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**ADVOCACY TASMANIA INC**

# **Residents Groups Project**



## **Industry Report on the Survey of Residents Groups in Tasmania.**

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For Advocacy Tasmania Inc.

October 2003

# Residents Groups Project

*"Keep them short, fun, informative, non threatening; document what has been said, give feedback to concerns ASAP and thank people for coming"* (Quote from survey respondent)

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## Contents

<b>Acknowledgments.....</b>	<b>2</b>
<b>Contents.....</b>	<b>2</b>
<b>Introduction .....</b>	<b>3</b>
<b>Executive Summary .....</b>	<b>4</b>
<b>A Short List of Key Findings.....</b>	<b>5</b>
<b>Survey Findings.....</b>	<b>6</b>
<b>Summary.....</b>	<b>16</b>
<b>Appendix: Blank Survey Questionnaire Form .....</b>	<b>16</b>
<b>Appendix: Fact Sheets.....</b>	<b>16</b>

## Introduction

This project was an initiative of the Tasmanian Aged Care Working Group (TACWG) and was conducted by Annette Amos, a social work student on placement from University of Tasmania, working with Advocacy Tasmania and the Australian Government Department of Health and Ageing. This report is a result of the Residents Groups Survey of Aged Care Facilities in Tasmania conducted in September 2003.

The aim of the research was to evaluate the current state of Residents Groups operating in Tasmania and to inform strategies to enhance existing sector arrangements, i.e as a means of providing resident feedback and communication between residents and management.

It is hoped that the research will aid continuous improvement in resident focus in residential aged care across the state.

The survey was sent to 67 Aged Care providers with 49 returning them -a return rate of 73%. The high return rate provides good insight into what is happening in Tasmania with Residents Groups. The survey also estimated that 38% of all residents in Tasmania attend Residents Groups.

This report describes procedures the facilities have found work well and also identifies some of the successes and difficulties experienced in facilitating participation in Residents Groups. A shorter summary of these findings is included with this report and a more detailed report is available on the Advocacy Tasmania Inc. web site [www.advocacytasmania.com.au](http://www.advocacytasmania.com.au)

The survey results have been used to develop information and education materials which will be distributed to all aged care facilities in Tasmania. *Seven Fact Sheets* have been developed on *Working with Residents Groups*. These are provided as appendices to this report.

Further information and support is available from Advocacy Tasmania Inc Head Office Suite 6, Mayfair in the Bay 236 Sandy Bay Road, Sandy Bay, Tasmania. 7005. - or P.O Box 426 Sandy Bay, Tasmania 7006, or on the web site [www.advocacytasmania.com.au](http://www.advocacytasmania.com.au) or via e-mail [advocacy@advocacytasmania.com.au](mailto:advocacy@advocacytasmania.com.au)

## Executive Summary

The original idea behind the research can be summed up as follows: 'many staff in aged care facilities are doing interesting innovative things to make Residents Groups worthwhile for residents. Let's find out what they are doing and share it across the sector as a means of improving practices (if required)'.

In order to do this, the survey canvassed the views of aged care facility staff as from their experiences in operating Residents Groups. As such, descriptions in this report of 'successful' practices are based upon the survey respondents' opinions. Residents and relatives were not surveyed for their views.

However the research did look to corroborate claims of success by considering whether the facility also reported high participation rates, particularly by high care residents in larger facilities.

While the research found that there is no magic formula for successful Residents Groups it was noted that respondents who reported successful practices, also expressed a strong commitment throughout their organisation to resident participation and a resident focus philosophy.

Successful meetings had the following themes in common:

- ✓ Informal and fun.
- ✓ Informative.
- ✓ The facilitator:
  - ❖ was independent of direct care.
  - ❖ had good skills in working with groups.
  - ❖ had a rapport with the residents.
- ✓ What was said was documented.
- ✓ Friends and family were encouraged to attend.
- ✓ Input of residents was valued.
- ✓ Feedback was given on issues raised ASAP.
- ✓ Groups are smaller allowing for better participation and discussion.
- ✓ The facilitator had contact with residents between meetings.

