

Step 1

Reflect and Review

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Before we can begin improving job and care quality, it's important to understand what these terms mean within the aged care industry. In this section you'll learn:

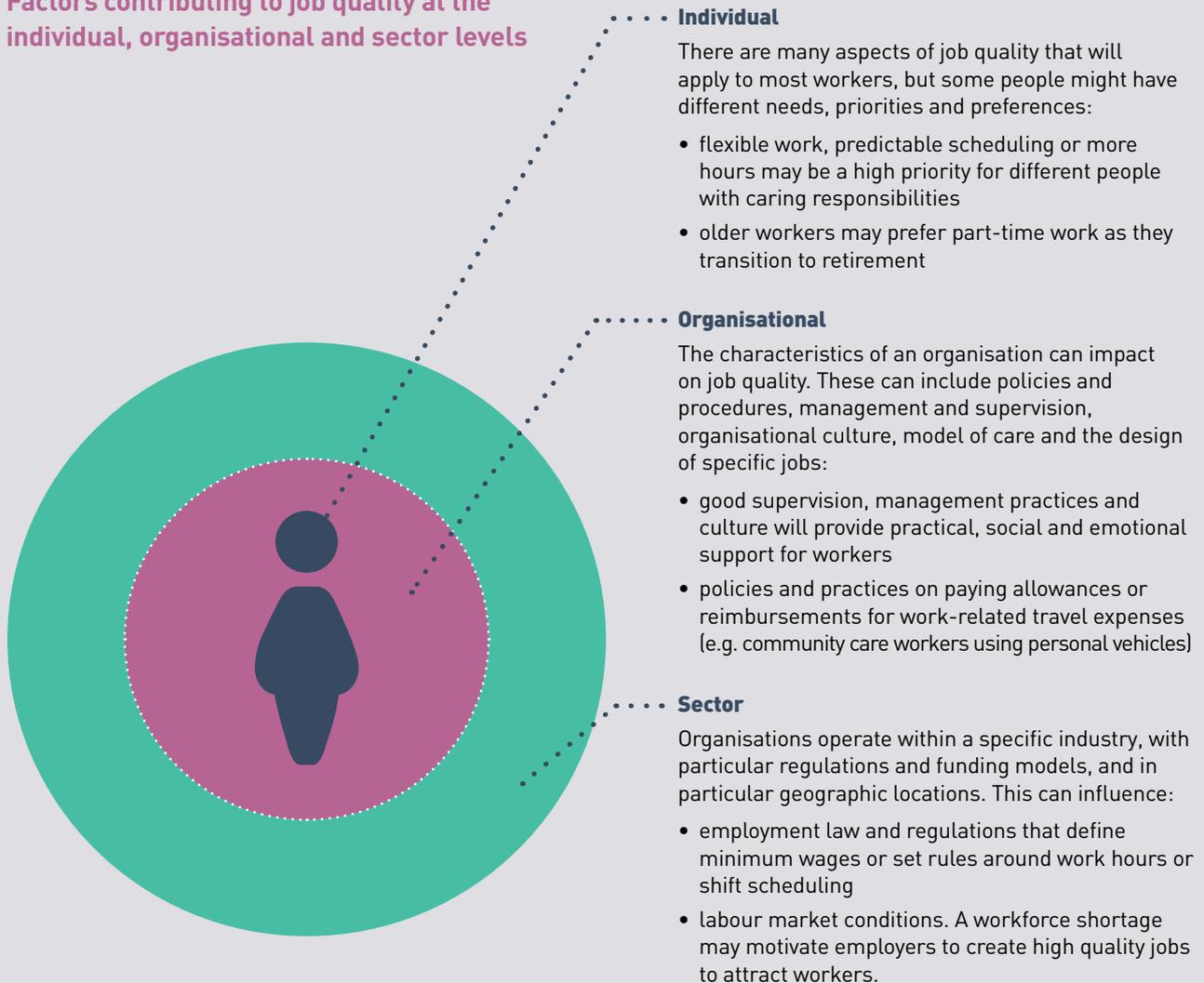
- more about [job quality](#) and [quality care](#)
- how [clients and care workers](#) experience quality care
- to measure quality care from a client's perspective
- more about the [links](#) between job quality and quality care
- what [care workers have to say](#) about job quality and quality care.

What is job quality?

