

Woods Point Newsletter August 2022



Sunset on Lake Mulwala 2021

Resident & Representative Meeting Minutes

Resident and Representative Meeting was held on the
4th of August 2022.

Items discussed:

Consumer Experience Interviews:

Consumer experience interviews to inform aged care star ratings are taking place in Mid-July. The purpose of these interviews is for the Government to garner information from residents in aged care about their experience and all residents at Woods Point have been invited to participate.

Accreditation

Still to be undertaken.

Menu/Food

Discussed and all matters identified in respect to spice levels, meal sizes etc., have been conveyed to the kitchen.

Falls

Comprehensive assessment undertaken in respect to falls and falls prevention. Residents reminded to minimise risk by using walking aids etc.

Aggressive Behaviour

Assessment conducted into incidents of aggression between individual residents and residents and staff. Mitigation strategies discussed and where possible implemented to minimise aggressive behaviour.

Audits

Audits undertaken for Quality Improvement with satisfactory compliance.

Resident and Representatives meeting is scheduled monthly.

The meetings are held on the **first Thursday of the month at 10.30 in the main dining room**. All residents are invited to attend these meetings.

Face Masks

With the current Covid number escalating and the contagiousness of the current variant of the COVID-19 virus, it is now extremely important than ever that we maintain a strict policy in respect to the wearing of masks.

All staff and visitors must wear the N95 masks at all times.

These masks have been approved by ARTG and are designed to be placed over the nose and mouth to minimise the transmission of airborne organisms and contaminants. The filtering effect of these masks is >95%

Hand hygiene must also be strictly adhered to.

All visitors to the facility continue to undertake Rapid Tests but are also now required to wear the N95 masks.

Notices have been put up at Reception and entry areas outlining this requirement as well as reminding visitors not to remove their masks whilst they are inside the facility.



Pain Management

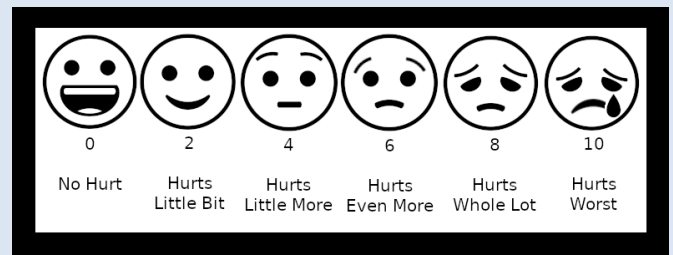


This month we thought an update on pain management would be a good topic for all residents and representatives to read.

Pain in older people is a common problem, with studies estimating that between 26%¹ and 86%² of residents in residential aged care facilities experience pain on a regular basis. Pain can have a significant effect on an individual's quality of life, and may also decrease their ability to function effectively.

The Australian Pain society released its recommended management strategies for pain in Resident aged care facilities and identified seven key pain management strategies. They are as follows:

1. Identification – failure to identify pain could be due to cognitive and communicative impairments. The staff use the pain scales to identify pain for Residents with cognitive impairments.



2. Assessment - Correct diagnosis is vital as different types of pain respond to different treatments.

3. Pharmacological treatments – medications should be tailored, and dosage carefully considered. May not always be first strategy implemented.

4. Psychological-educational approaches – Different behavioural therapies can be used to assist with pain management.

5. Physical therapies – exercises, massage and TENS machine as may have been used for you by our physiotherapists. There are many reasons why activity staff undertakes exercises each morning and pain management is one factor considered.

6. Complementary and alternative medicine therapies – such as massage, Reflexology and Hoteeze pads

7. Quality and system issues – to collect accurate clinical data and development of policies to assist with Resident's pain management.

As you can see from the above strategies there are many factors considered by the nursing staff when managing your pain. Our staff have attended education sessions to understand and appreciate the impact of pain. The nursing staff understands pain identification and fully aware that assessment is crucial to ensure your pain is well managed.

Medication intervention is not always required in all cases to manage pain and some of the above strategies may be implemented to assist with pain control.