A surprise finding was that there was no link between successful Residents Groups as defined in the survey and the rate of attendance or level of care – that is a number of large facilities with high levels of frail residents reported high rates of participation and successful Residents Groups. This suggests that perceived barriers to participation may be overcome with flexible and creative thinking which considers the common theme.

## **A Short List of Key Findings**

- ❖ All facilities that responded have some form of resident group/ committee.
- ❖ Most are informal and many facilities operate more than one resident group.
- ❖ Most have relatives and friends involved in some way, or would welcome their involvement.
- ❖ Most groups take minutes and distribute them to all residents and some family and friends.
- ❖ About half have a written purpose statement but most felt that residents knew the purpose of the residents' groups.
- ❖ Facilitators of meetings varied widely even within organisations that operated several groups.
- ❖ There was a strong correlation between the presence or absence of office bearers and who facilitated the groups. Where the survey indicated the facilitator was a member of staff or management most groups had no office bearers. Where the survey indicated the facilitator was not a paid employer of the organisation the group generally had office bearers, to legitimise their position.
- ❖ Frequency of meeting was predominantly between one - three months.
- ❖ A large majority of facilities used surveys, newsletters, suggestion boxes, noticeboards and analysis of complaints as a way of achieving continuous improvement.
- ❖ There was no correlation between high care and low attendance at meetings.
- ❖ There was no correlation between size of facility and high or low attendance at meetings.

- ❖ There were many positive suggestions to overcome barriers and implement ways to make the groups work better.
- ❖ Responses showed a long list of the successful achievements as a result of having a residents group.
- ❖ 38% of all residents in aged care facilities in Tasmania attend residents groups.

## Survey Findings

This section is a summary of the answers given in the survey, question by question. A fuller explanation is available in the full version of findings available on the Advocacy Tasmania Inc. Web site. [www.advocacytasmania.com.au](http://www.advocacytasmania.com.au)

The researcher received 51 returns from 67 sent out. 49 of these were used in the statistics, two were too late to be included. This provided a 76% return rate of survey questionnaires and give statistical validity and overall reliability to the findings.

### *Definition of Resident Groups*

Any group of residents, relatives, or friends of residents that come together to discuss residents' issues whether it be formal or informal.

### **Question 1 Do you have a residents' group(s) as defined in the survey?**

All said yes to the question 1

### **Question 2 What type(s) of group(s) do you have for your residents'?**

- ❖ Most meetings were informal, anyone could attend to discuss issues that they wanted to raise.
- ❖ Some have regular separate relatives and friends meetings.
- ❖ A few have elected resident representatives in formal meetings.

### **Question 3 What is the purpose(s) of your residents' group(s)?**

*Comments divided into these groups*

- Raising concerns/grievances
- Social – event or planning events
- Communication between staff, residents, relatives & friends
- Resident self-determination, input into planning home improvements

- Staff to provide residents with information
- Forum for resident discussion
- Residents to provide feedback to staff
- Continuous improvement

**Question 4 Does your residents' group have a statement of purpose?**

41% said they had a purpose statement. Even though 51% said they did not have a formal purpose they felt that they knew the purpose and did not need for it to be written.

**Question 5 Do you have office bearers?**

29% answered yes to having office bearers and 71% answered no.

- There is a strong link between office bearers and who facilitated the meetings.
- Where the facilitator was a staff or management person there were usually no office bearers.
- Where the facilitator was a resident, relative, volunteer or other, nearly all had office bearers.
- There is no link between the success of Residents Groups and the presence or absence of office bearers.

**Question 6 Do you have friends and relatives involved in your residents' group(s)?**

74% answered yes and 20% answered no.

- ❖ Many indicated that even though friends & relatives did not attend they were welcome.
- ❖ Some held separate meetings for friends and relatives as they are considered to have different needs in terms of the information they require and the concerns they express.
- ❖ No one indicated a problem with mixing the groups.

**Question 7 Frequency of meetings**

*Nearly all fell between the one – three month's meetings*

- 1 monthly 53%
- 2 monthly 20%

- 3 monthly 29%

### **Question 8 Who is the facilitator of the residents' group?**

- Staff, 39% (14% diversional therapist)
  - Manager, 33%
  - Other person 18% (10% chaplains)
  - Resident 16%.
  - Volunteer 16%
  - Relatives 4%
- ❖ The research indicated that it was not important what position people held to have a successful meeting.
  - ❖ The skill of the person facilitating a group discussion, is a more important factor that needs to be considered.