People talk about 'good jobs' and 'bad jobs' or 'having a decent job'. But while job quality can mean [different things to different people](#), everyone agrees that good quality jobs lead to better outcomes for workers, clients and their organisation. Good quality jobs support workers' mental and physical health, a good work-life balance and job satisfaction. Organisations that create high quality jobs also benefit in many ways, including reduced staff turnover. As discussed below, good job quality is the foundation for high quality care: high quality care requires high quality care relationships between workers and clients.

There are many different ways of looking at job quality. Job quality can be considered from the perspective of the individual performing the job (e.g. age, family care responsibilities); the characteristics of a particular job (e.g. autonomy, time to care); the workplace where the job is located (e.g. mix and number of staff); and the organisation as a whole (e.g. organisational policies and culture). Here we reflect on job quality at the organisational level to help you identify possible areas for support and improvement in your workplace.

Factors contributing to job quality at the individual, organisational and sector levels



A good quality job is one that has decent employment conditions and is well designed so that workers have a positive experience when they do their job.

Key employment conditions for job quality:

- fair levels of pay for the work undertaken (payment for overtime hours, allowances and reimbursements for work-related travel time)
- employment security (fixed term, permanent contracts)
- regular and predictable work hours that meet workers' needs and preferences
- access to education and training
- good management–employee relations
- healthy and safe work culture and environment.

Key aspects of work organisation and job design for job quality:

- having enough time to provide care
- opportunity for some autonomy/input/control over how work is done
- manageable work demands (not having to work too quickly or handle an excessive workload)
- supportive co-workers, managers and organisation
- access to flexible work arrangements, if required
- opportunities to develop and use skills and abilities
- respect and acknowledgement from clients, co-workers and management
- regular 'joined up' hours of work per shift.

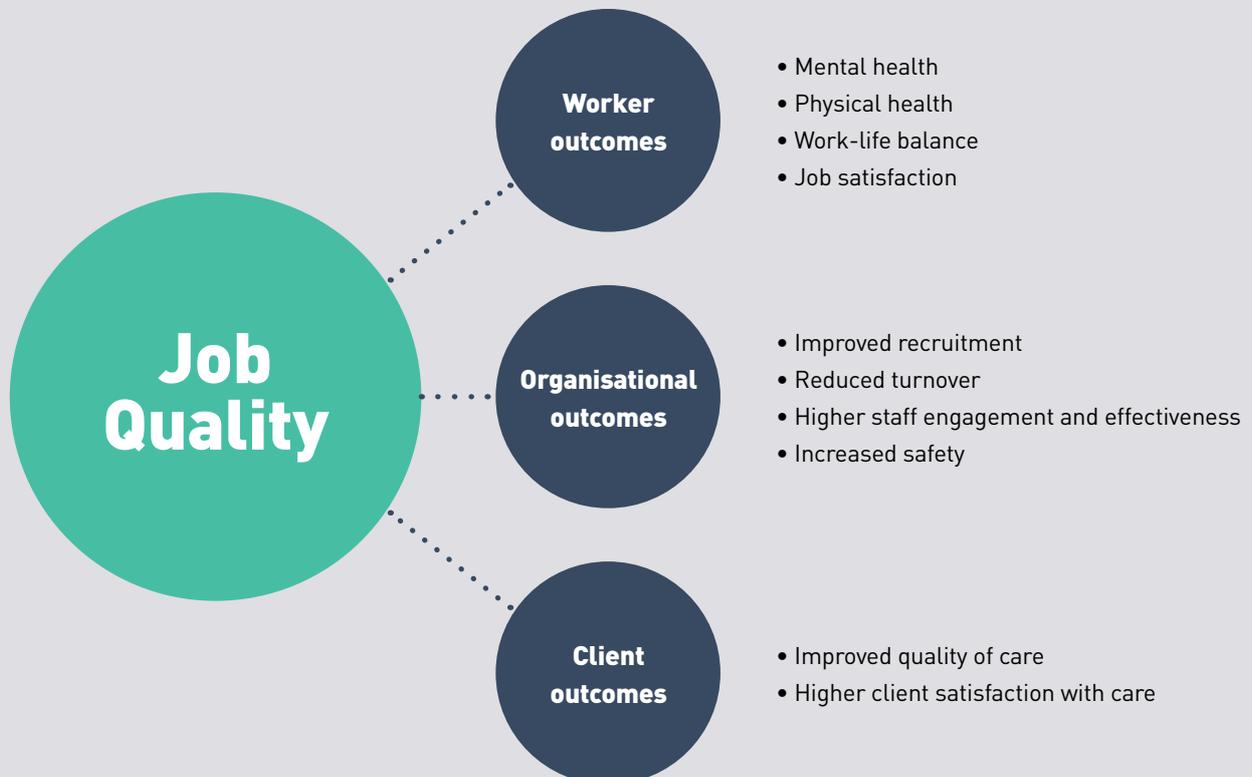
Why is job quality important?