Many aged residents have multiple diagnoses, each potentially causing pain in their own right. This means good, comprehensive assessments are crucial and should take into account medical history subjective perception of pain, mobility levels and ongoing communication.

Myrtleford Lodge has established pain assessments, management procedures and documentation in place to ensure we provide all residents a body as free as possible from pain.

When pain is identified / reported a comprehensive review is undertaken considering the following factors:

Where is the pain?:

When / How long?:

We also review for changes in behaviour which can be indicator of pain and have educated staff on

'See change'

'Think pain'



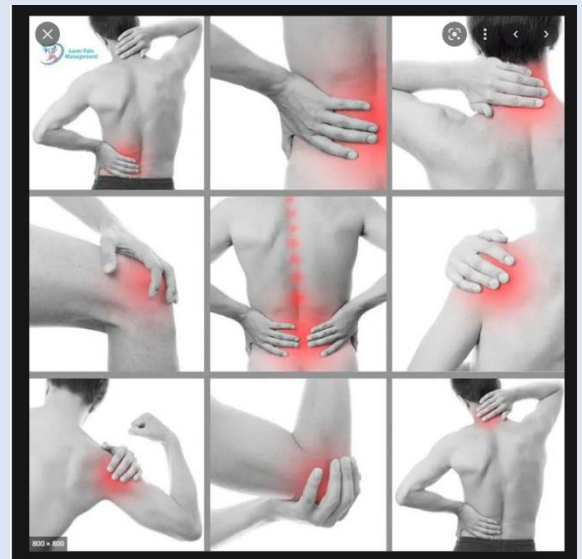


If you are not satisfied with how your pain is managed please do not hesitate to contact the Registered Nurse/ care staff or your local GP to discuss further options.

There is a vast range of pain relief available from medication to massage and the challenge is to find what works for each individual person. It is often a case of trial and error until finding what works, but what a difference it

can make to the quality of life of Resident when the solution is found.

If you would like to know any information about the pain administered strategies that are in place for you or any other information related to Pain Management please do not hesitate to contact your local GP, Pharmacist, Physiotherapist, Registered Nurse or Care staff.



Marita Seamer - Director of Nursing

HAPPY
BIRTHDAY

August 2022

8th Rose Lister

14th Keith Aitken

15th Beverley Francis

20th Kathleen Campbell

27th Betty Hutchinson

With Deepest Sympathy

Management and Staff of Woods Point take this opportunity to pass on our Sincerest Condolences to family and friends of the residents that have passed on.

July 21 – William (Laurie) Fitton

*With Deepest
Sympathy*



The Importance of recreational activities for the elderly.

Recreational activities might not be front of mind for our elderly, but together with family visits and consultations with their nurses, physical activities are an important part of the elderly's weekly schedule to assist with improving their physical, cognitive, and emotional health as well as their overall wellbeing and quality of life.

Why is recreation important for seniors?

Inactivity among seniors (and people of all ages, as a matter of fact!) can lead to physical ailments and be detrimental to mental health. A lack of interaction with others can also cause feelings of loneliness and isolation.

Recreation then becomes a therapeutic activity that builds relationships, benefits mental health, and improves physical health, each of which is critical to the overall health and happiness of the elderly.

Here are 3 key advantages of recreational activities for the elderly.

- 1. Recreation improves emotional and cognitive wellbeing**
- 2. Helps them lead a fulfilling social life**
- 3. Helps to strengthen and improve physical health**

At Woods Point our aged care workers highly prioritise and regularly hold various activities with all residents being encouraged to participate where possible. We find that those who do participate, really enjoy the opportunity and often there is much good humour and friendly competitiveness among them. Not to mention, it helps fill in the day whilst at the same time, provides them with some stimulation.

On the following pages you will see some of the activities undertaken with our Residents over the past month.

