**	Lots of paperwork. Care plans are all different from each other but meet individual needs only within a narrow range.
Care will not meet the priorities of the individual. High levels of responsive behaviour and learned helplessness.	**P**	Lots of information collected but never used appropriately.
Poor communication and lack of dementia-aware interpersonal skills by staff. Organisational emphasis on safety and aesthetics.	**S**	*Unquestioning* following of techniques. Frequent changes in direction as latest techniques are tried and discarded.

Consider whether the facility in which you work has evaluated the readiness or progress towards changing the culture to better support person-centred care? Does the facility regularly evaluate or monitor…

- the physical environment in relation to supporting people with dementia?
- the staff perceptions of dementia and person-centred dementia care?
- staff understanding of personhood?
- the levels of empowerment across staff?
- the availability and accessibility of organisational support?
- the levels of resident well-being?
- the levels of family involvement?
- the interventions/strategies used to address responsive behaviour?
- the impact of activities provided in the facility?

The thought of collecting more information on top of everything else that has to be done can send even the most even-tempered staff member into a frenzy.

Knowing where to start and what tools to use can be an overwhelming challenge.

This section of the manual provides some basic ideas about what might be useful.

There are many tools available that can be used to determine the extent to which a residential aged care facility is delivering person-centred care. Regardless of what tool you decide to use, the key is that it provides a comprehensive assessment so that areas for improvement to support resident well-being can be identified.

This will provide the baseline on which you will be able to prioritise where to put your energy and resources in the first instance. The same tool should be used to provide ongoing information to track change and improvement over time.

The Dementia Dynamics™ support website will provide links to a range of tools that may be useful to you in assessing and monitoring person-centred dementia care from the organisational level through to resident quality of life. In this manual, we identify some key tools that are used in many countries with success.

USING THE VIPS FRAMEWORK

The VIPS definition of person-centred care, as outlined in Section 1 of this manual and the eLearning DVD, is the basis for the VIPS Framework Tool. This tool enables facilities to assess the relative strengths and weaknesses with regard to providing person-centred care.
The VIPS framework can be used on three different levels (Brooker, 2007):

- *To raise awareness of person-centred care across the organisation:*
  A group leader uses the questions in the tool to facilitate a discussion about each question. The composition of the group depends on the size of the facility.

  It is recommended that the group have people who work at different levels within the organisation, with responsibilities in different areas.

- *To collect evidence and benchmark:*
  This requires the tool to be used in a more formal way to determine actual practice. Evidence can come from audits of records/paperwork, staff surveys and monitoring key indicators and critical incidents.

- *To plan actions for improvements in key elements:*
  Preliminary exploration or organisational strategic directions may have identified that the organisation needs to focus on one or two areas to really impact on practice.

  Specific elements or indicators can be used to identify key areas of concern.

An electronic tool, "Care fit for VIPS", designed by Worcester University can be found online. You can manage your own development, establishing a more person centred organisation using this framework.

http://www.carefitforvips.co.uk/
This link and the link to download a PDF version of the tool will be available on the Dementia Dynamics™ support website.

The support website will also provide you with access to additional information about the VIPS Framework and you can 'Ask the Expert' for advice about implementing the VIPS Framework in the facility in which you work.

There are a number of tools that have been developed in recent years to measure person-centred practice. Two that have been widely used in Australia are:

- Person-centered Care Assessment Tool (P-CAT): The tool consists of 13 items in three subscales: personalising care, organisational support, and environmental accessibility (Edvardsson, Fetherstonhaugh, Gibson, & Nay, 2010).

  The tool contains three sub-scales; the first seven items provide information about the extent of personalising care, the next four items identify aspects of organisational support provided and the final two items cover environmental accessibility.

- Individualised Care Inventory (ICI): The short version of this tool is 21 items in four sub-scales: knowing the person, opportunity for resident autonomy and choice, communication between staff and communication between staff and residents (Chappell, Reid, & Gish, 2007).

The P-CAT has the potential to provide a snapshot across the organisation of the extent of personalising care and the amount of organisational support staff feel they receive to be person-centred. VIPS elements are captured in the various sub-scales.

The ICI provides an overall score that can indicate where the facility sits in terms of benchmarks provided on the Dementia Dynamics™ support website from current Australian data available. Sub-scales can be used independently to monitor specific elements of interest.

For example, if you are implementing a life story program, you may want to use the 'Knowing the Person' sub-scale to draw a baseline of information and then use the sub-scale to monitor whether staff have a better understanding of the people in their care once the life story program has been running for a set period of time (ie. 6 or 12 months following implementation).