Good quality jobs lead to better outcomes for workers, clients and their organisation. Good quality jobs support workers' mental and physical health, a good work-life balance and job satisfaction. Organisations that create high quality jobs also benefit in many ways, including reduced staff turnover.

Key outcomes from a good quality job:

- higher levels of worker job satisfaction
- lower levels of work-life interference (a good work-life balance)
- lower levels of worker stress
- higher worker commitment to stay with the organisation (low turnover intention)
- higher quality care and client satisfaction.

Relationships between job quality and outcomes for workers, the organisation and clients



What is quality care?

As with quality jobs, quality care can mean different things to different people. Clients, care workers, health professionals, managers and funders can all have different perspectives based on their experiences, circumstances and role. Quality care is often described as care and support that is effective, efficient, safe, comfortable and dignified.

Quality care can be understood, measured and changed at three major levels:

- structures – number of staff, staff-patient ratios and the level of staff training and expertise
- processes – treatments, interventions, care processes such as the organisation of care work, physical assistance, medications, and staff-client interactions
- outcomes – technical measures such as rates of pressure sores, restraint use, and infections as well as dependency measures such as client reports of satisfaction and quality of life.

In the past, clinical outcomes (e.g. rates of falls or infections) were given more attention and this reflected the traditional medical focus in aged care. Today, clients' perspectives on wellbeing and quality of life are becoming more important as the aged care environment moves toward consumer-directed care.

Quality care incorporates quality of life. Quality of life (QOL) is a concept that recognises each individuals' experience as important.

Quality of life in general refers to an individual's experience of well-being and overall enjoyment of their lifestyle.¹⁹

...QOL in old age is a multidimensional construct that is useful in evaluating "adding life to years".²⁰

What does quality care mean for clients?

As we develop new and innovative consumer-directed models of care, it is important to understand what quality care means for clients.

The Australian Government²¹ sees clients' views as crucial:

In health and aged care services – quality has been traditionally decided by experts and measured and 'certified' by a government authority... Consumers are now more empowered to determine for themselves what constitutes quality... We are seeing a shift from the authority of experts to the authority of experience ...

Australian and international research shows that quality care in residential settings involves:

- a feeling of connectedness to others
- independence and autonomy
- recognition of individuality and life stories
- access to professional help and support when needed
- individualised care imparted with kindness, empathy and goodwill.

Research on quality care provided in a person's own home also highlights that it is important for clients to:

- have a good relationship with their care provider
- have resources and support to maintain their independence
- maintain control over their life.

While there are differences between living at home and living in residential care, older people receiving care have similar views. The caring relationship and the way that care is organised and provided is essential.

In the Quality Jobs Quality Care project, we took a closer look at the research and found that clients identified five key issues relating to quality care.²²

**POSITIVE INTERPERSONAL
RELATIONSHIPS**

Care givers and clients take a partnership approach.
Clients are valued and contribute to care decisions.

**FEELINGS OF SAFETY, SECURITY
AND CONTROL**

Clients are in charge of their life when receiving care at home.
They have the same care giver who is able to focus on needs as well as tasks, and respects their privacy.
Clients maintain involvement with their family, friends and community.

**AUTONOMY, CONTROL AND
DECISION-MAKING**

Clients can choose and make decisions about how they live and receive care, including around personal risk and end-of-life care.

**WHAT IS QUALITY CARE
FOR THE CLIENT?**

INDIVIDUALITY AND DIGNITY

Clients maintain a sense of their individuality through life activities.
Their care relationships contribute to a sense of well-being and meaning, through empathy, respect and dignity.

INDEPENDENCE

Clients have a sense of privacy and personal space. Their independence is respected and supported.
Clients have active control over their life and activities. They are not overly restricted to organisational routines.

POSITIVE STIMULATION AND ENJOYMENT

Clients maintain relationships with family and old friends and create new relationships. They have space for reflection and relaxation.
Clients participate in activities that are meaningful and continue to connect with the outside world.