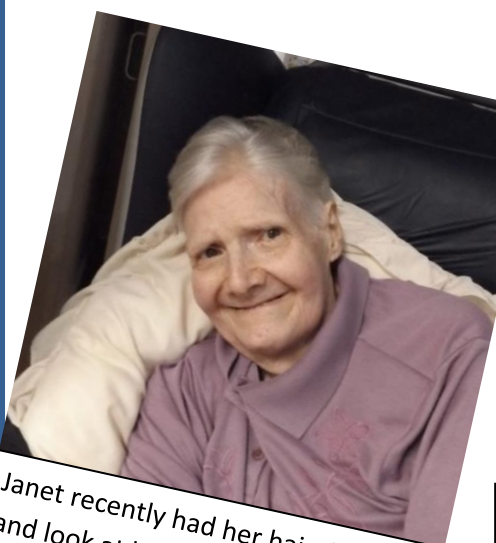
Activities undertaken in July



Other wellbeing activities and services that are available for our residents include outings away from the facility. You may have seen in previous newsletters outlining that our residents have gone out on the bus on short trips such as to Bundalong and Benalla for morning tea. Or maybe they have just gone out for a drive around Yarrawonga to see the new building that is going on, or the lake since it has been emptied. Whilst this may seem insignificant to us, these activities provide our residents with the opportunity to experience time away from the facility and provide a sense of some normality whilst also giving them some much-needed stimulation.

At Woods Point we also take time to acknowledge each of our residents' Birthdays. Each month a list goes up around the facility outlining who is having a birthday and the kitchen bakes a cake and we celebrate our Residents coming of age with a big afternoon tea, during that month. The Residents love this acknowledgement of their Birthday's and really get involved in the celebrations.

Hairdressing is another service available to our residents at low cost compared external salons. The ladies in particular, look forward each week to Wednesday's and Thursday's which is the days our resident hairdresser Kylie comes in and provides them with some pampering. Whether it's a wash, cut and blow wave, colour or perm the ladies here really love having this service which does so much for their general wellbeing and mental health. I mean what lady doesn't enjoy having her hair done??



Janet recently had her hair done and look at her smile.



Stan recently celebrated his birthday with visits and gifts from his family.



Our residents getting together for Birthday celebrations

Understanding Changed Behaviour

Many people with dementia experience changes in behaviour. Understanding the causes of changes can help you respond and care well for them.



Why behaviours change

There are many reasons why the behaviour of a person with dementia can change. It may be due to physical changes in the brain. Or it could be caused by a person's environment, health, or medication. Dementia can affect a person's ability to control how they respond to situations. Their behaviour may be the only thing they have left to communicate with.

These changes in behaviours can sometimes feel challenging for the person living with dementia and those who care for them. We might see them as 'disruptive' or 'inappropriate'. But they are often the result of distress – a signal that they need something or that their medical condition is changing.

Common changes

Here are some of the most common changes in behaviour people living with dementia can experience – and some useful tips to help you respond to them.

Agitation or aggression

There are many reasons why the person you care for may become aggressive or agitated. They might be frustrated by changes around them. They might find everyday tasks more difficult or may be in pain but can't communicate this clearly. Not feeling in control can also make a person feel threatened or angry. And if behaviour changes suddenly, it could be caused by infections that are easily treatable.

Tips:

- Try to remain calm and avoid arguing or reasoning. Acknowledge how the person is feeling and reassure them.
- Ask or look for signs of pain and discomfort, such as wincing, grimacing, clenching teeth, groaning or frowning.
- Offer a drink or snack.
- Take them for a short walk for a change of scenery. Being outdoors can help improve a person's mood.
- Figure out if they need comfort and reassurance or some space. Avoid bringing up the incident again and move on to something new.
- Ask the person's GP to check for infections if you notice a sudden change in behaviour.

Anxiety

When someone doesn't feel familiar in their surroundings, they can often feel scared, confused, frustrated or sad. This may make the person seem nervous, tense or unable to relax – or they may become upset when you're not there. They may show physical symptoms too, such as shaking, palpitations or sweating.