The 'Opportunity for Resident Autonomy' scale may be particularly useful. The short version provided in this manual , is a good measure of the general institutional situation and can clearly indicate if staff are task-oriented as a result of the organisational context.

In the previous section, the significance of communication was highlighted. With two sub-scales specific to communication, the ICI provides information that could identify any issues with communication that may exist.

Both of these tools can provide important information on the practice of person-centred care that can be used to prioritise and target areas of weakness, and build on areas of strength.

Complementing the ICI is a 20 item measure of family involvement that has recently been validated in Australia (Irving, 2014). This tool can provide the organisation with specific and actionable information with which to review their practices where appropriate and target efforts towards those aspects of involvement that are most important to the family members in this setting.

All of these tools are available in the appendix of this manual and on the Dementia Dynamics™ support website.

MEASURING PERSONHOOD

Quality person-centred dementia care acknowledges the full personhood of the individual to ensure that people living with dementia are included, heard, and understood.

Research shows that having stronger positive beliefs about personhood in dementia increased the likelihood that health providers would select analgesics and non-pharmacological interventions, and decreased the likelihood of selecting psychotropic medication (Hunter, Hadjistavropoulos, Smythe et al, 2013).

There are significant benefits from preserving personhood (Buron, 2009). By supporting personhood, it is more likely that the needs of the person with dementia will be met and therefore, responsive behaviour will diminish. For staff, strengthening individualised care that supports personhood contributes to increased job satisfaction and staff retention.

While there have been a number of tools developed to measure person-centredness, it is only recently that a tool has become available that tells us more about how people understand and support personhood. The Personhood in Dementia Questionnaire (PDQ) is a 20 item tool that could be used to determine staff attitudes and practice in relation to the personhood of people with dementia.

This could be a useful tool in developing education programs for staff in facilities that want to improve person-centred practices that support personhood. It is provided in the appendix.

DETERMINING THE THERAPEUTIC VALUE OF THE PHYSICAL ENVIRONMENT

Just as we can make our own homes comfortable, safe and functional, there are ways to make a RAC facility less institutional and more comfortable, safe and functional as a place to live and work.

There is now a body of evidence that provides a foundation for making decisions about how we design enabling physical environments, how we can make existing environments better and how we can better utilise physical environments to support people with dementia and those who provide care for them. From this evidence a number of tools have been developed to guide the development of enabling environments.

Many of these can be found on the Dementia Dynamics™ support website but we have identified the Environmental Audit Tool as one that other Australian RAC facilities have found useful.

Even a small environmental change, such as re-arranging furniture in public spaces, can have a significant impact. However, always consult with staff when considering even these small changes as they will need to understand why the change is occurring to be able to appreciate it and use the changed environment appropriately.

THE ENVIRONMENTAL AUDIT TOOL (EAT)

The EAT takes about 15 minutes to complete. It is based on 10 principles of design for people with dementia and the questions are simplified making the tool easy to understand and the questions easier to answer.

The tool comprises 72 questions grouped into 10 sub-scales of safety; size; visual access; reduction of unnecessary stimuli; highlighting of useful stimuli; provision for wandering and outdoor area; familiarity; privacy and community; community links; and domestic services. It's value has recently been recognised in the Australian Aged Care Quality Agency in its March 2014 newsletter.

We recommend this tool as you do not need any specific knowledge about the physical environment to complete it. If you can observe, you can provide a response to each of the questions contained in the tool.

This tool is available to print out from the Dementia Dynamics™ eLearning DVD and the support website (www.dementiadynamics.com.au).

The EAT can also be found on the 'Enabling Environments' website (see website address below), along with a number of other useful audit tools, some of which audit the complete environment and others which are useful in auditing specific environmental elements (e.g. lighting, gardens).

WHEN TO AUDIT THE ENVIRONMENT

If an audit of the environment in relation to its utility for people with dementia has never been completed, then you should do one as soon as possible. It is a valuable exercise and can highlight some fundamental issues in the physical environment which may not be evident currently.

You should certainly audit any area you are anticipating modifying or enhancing, as you may find that what you want to do is not suitable or appropriate. Again, we would stress that if an environmental audit has not been done previously, it is probably worth doing the whole facility before deciding on any expenditure in a particular area. It may be that your dollars could be better spent elsewhere, providing more impact and benefits for residents and staff than what was initially intended.