How do we measure our clients' view of quality care?

Care quality is often rated from the perspective of those providing the care or family members. These perspectives are valuable, but it's important to also find out the client's view of quality care as this is often overlooked.

Client experiences of quality care are commonly measured using client satisfaction surveys and quality of life tools. Quality of life tools can provide feedback from the person receiving services in the community care or for those with dementia. Some tools measure the extent to which a residential care environment enables person-centred care, respecting residents' values, preferences and dignity. A number of tools also help family or care providers assess the client's quality of life. Clinical indicators of quality care can also be considered alongside client perspectives for a systemic view of care practices.

Here are some examples and tools to help you measure care quality from your clients' perspective.

Community care measure

ASCOT²³– Adult Social Care Outcomes Toolkit

Aim: To obtain client feedback about quality of life in relation to their social care.

The toolkit helps you measure quality of life in a range of domains: comfort; control over daily life; personal safety; accommodation; social participation and involvement; occupation; and dignity.

You can use it to measure and compare quality of life outcomes over time for individuals and/or identify opportunities to improve quality of life in any of the domains.

Access: www.pssru.ac.uk/ascot

The Australian Community Care Outcomes Measure (ACCOM) which is based on ASCOT is currently being tested in community services by Macquarie University (www.agedcareoutcomes.net)

Residential care measures

PCQ-S²⁴– Person-centred Climate Questionnaire

Aim: To measure the extent to which a residential care environment enables person-centred care, such as respecting residents' values, preferences and dignity, aspects of quality care rated highly by clients.

The questionnaire can be completed by residents in aged care to provide their perspective on person-centred care. There is also a version available for health professionals.

Access: <http://onlinelibrary.wiley.com/doi/10.1111/jonm.12132/full>

TOPAS²⁵– Thriving of Older People Assessment Scale

Aim: To measure the extent that a client views themselves as thriving in a long term residential setting.

This scale has been designed for the client or their proxy to complete.

Access: <http://onlinelibrary.wiley.com/doi/10.1111/jan.12593/epdf>

P-CAT²⁶– Person-centred Care Assessment Tool

Aim: To rate care settings on the degree of person-centred care.

This tool is designed to be used by nursing staff.

Access: <http://arrow.latrobe.edu.au:8080/vital/access/manager/Repository/latrobe:35130>

Measures for people with dementia

QoL-AD²⁷– Quality of Life in Alzheimer's disease tool

Aim: To measure quality of life in domains such as physical health, energy, mood, living situation, relationships, self, and life as a whole.

This tool can be completed by the person with dementia and their care-giver. It can be used by people with dementia over a wide range of severity.

Access: www.dementia-assessment.com.au/quality/qol_handout_guidelines_scale.pdf

CARES²⁸Observational Tool

Aim: To assess person-centred care provided by care workers.

This tool needs an independent person to make observations.

Access: <http://www.hcinteractive.com/caresobservationaltool>

DCM²⁹– Dementia Care Mapping

Aim: To provide information about the wellbeing for clients who are often unable to communicate their views due to the severity of cognitive changes. This is an observational tool.

This tool is designed to indicate where care practices can be modified to improve person-centred care. Those using the tool undergo training to become accredited.

Access: <http://www.bradford.ac.uk/health/dementia/dementia-care-mapping/>

HOW DO CARE WORKERS SEE QUALITY CARE?

Care workers are 'frontline' experts and have valuable perspectives and insights into their clients' needs and how these can be met through quality care.

We asked care workers what they thought about the five key quality care issues identified from the literature as part of the Quality Jobs Quality Care project. They shared their clients' view that quality care is holistic and tailored to each person –

it requires them to know the person and their care preferences. Care workers believe that the care and support they provide helps their clients to live with dignity and with as much independence as possible, improving their quality of life.

For care workers, the **responsive** nature of the care relationship between care worker and client is fundamental. **Continuity** of the care relationship is critical to achieve quality care.

When care workers were asked about the five key issues their views of quality care were very similar to client perspectives as follows.

Positive interpersonal relationships

Developing interpersonal relationships helps care workers understand and familiarise themselves with their clients, they learn their background, likes and dislikes, and routines.

Continuity of care is a significant aspect of quality care. When a client is seen by different care workers, changes in their health or social needs may be missed and clients can become frustrated: **you get the quality with continuity.**

Building rapport means you're not only providing care but... you are able to complete care in a holistic and respectful' way.