### **Question 9 Do you keep records of the meetings?**

94% said yes to keeping records.

- ❖ An overwhelming majority of residents groups keep a record of what issues are raised and report issues to the appropriate authorities in the facility.
- ❖ Most reported that they used the next meeting to feed back the results of the action taken to address the concerns.

### **Question 10 How are residents that do not attend meetings informed of decisions?**

- ❖ 61% distributed minutes to every resident.
- ❖ Some sent minutes to relatives as well.
- ❖ Some sent them with newsletters, others separately.
- ❖ Large font was used to make it easier for residents to read themselves.
- ❖ Others verbally passed on information via staff.
- ❖ All made minutes available to all residents and staff in some form.

### **Question 11 Which of the following issues has your residents group been involved with?**

- 92% Meals
- 78% Safety issues
- 69% Social and cultural activities

- 67% Routines
- 63% Residents' rights and responsibilities
- 47% Staffing issues
- 45% Privacy
- 45% Nursing care
- 37% House rules
- 20% Fees
- 22% Other ...Accreditation mainly

## **Question 12 What percentage of residents attends your residents group?**

- ❖ This ranged from as high as 100% - down to 10%.
- ❖ The findings from this question are important as they showed that there is no link between the rate of high care and low attendance at meetings.
- ❖ There is no link between the size of the organisation and the level of attendance at resident meetings.

LISTED ARE SOME EXAMPLES OF HIGH CARE AND HIGH ATTENDANCE AND SUCCESSFUL MEETINGS AND THE STRATEGIES USED.

### **100% HIGH CARE AND 64% ATTENDANCE > 50 RESIDENTS**

- ❖ The diversional therapist has **good skills as the facilitator**.
- ❖ They know the facility and can answer questions immediately as to why things can or can not happen.
- ❖ A few minutes before the meeting begins the diversional therapist has what they call **a walk through** and all residents who are not able to attend are spoken to personally and asked for views on issues so these can be included in the discussions.
- ❖ It is an **informal meeting** that allows them to say what they want and
- ❖ Follow up information sessions come from what the residents & relatives requested.

### **95% HIGH CARE AND 80% ATTENDANCE > 50 RESIDENTS**

- ❖ **Sherry and wine** given out at residents meetings creating a more social atmosphere and allowing people to speak freely.
- ❖ The **quality quiz** is a great help giving valuable small group input.
- ❖ The key they thought was the extra time taken **to set the atmosphere**
- ❖ **Valuing the input** from residents is also important.
- ❖ The meeting is for the benefit of the residents not just because they have to have it.
- ❖ There is a **commitment from management to support residents meetings**.

### **85% HIGH CARE AND 70% ATTENDANCE > 50 RESIDENTS**

- ❖ A volunteer **independent facilitator**.
- ❖ The **skills of the facilitator** are important.
- ❖ Their facilitator has been a nurse and has a **rapport with residents**.
- ❖ The minute taker is the pastoral care person.

- ❖ At the request of the residents they have introduced a **'happy hour'** to the meeting and give beer, wine and soft drinks as requested.
- ❖ **Family members and friends act as advocates** for high care residents.
- ❖ The **DON meets with the facilitator before** the meeting to suggest things that may be of concern and need to be raised.
- ❖ **After the meeting the DON meets with the facilitator** to discuss what concerns need to be attended to.
- ❖ Every one is **encouraged to discuss** openly their concerns at the meeting.
- ❖ **Staff do not attend** the meeting.
- ❖ The **DON checks the minutes** to ensure that all issues are followed up and replies are given to the facilitator.