Anxiety (Cont'd)

Tips:

- Think about routine: has there been any change to the person's usual activities or environment? Can they be with people who are important to them and do meaningful activities?
- Encourage them to do activities they find relaxing, such as walking, gardening, reading, or listening to music.
- Offer new information as you go, rather than giving a full list of the daily plan.
- Encourage them to talk about their feelings and take the time to listen.
- Encourage the person to take 10 gentle, slow breaths with you.

Apathy

Watching the person, you care for, lose interest in the world around them can be disheartening. They may no longer take a role in the household and sit quietly. They might not start conversations and show little interest in friends or family members. This may be because they have forgotten how to do an activity.

Tips:

- Try to maintain a daily routine and keep this visible using a calendar or chalkboard.
- Use things you know the person enjoyed before to help get them started with activities.
- Start doing activities with the person until they continue by themselves – show rather than tell.
- Try positive phrases like "It's time to go on our morning walk," rather than asking the person if they would like to go.
- Try different strategies to see what works best for them. Some may work better than others.

Disinhibition

It can be confusing and confronting when the person you care for says or does things that are out of character or rude. These behaviours may occur due to changes in the brain, triggers in the environment, or through illness. The person may be responding to a situation that they have misread or misunderstood. Disinhibited behaviours are common and may include making tactless or offensive comments, taking clothes off in an unexpected setting/situation, talking to strangers as if they know them, or losing sexual inhibition.

Tips:

- Remember, the person is not deliberately trying to offend or embarrass you.
- Remain calm and try not to react in a negative way. A quiet response will be helpful, even though you may find the situation embarrassing or distressing.
- Redirect the person's focus onto something else and, if necessary, move to a different environment.
- Consider the potential causes. A quick mental checklist may help to identify the cause and support you to respond.

Hallucinations

Seeing or hearing things that are not there can be confusing and frightening for the person you care for and you. Hallucinations in dementia are most commonly visual but can involve other senses like hearing and touch. They may be a result of sensory or physical changes, or a response to medication.

Hallucinations (Cont'd)

- Remember that what the person is experiencing is real to them and may make them angry or feel frightened.
- Validate their feelings: let the person know that you understand what they are feeling and believing.
- Speak to their GP about possible physical causes, such as delirium, dehydration, infections, or reactions to medication.
- Get the person's eye health and vision checked. Hallucinations may be related to some eye conditions that can cause vision loss.

Personal care

Many things can lead to changes in personal care routine. The person you care for might be in pain, feel cold or confused, or can no longer recognise objects, like a toilet or shower. They might feel embarrassed or scared of someone else being there.

Tips:

- Consider their personal preferences: do they prefer a warm bath before bed, or have they always taken a morning shower?
- Ask or look for signs of pain and discomfort, e.g. wincing, grimacing, clenching teeth, groaning or frowning. Address any pain before helping with personal care.
- Consider the bathroom environment: is it warm enough and well lit?
- Encourage the person to do as much as they can for themselves, such as undressing or using a face cloth.
- Use music to reduce anxiety for everyone. Try playing the person's favourite music as they get ready for a shower or bath.
- If the person becomes agitated, take a step back and stand quietly until they are ready for you to help again.

Personal care (Cont'd)

- Be realistic and flexible: showering a couple of times a week is perfectly acceptable. Take the wins, making a note of what worked and what did not.

Sleep changes

The person you care for may be restless at night or wake very early in the morning. They may not be able to tell the difference between night and day. There are many reasons why a person's sleep might change, including their environment (like feeling too hot or cold), new medications or other causes.

Tips:

- Speak to a GP to make sure it isn't triggered by physical or medical causes.
- Check the bedroom: is it too hot or cold? Is it quiet and dark enough?
- Keep the environment consistent: did they sleep with a hot water bottle in winter?
- Cut down caffeine and alcohol. If they like a cup of tea or coffee in the afternoon, switch to decaf.
- Keep active: schedule activities during the day and avoid sleeping in the afternoon.
- Aim for at least 30-60 minutes of daylight exposure every day to help reset the 'body clock' and regulate sleep patterns.