Independence

It is important to help clients be active participants in their own care and encourage them to keep doing things for themselves. Care workers think that helping clients to stay at home and be independent increases their client's quality of life.

I've watched people stay at home until the day before they died and they were really content and happy to have their families around them, familiar surroundings... and you can't put enough value on that.

Feelings of safety, security and control

Good quality care supports clients to feel safe and in control. For example, helping clients to follow their daily or nightly routine means clients feel safe and secure. Routines are particularly important for dementia clients who may not understand why someone is in their house doing tasks. Sensitivity and empathy are also required.

We are guests in their home at the end of the day. They feel like they are losing their control.

Autonomy, control and decision-making

Supporting clients' autonomy, control and decision-making is an important aspect of quality care. When clients are given control and care workers encourage client choice and participation, clients feel valued and respected.

...it's about us helping them ...to get them out, making their decisions, feeling like they're still an active member of society because a lot of them still have a lot to give.

Positive stimulation and enjoyment

Spending quality time with clients and interacting with them gives them a sense of importance and participation in life.

Care workers understand quality care to involve acknowledging and respecting the personhood, dignity and individuality of clients. Quality care enables their quality of life through the care relationship which supports their autonomy, independence, safety, and participation in meaningful activities.

If you have a bit of time to actually sit and have a cup of tea and just ask them what they want, they feel important and not just a job.

Individuality and dignity

Quality care involves creating an environment that helps clients live their best life and promote their happiness. Accepting, validating and listening to the client is crucial, which involves understanding the client's background and treating them with dignity and respect.

I think the best thing is you have to think of the client as yourself...you need to put yourself in the other person's shoes...



How are quality jobs and quality care linked within aged care organisations?

How does job quality lead to quality care and *vice versa* within an aged care organisation? Job quality and quality care are linked – they influence each other. Job quality underpins optimal working conditions and practices; supports workers' health and wellbeing; and ensures a stable and committed workforce. When jobs have these three characteristics, then the best conditions for high quality care are created.

The conditions of work are the conditions of care.³⁰

Worker health and wellbeing supports good care

Workers who feel supported and encouraged report higher wellbeing – these benefits flow on to improve client-worker relationships.

Higher job satisfaction is associated with higher client satisfaction. When staff satisfaction is low, client satisfaction also declines.

When workers are satisfied with their workload and team support their capacity to achieve quality person-centred care improves.

Care workers are more satisfied with their jobs when they have opportunities to use their skills, have a sense of autonomy and feel valued.

Optimal work practices enable quality care practices

Good job design and work organisation that supports team communication, problem-solving and responsiveness to clients' needs produces more effective care and better client outcomes.

If workloads and work pressures are too high, care workers can't respond to clients in a timely manner and this reduces their clinical outcomes and quality of life.

Client outcomes improve when staff levels are appropriate and they have time to care, consistency of care, and good coordination.

Relevant training increases workers' confidence and their ability to appropriately respond to clients. This improves the care relationship and underpins personalised care.

Retaining staff (low turnover) maintains quality care

High retention rates ensure experienced workers and good team relationships can be maintained: this means that clients receive consistent care.

Low job satisfaction is a key predictor of staff turnover; satisfied workers are more likely to stay in a job.