### **66% HIGH CARE AND 60% ATTENDANCE > 50 RESIDENTS**

- ❖ Have the meetings after the church service on Wednesday.
- ❖ Church is held every week and the **resident meetings are held every month.**
- ❖ They do not invite family to attend this meeting but have a separate family and friends meeting quarterly again after the church service with residents attending too.
- ❖ The meeting is **facilitated by the activities person.** They are seen as removed from the care role and independent yet know the facility well enough to answer questions and help residents with their concerns.
- ❖ **Afternoon tea** is served to create a **relaxed informal atmosphere.**
- ❖ The hostel residents have a separate meeting.

### **100% HIGH CARE AND 96% ATTENDANCE 20 - 30 RESIDENTS**

- ❖ **Sending personalised invitations** to the residents' relatives each quarterly meeting. They are pretty, bright and personal and most are attending.
- ❖ This also brings the residents along because the relative is attending.
- ❖ It is a **morning tea and social occasion.**
- ❖ The clinical nurse runs the meeting with an **agenda** to keep her on track and written terms of reference.
- ❖ The meetings are quarterly as the facility is small enough for her to do a **regular one on one meeting** with all residents.

### **100% HIGH CARE AND 40% ATTENDANCE >50 RESIDENTS**

- ❖ Residents meeting are a **special occasion** to celebrate.
- ❖ They update the information of the sponsored child through World Vision.
- ❖ Each resident is given a **fair hearing** and encouraged to have their input. Meetings provide an avenue for management to present their case to the residents on their concerns.

### **66% HIGH CARE AND 33% ATTENDANCE > 50 RESIDENTS**

- ❖ **Independent well chosen facilitator** to lead resident group.
- ❖ The use of the Quality Quiz program.
- ❖ Commitment to continuous improvement that helps them listen to residents concerns and not be defensive but look for solutions.
- ❖ **"HAVE YOUR SAY FORM"** important avenue for comments. They are sent out with the newsletter every quarter and distributed different places around the home. The form has not only the issues that someone wants to raise with the home but it also has on the back space for the facility to write what action has been taken and by whom. This sign off approach helps to ensure that suggestions and complaints are not left hanging.

### **57% HIGH CARE AND 40% ATTENDANCE >50 RESIDENTS**

- ❖ **Separate meetings** for high care and low care residents.
- ❖ Special guests – DON, senior chef, finance manager, board member.
- ❖ Established **formal format** for meetings.
- ❖ Being given **time to speak** openly to chef has improved the meal issues.

#### **Question 13 How do you evaluate the effectiveness of the residents groups?**

- ❖ All indicated that they conduct surveys, questionnaires or use the Quality Quiz to gain feedback from residents to ascertain the effectiveness of their meetings.
- ❖ Others used the attendance at meetings as an indicator that most felt the meetings were worthwhile.

#### **Question 14 What are the biggest barriers to resident participation in your residents' groups?**

- Mobility
- Dementia
- Frailty
- Lack of interest
- Family members unable to attend because of work commitment
- Inter personal relationships between residents including historic conflict
- Staff occasionally forget to take a wheelchair resident to the meeting
- Residents do not see the need for meetings
- Difficulty with hearing means they have difficulty participating in group situations
- Residents not willing to speak out, fear of retribution if they make a complaint

- Fear of staff not being able to accept criticism
- Inappropriate mix of residents may not be conducive to meetings
- Lack of tolerance for other residents with higher/lower care needs

**Question 15 What can be done to overcome these barriers?**

- Assist those unable to mobilise (eg wheelchairs)
- Staff education on residents' rights leads to staff being more encouraging of residents to attend meetings
- Ensure all residents understand the aims and purpose of residents meetings
- Have the agenda and minutes of the meetings in a suitable format for sensory impaired residents such as large print, PA system, or loop
- Minutes & agendas mailed to family representatives to encourage participation, personalised invitations to relatives
- Allow residents time to verbalise their thoughts and feelings
- Altered time of meeting at request of residents, relatives & friends to accommodate participation
- The DON has a separate meeting with significant complainer
- Endeavour to resolve differences between residents in whatever way possible
- Individual time spent with residents by an independent observer where necessary

**Question 16 What factors have helped your residents group(s) to work well?**

- Social atmosphere helps including wine and sherry, happy hour, afternoon tea, laughter, being informal, cocktail hour.
- Special guests – Director of Nursing, chef, finance manager, board member. Being given time to speak openly with the senior chef has improved meal issues and given residents freedom to discuss their meal issues.
- Being organised and plan for the meeting, know the purpose, have an agenda, and make the meetings interesting.
- Physical atmosphere of the venue, good lighting in meeting room, good access for all, quiet atmosphere free of distracting noises to support those with hearing difficulties. Public address system for large meetings.
- Reminders of meetings, note meetings on calendar, newsletters, and reminders just before the meeting, staff reminders as they are working with residents. Large prints in newsletters or on notice boards.