FROM RESULTS OF EAT TO MAKING EVIDENCE-BASED DECISIONS TO MAXIMISE THERAPEUTIC VALUE

There are two very useful websites available to help you make sense of the results of your environmental audit.

Dementia Enabling Environments is a virtual information centre that is both interactive and dynamic. It is based on the evidence and principles from which the EAT was developed.

http://www.enablingenvironments.com.au
This is the address for the homepage of the Enabling Environments website.

There are specific areas for 'care environments' (residential aged care) as well as 'gardens and nature'.

The site is easy to use and will provide you with links to a range of other information and resources.
It enables you to:

- Explore different settings in the care environment and gardens to find out how to apply key principles for developing enabling environments;
- Visit and engage in discussion groups to ask questions;
- Explore the resources available relevant to enabling environments
- Learn about the 10 key design principles for quality dementia design as you explore the website.

If you are engaging with any designers or architects, don't forget to give them the 'Enabling Environments' website so that they can also see what would be useful to your residents and staff.

A second site that you may find useful is the Victorian Department of Health Dementia Friendly Environments: A Guide for Residential Care

http://www.health.vic.gov.au/dementia
This site is also interactive and has lots of information that would be useful in determining a course of action from the results of your environmental audit.

If you are looking for something specific, this website has an 'A-Z of strategies' – so if you are particularly interested in doing something about the dining room in your facility, you can go directly to 'dining room essentials' in the A-Z of strategies. On the same page you will find links to other relevant entries such as colour, eating and interior design.

There are plenty of pictures in the various sections that you can move over to reveal specific information about what is good or not so good about the environment in the picture.

This site is broader than just the physical environment and has a lot of information on enhancing the social environment as well (e.g. sections on 'maintaining personal identity' and 'personal enjoyment').

The Victorian Department of Health also has the Residential aged care services built environment audit tool that is available online.

http://www.health.vic.gov.au/agedcare/services/resi_audit_tool.htm
This tool is specific to the built environment, has simple yes/no/not applicable response categories and links each question to tips and other resources.

It also does not require any pre-existing knowledge of the environment and is based on observations of the existing environment. It does take longer to complete if you are auditing the entire facility. However, it is divided into sections that can be done individually.

MEASURING RESIDENT OUTCOMES

It is standard practice in aged care to monitor a range of clinical indicators and the quality of life of residents. When providing education to staff or making changes to the physical or social environment, it is important to monitor resident outcomes.

RESPONSIVE BEHAVIOUR

As the focus of the Dementia Dynamics™ Toolkit is responsive behaviour, tools that provide insight into relevant issues should be one aspect of measuring resident outcomes.

The Cornell Scale for Depression in Dementia is one tool that would already be utilised in all Australian RAC facilities, as it is part of the Australian Government's Department of Health and Ageing's Aged Care Funding instrument.

Another tool often recommended is the Cohen-Mansfield Agitation Inventory (CMAI) which measures the frequency with which common responsive behaviour occurrs. This tool is not for determining the cause of the behaviour – it is merely a scale that can provide you with information about how many times a particular responsive behaviour occurs in a given time period.

Ratings rely on careful observation of the resident over a two-week period prior completing the survey. The staff member responsible for filling out the form will need to liaise with staff on the other two shifts to give reliable data about the behaviours over the 24 hour period.

This can be found in the Dementia Dynamics™ eLearning, in the appendix of this manual and is available to download from the Dementia Dynamics™ support website.

WELL-BEING

Well-being in dementia is viewed as a complex interaction of a person's neurological state, their physical health, their personality, social world and background. For well-being to occur, care and attention must be focused on the uniqueness of the person, their tastes and abilities and their choices.

In the past well-being has largely been evaluated using quality of life measures, of which there are many. The DEMQOL and DEMQOL proxy are probably the most widely used of these quality of life measures for people with dementia.

One of the main influences on residents' wellbeing is the interaction with their professional care-givers. Psychologists from the University of Bradford designed an observational tool in the 1990's that looked at the care of people with dementia from the viewpoint of the person with dementia.

Known as Dementia Care Mapping (DCM), it is now used worldwide for the purposes of assessment; development of care by repeated cycles of mapping, identification of training needs and staff development, quality assurance and research. As the social world that surrounds a person with dementia can have a positive or negative effect on well-being, DCM can help us to understand this world more clearly and assist us to develop care that is person-centred. DCM requires training that is available in Australia.