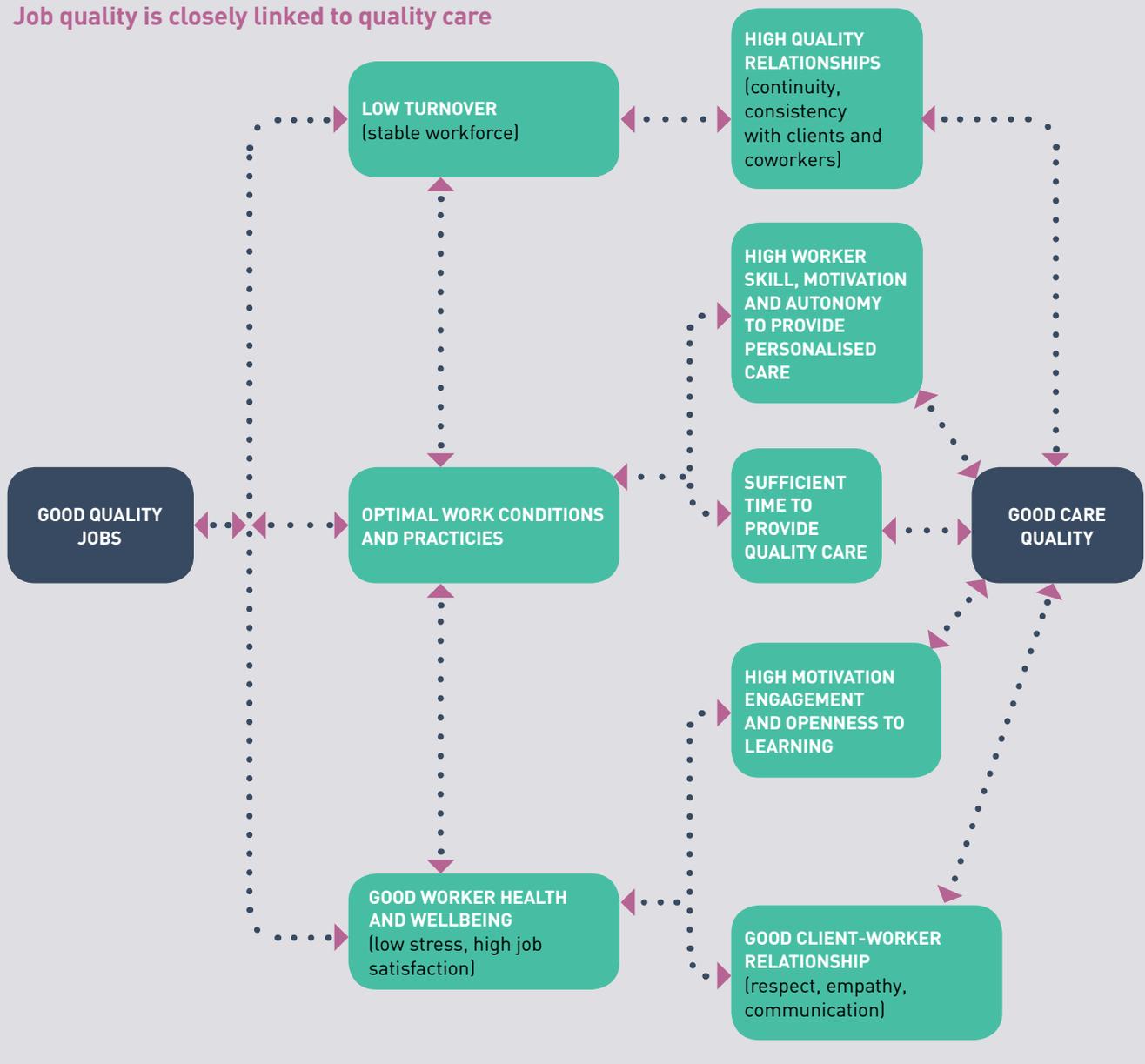
Care workers are more likely to stay in an organisation with a supportive culture, and where they have good relationships with managers and co-workers.

Care workers commonly leave jobs when there is insufficient time to provide quality care; a lack of flexibility, challenge and/or autonomy; and unsupportive supervisors.

High quality care is achieved through high quality care relationships that are affected [by job quality factors](#). High quality care relationships require:

- a sufficient number and mix of workers
- a stable workforce
- realistic time allocations for care tasks, including time for social interaction
- access to timely and appropriate education and training
- decent working conditions.³¹

Job quality is closely linked to quality care



Job quality leads to enhanced quality care

Case study: Care worker mentoring

A comprehensive mentoring program was developed by an aged care provider to help improve the confidence, consistency and capability of community care workers, especially those caring for clients with complex needs. Dedicated Specialised Care mentors supported new care workers at orientation; provided ongoing advice and support by phone and email; and attended joint home visits to give hands-on support and training. The mentors also facilitated small group or individual education and training sessions to address challenges and knowledge gaps.

The mentoring program had a positive impact on job quality and quality care.

- **Community care workers** reported greater confidence and capability in their work and felt supported by the specialist mentors.
- **Client care** improved because care workers were more competent and consistent. Clients experienced smoother transitions when new workers were assigned to them.

Read the full case study – [Care worker mentoring](#) – to find out more about the program.

Improved quality care supports better job quality

Case study: Collaborative person-centred care

Client wellbeing mapping was introduced as a person-centred assessment and team problem-solving approach to care planning and case conferencing for people living in residential care. Care workers joined with clinical staff, residents and/or their family members to map client wellbeing in a residential care setting. Mapping sessions were designed to increase carers' knowledge of the client, and how they could use this knowledge to personalise and improve care practices and care relationships.