- Small groups make it easier to hear and all to participate. Quality Quiz program.
- Using independent/skilled facilitator. An independent facilitator provides objectivity which often staff and families can not.
- Having relatives & friends involved as advocates for residents.
- Being able to meet many of their suggestions, requests, and acting on issues quickly, giving feedback on suggestions ASAP.
- Residents owning the meeting, and having access to a computer station for producing minutes.

**Question 17 What are some of the achievements of your residents' group**

- Changes to surrounding environment
  - New fan, chairs, cushions, clock, and bed covers.
  - Redevelopment input, chose colour scheme.
  - Ramps into the grassed area. Improvements to garden water feature. Undercover area outside.
  - Adjustable wardrobe rails.
  - Handrails around footpaths.
  - Prevention of tall trees being planted in drive to entrance as they would obscure resident's room and lounge vision.
  - Double bed for sex.
  - Locks changed on residents room doors to give greater control over privacy.
- Changes to meals and menus
  - Savoury toast, egg & bacon pies.
  - Full involvement in menu planning.
  - Hot tea at meal times.
  - Monthly menu displayed on notice board.
  - Likes/dislikes format established in the kitchen.
  - More fresh fish on menu.
- Input into the activities and outings
  - Activities calendar that is planned in consultation with residents.
  - Magnificent evening spring dinner dance.
  - Sponsorship of overseas child.
  - Annual morning tea for cancer appeal.
  - Knitting & organisation of gifts for assisting children in developing countries.

- Initiated neighbourhood watch in the area and now hold monthly meetings.
- Initiated adult education for the home with community participation.
- Residents are more involved in the decisions of spending money raised.
  - Survey to family.
  - Choices about spending raffle money.
  - Purchase of appropriate furniture, refurbishment as agreed to by residents.
  - Additional wheelchairs (lightweight) so they can be taken home for visits.
- Fewer complaints now as issues are being dealt with more effectively and efficiently.
- More interaction between high and low care residents.
  - Opportunity for residents to develop friendships and invite people to meet with them. More social interaction.
  - Wheelchair licences now issued to capable residents allowing them to wheel other residents around the home.
- Traffic in the area,
  - Residents have achieved having the traffic speed lowered in the area.
  - Better road crossing built by council.
- Residents' feedback led to an improved "HAVE YOUR SAY FORMS'. These were then more widely distributed to residents.

**Question 18 In what ways do you inform residents and involve them in decision making at your aged care facility?**

- Surveys 94%
- Suggestion boxes 86%
- Newsletter 82%
- Analysis of complaints 81%
- Notice boards 78%
- focus groups 22%
- Wish list 18%
- Resident reps on board 8%

**Question 19 Could you please tell us some of the characteristic about your facility that would help put this information into context?**

What percentage of residents are high care.....

What percentage of residents are low care.....

High care/low care was used to evaluate other questions and compare it with the attendance at meetings.

**Question 20 What type of area are you in?  
Rural /Metropolitan**

This question had no criteria to answer the question consistently  
Answers given were 65% Rural and 35% Metropolitan but we do not believe this to be accurate.

**Question 21 Do you have any other comments or suggestions regarding residents' groups?**

These comments have been put under the appropriate questions.

## Summary

### **This sums up the ideal group**

“Keep them short, fun, informative, non threatening, document what has been said. Give feedback to concerns ASAP and thank people for coming”

Quote from survey respondents

### **Statistics gained from the survey**

It is estimated from the survey that 38% of all residents attend residents meetings in Tasmania. This is based on 72% of all residents in Tasmania who were represented in the survey.

## Appendix: Blank Survey Questionnaire Form

## Appendix: Fact Sheets