Links to more information about these tools will be available on the Dementia Dynamics support website (www.dementiadynamics.com.au)

THE PANSiS: A TOOL FOR MONITORING RESIDENT WELL-BEING

The Dementia Dynamics™ Toolkit includes The PANSiS, a newly developed tool that can be readily used by staff in aged care to measure the well-being of people with dementia. The emotional response of the individual to engagement (or lack thereof) can be an indicator of his or her personhood being either supported or unsupported.

The PANSiS has been developed based on the signs of ill-being and well-being that underpin DCM. A list of emotional responses to engagement provides a picture of the individual's state of personhood by observing positive and negative indicators of well-being and ill-being.

The positive indicators are characterised by signs that people are engaging with the world around them and experiencing positive feelings. The negative indicators are characterised by signs that people are withdrawing, or disengaging, from the world around them and experiencing negative feelings. Information collected is evidence of a person's positive and negative experiences which, taken together, create their overall experience of well-being. It can be used to:

- Monitor how individuals with dementia are faring over time;
- Provide a framework and a language for carers to think and talk about the social and emotional needs of people with dementia;
- Base assessments of social and emotional needs on careful observation and listening to what people have to say;
- Underpin care plans addressing social and emotional aspects of care.

The information collected can be used in care planning or in a needs-based cycle (DAPIR) to consider how to:

- Support situations that lead to positive behavioural signs recorded as 'strong' on the profile (e.g. social contact, warmth and affection);
- Promote situations that might generate positive behavioural signs recorded as 'weak' on the profile (e.g. humour, helpfulness);
- Respond to negative behavioural signs (e.g. pain, distress, boredom) in a comforting way;
- Avoid situations that generate negative behavioural signs;
- Minimise the effects of factors that put well-being at risk.

This tool is contained on the Dementia Dynamics™ eLearning DVD, in the appendix of this manual and will be available to download from the Dementia Dynamics™ support website.

RECOMMENDATIONS FOR USING THE ASSESSMENT TOOLS

THINGS TO DO	WHY
Have all new staff complete the P-CAT and PDQ.	Use results to ensure new staff have access to appropriate education/mentorship/coaching to enhance their understanding of person-centred dementia care.
If a significant number of your staff have not completed any dementia care education in the past 12/24 months it may be useful to have all staff complete these tools.	As a one-off to determine the levels of dementia education that may be required or areas that need to be targeted in training.
Use the ICI annually to review staff-based perceptions of individualised care and to guide planning/strategies to build on strengths and target areas of weakness.	Strengths can be the basis of specific projects to build further capacity in staff or new ideas for enhancing the social environment/care practices. Lower scoring areas can be the basis for quality improvement strategies, reviewing policies and practices, targeting education and training or revising teams/teamwork etc.
Use any of these tools for evaluating the impact of person-centred dementia care education or the P-CAT or specific sub-scales of ICI to evaluate components of projects/ programs enhancing person-centred care practices.	Using validated measures to provide evidence of good outcomes is essential for both internal and external reviews of quality improvement and can impact on resource allocations.
Use the EAT to audit the environment and if required, use other appropriate tools specific to understanding the value of the environment for people with dementia to audit specific areas such as gardens.	Built environments are usually audited in terms of standards and legislation and not in relation to the facility's ability to support people with dementia. Making changes without an appropriate audit may exacerbate issues for people with dementia and for staff.
Implement the PANSiS to monitor well-being as a clinical indicator.	Being person-centred is central to residents experiences and emotions. Monitoring well-being is extremely useful in addressing responsive behaviour. It can also contribute to staff understanding of people with dementia in their care.
Consult with and inform staff of the introduction of new tools and why their participation is important. Involve staff in decision-making in relation to information from the tools used.	Staff will participate more fully and be more likely to accept changes as a result of information from tools if they are engaged in the process.

KEY MESSAGES

- The significance of person-centred practice has been recognised in the assessment for accreditation purposes which will now incorporate observations based on the values of person-centred care that include how the residents are valued, how they are treated as individuals, what is their perspective of the world, and how their social environment is enriched.

- Understanding staff attitudes, values and practices in the context of person-centred care requires information gathered using appropriate tools as part of regular monitoring and quality improvement systems.

- Resident well-being should be considered a clinical indicator and monitored like all other clinical indicators.

- Environmental audit is essential to create an enabling environment for people with dementia. Staff should be engaged in the process of environmental change to understand how to use the environment appropriately.

- The physical and social environment must work together to maximise the therapeutic value of the physical environment.

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