The wellbeing mapping initiative led to better outcomes for job quality and quality care.

- **Care workers** felt valued when they had the opportunity to share their knowledge of the client with the team and they gained new knowledge about the client.
- **Client care** improved as staff could better understand and respond to an individual's personal history and needs. Family members felt supported, with increased confidence in care quality.

Read the full case study – [Collaborative person-centred care](#) – to find out more about the program.

WHAT LINKS DO CARE WORKERS SEE BETWEEN QUALITY JOBS AND QUALITY CARE?

Care workers have valuable perspectives and insights into the daily reality of providing care and support, including how their working conditions, demands and supports influence their capacity to deliver high quality care.

We asked care workers to reflect on the interconnections between quality jobs and care quality.

Overall, care workers told us that the key aspects of job quality affecting care quality for their clients included:

- continuity of the care relationship
- access to training and mentoring
- team communication
- a sense of autonomy
- a safe working environment.

Having enough time to provide good quality care

Workers need sufficient time to provide care in the personalised manner that clients need and prefer. If workers are rushed they cannot respond to clients in the ways that value them or meet their preferences.

It's hurry, hurry, hurry; things don't get done and there's no time to speak to the residents.

Relationships with clients

Continuity of care helps workers develop trust and confidence with the client. They become familiar with the client's needs and preferences.

There is nothing worse for the client than different people coming in the door, just a different person each visit.

Communication with managers and co-workers

Regular two-way communication with supervisors, managers and co-workers helps care workers keep up-to-date with information on clients' behaviours, needs and preferences – this is essential to provide good quality care.

...we will have a meeting ...and then we will share the ideas. So it's much more of a collaborative effort ...

Access to comprehensive education and training

When workers have access to adequate and regular education and training, they are supported to develop skills and knowledge, learn in different ways and translate what they have learnt into practice. Quality care can be compromised if the relevant training has not been undertaken.

...you can often still pick up things but you might have just about killed someone before that's happened. That's the bottom line.

Respect from management and co-workers

Feeling respected within a team boosts care workers' confidence and self-esteem, with these positive feelings flowing on to clients' wellbeing and care.

As [a] personal carer, we are very important on the floor, because we [are] always with the resident. So they [managers] always take us [our feedback] as very important [sic]. They want us to give feedback.

Manageable workloads without excessive time pressure

Adequate staffing and manageable workloads reduce time pressure and work intensity, giving workers the time and space to provide quality care.

If we're short staffed we're more rushed, the more rushed we are the less quality of care given to the resident.

Access to an experienced mentor

Care workers' confidence, skills and abilities are improved when they have access to an experienced co-worker as a mentor or buddy.

I called a mentor just because I didn't feel confident ...there was a new client that I hadn't been to before and she came out and ...assisted.

Autonomy and discretion in delivering care

Having a degree of autonomy and discretion in the day-to-day delivery of care allows care workers to adapt to the particular needs of different clients at different points of time.

...if training was better for the care workers, their knowledge of the legalities ... and the risk assessment... involved in doing a task would be in the forefront of the care worker's mind more often ...and we can actually do things with our clients that might have been restricted otherwise.

A safe working environment

A safe working environment, where workers' physical and mental health is protected, helps care workers to maintain focus on their client's wellbeing, pursue a client-oriented approach to care, and do their job well.

It's the time factor. Sometimes you've only got...10 minutes and they've [the resident] got to be seated at the table. You're halfway through doing a shower or you're halfway through doing something then all of a sudden you're rushing and you're rushing them and you can't rush the elderly. That's when you get problems. That's when you hurt yourself. That's when you can hurt them.



What type of changes to job quality work best?

Making changes to work organisation and work practices that are small in scale are particularly valuable for aged care: they can be proactive and innovative, require limited resources, and allow day-to-day operations to be maintained while trialing change.

Small scale changes that are conducted as quality improvement processes generally:

- allow change to be tested in a way that is time-limited and resource efficient
- are iterative and enable learning from, and sharing of, the process and outcomes
- are consultative and collaborative, engaging workers and other stakeholders for strategic and/or innovative change that is sustainable and has widespread support
- embed evaluation in the process of change, to establish what works and why, what can be improved and what should be continued or discontinued.