Wanting to leave

When a person with dementia doesn't recognise their surroundings or the people around them, they may want to leave. They may ask to go home, go to work or to pick children from school. Often what they're looking for is somewhere familiar or more comfortable, but they may also be unwell or experiencing pain, unable to express this. They can also become agitated and upset if you try to stop them.

Tips:

- Store items such as keys, coats, handbags, and suitcases out of sight.
- Ask the person where and why they want to go. Give them time to talk and reassure them about their wishes and concerns.
- Try to redirect the person's attention to something that they enjoy.
- Think about the environment the person is in: Has it changed recently? Are there ways to make it feel more familiar, e.g. family photos, familiar objects or their favourite music.

Article courtesy of Dementia Support Australia.

<https://www.dementia.com.au/understanding-behaviour-changes>

GOULBURN & OVENS August 2022

MON	TUES	WED	THUR	FRI	SAT	SUN
1 9.30-Exercise 10.30-Scenic Drive 1.30- Bobs 2.30-Reading 3.15-Afternoon Tea	2 10.00-Exercise 10.00-Catholic Church 10.30-Carpet Bowls. 2.00-Bingo.	3 9.30-Exercise 10.30-Mini Golf 2.00-Anglican Church 2.00-Hands/Nails	4 10.00-Exercise 10.30-Res/Rep Meeting 11.15 Quick Quiz. 2.00-Bingo.	5 9.30-Exercise. 10.30-Word Challenge 1.30-Kiosk/Quiz. 2.30-Happy Hour.	6 NO ACTIVITY STAFF	7 NO ACTIVITY STAFF
8 9.30-Exercise 10.30-Scenic Drive 1.30-Word Challenge 3.15-Quiz	9 10.00-Exercise 10.00-Catholic Church 10.30-Carpet Bowls. 2.00-Bingo.	10 9.30-Exercise 10.30-Quoits. 2.00-Anglican Church 2.00-Hangman 3.00-Monthly Birthday	11 10.00-Exercise 10.30-Bob's. 2.00-Bingo.	12 9.30-Exercise 10.30-Word Challenge 1.30-Kiosk/Quiz. 2.30-Happy Hour.	13 NO ACTIVITY STAFF	14 NO ACTIVITY STAFF
15 9.30-Exercise 10.30-Beauty Therapy 2.00-UkuLadies. 3.15-Afternoon Tea	16 10.00-Exercise 10.00-Catholic Church 10.30-Carpet Bowls. 2.00-Bingo.	17 9.30-Exercise 10.30-Hangman. 2.00-Anglican Church 2.00-John Porter. 3.15-Afternoon Tea	18 10.00-Exercise 10.30-Golf Putting. 11.00-Uniting Church. 2.00-Bingo.	19 9.30-Exercise 10.30-Word Challenge 1.30-Kiosk/Quiz. 2.30-Happy Hour.	20 NO ACTIVITY STAFF	21 NO ACTIVITY STAFF
22 9.30-Exercise 10.30-Mini Golf 2.00-Scenic Drive 3.15-Hand Massage	23 10.00-Exercise 10.00-Catholic Church 10.30-Carpet Bowls. 2.00-Bingo.	24 9.30-Exercise 10.30-Board Games 2.00-Anglican Church 3.00-Movie	25 10.00-Exercise 10.30-Hangman. 2.00-Bingo.	26 9.30-Exercise 10.30-Word Challenge 1.30-Kiosk/Quiz. 2.30-Happy Hour.	27 NO ACTIVITY STAFF	28 NO ACTIVITY STAFF
29 9.30-Exercise 10.30-Scenic Drive 1.30-Games 3.30-Hands/Nails	30 10.00-Exercise 10.00-Catholic Church 10.30-Carpet Bowls. 2.00-Bingo.	31 9.30-Exercise 10.30-Board Games 2.00-Anglican Church 3.00-Movie			NO ACTIVITY STAFF	PROGRAM SUBJECT TO CHANGE.