This toolkit provides tools and resources for making small scale change for job quality in aged care. You can also find more information on making small scale changes in the Plan Do Study Act (PDSA) cycle.³² The PDSA cycle is specifically designed for iterative, small scale change and it is commonly used in health and aged care settings. *How to improve*³³ is another excellent resource on making small scale changes.

Next steps

Now you're up to speed on the latest research and the types of changes that work best, you can begin to [engage](#) with your team (residents, care workers and management) and find out [which job quality and care quality issues are most important](#) to them.

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Case study: Specialised dementia care teams

The challenge

To help care workers provide more consistent ongoing care to clients with dementia.

The response

A dedicated and consistent team of care workers, supported by a coordinator, to provide care and support to eligible clients.

...with clients with dementia you really have to build up that level of trust and confidence.



How was it planned?

One community care region was chosen by the aged care provider for the small scale change. The initial design and planning of the change involved [regional managers, the organisation's research officer and the Quality Jobs Quality Care Project researchers](#).

A [planning worksheet](#) was used to outline the key aspects of the new approach to dementia care, expected benefits for job and care quality and the evaluation plan.



Who was consulted and how?

Interviews and a focus group were conducted with care workers, managers and key staff who were likely to be involved with the small scale change. Care workers were enthusiastic about the new approach and identified many potential benefits including increased knowledge of clients, improving their technical skills specific to managing dementia care, improved communication about client needs and a greater consistency of care which was expected to reduce the risk of resistive behaviours.

Well, I get it from most clients, they say 'oh I wish we could have a regular carer or support worker'...For clients with dementia – it is so much more important. They may not remember your name but they do remember the fact that you are familiar...



What was done?

The small scale change focused on clients with dementia who had complex needs that required high levels of case management; were living with advanced dementia; or their families were experiencing difficulties managing care. A coordinator and three care workers formed a core team and provided most of the services to these clients. Regular care workers were also scheduled for client visits, particularly for after hours shifts, to maintain staff consistency. Allied health staff provided comprehensive functional assessments and expertise as needed.

How was it done?

A coordinator with a special interest in dementia was redeployed to lead the dementia care team over a six month period. Care workers were recruited to the dementia care team through an internal expression of interest, and the team selected workers with a flexible approach to care. One care worker was recruited initially and a further two care workers were recruited as demand grew. The coordinator managed care worker scheduling.

Clients were assessed and referred by other coordinators within the organisation or directly by care workers themselves (via their coordinator).

The team met regularly with allied health staff to review client needs. The team developed and carried out tailored care plans for participating clients using dementia resources, such as wellbeing profiles and a Life Book, a tool designed to capture the interests, memories and stories about a person's life.



Did it work?

Organisational data showed the client group steadily increased over the six months, starting with eight clients and finishing with 18 clients at the end of the trial period for the small scale change.

Care workers reported that their new approach to dementia care had a positive effect on their job quality and improved quality care for their clients. Care workers benefitted from being able to negotiate the hours they needed or wanted to work; decreased pressure and stress; and increased job satisfaction due to improvements in communication, coordination and team support. They also noticed that more

consistent care helped families to make earlier and better-informed decisions about ongoing care.

**...my input is really valued by the team ...
I feel like I have got a lot to offer. I am not just
there doing the job.**

**...care plans have changed so there is more
flexibility...because now it is their choice.**

Care workers who were not part of the dedicated team also used the dementia resources and found them to be valuable. Some of these care workers felt their skills in managing dementia had reduced and were unhappy with the loss of their regular clients to the dementia care team.

Managers identified a range of benefits from the new approach to dementia care, including better planned care for clients across hospitals, respite and residential care and fewer complaints, as a result of improved interaction and coordination with families. The organisation also promoted its comprehensive dementia care approach and attracted new clients with complex needs.

**...great responses from families regarding ... the
support they are receiving.**



What we learnt

Care workers were generally positive about the new approach but they noticed that belonging to a dedicated team disconnected them in some cases from broader care worker activities in the organisation.

Managers observed that care quality could be reduced if other care workers from the organisation or from brokered services were used. As individual clients were better understood, information was revealed about important unmet needs, such as overnight respite, that needed to be addressed in care plans.

The organisation saw the new and comprehensive dementia approach as beneficial to care workers' job quality. They planned to cost the model for sustainability and adaptability to other complex areas of aged care such as palliative care.