



Partnerships in care

Supporting older people's wellbeing
in residential care

1800 951 822
agedcarequality.gov.au

This fact sheet provides information on supporting partnerships in care safely while COVID-19 remains an ongoing risk. It will assist aged care providers work with partners in care and establish new partnerships.

What is a partnership in care?

This person-centred approach recognises an existing relationship and establishes an agreement between the resident, a partner in care, and the residential aged care service. Where a resident chooses to have a partner in care, that person may be involved in the delivery of services to, and the day-to-day care of, a resident.

Who might be a partner in care?

A partner in care is a person who has a close and continuing relationship with the care recipients such as a family member, loved one, friend or representative.

They frequently and regularly visit a person living or staying in a residential aged care service to provide aspects of regular routine care and companionship to that person.

It is not a casual visitor, or visitor not providing an aspect of care, or visitor who the consumer does not want to have assisting with their care.

How a partner in care may be able to assist

There is a broad range of activities that a partner in care may undertake with a resident.

Possible activities include:

- personal care
- physical activity and exercise
- grooming
- massage
- assistance with meals
- leisure activities e.g. reading, music
- access to and supervision in outdoor spaces or the community
- companionship, conversation and social engagement
- meaningful support when care recipients are nearing the end of their life
- culturally specific and individually appropriate support
- other activities that the partner in care would normally undertake as part of their regular visits.

Benefits of partnership in care

- Maintains the important contribution a visiting partner in care makes to the care, wellbeing and quality of life of the individual receiving care.
- Supports and maintains important routines for residents, in particular those residents living with cognitive impairment including dementia.
- Assists the partners in care to learn new skills and understand how to implement safe practices when visiting the service and providing care to consumers.
- Decreases the psycho-social impacts associated with COVID-19 visitor restrictions, lockdown and isolation including loneliness, anxiety, boredom, fear and depression.
- May prevent other common impacts of COVID-19 such as malnutrition, weight loss and/or physical deconditioning that are associated with visitor restrictions, lockdown and isolation. These impacts can quickly reduce quality of life and lead to adverse outcomes for older people in care.

How to implement a partnership in care in your service

- Develop a process with residents to support partners in care. Refer to the Aged Care Quality Standards for guidance and support to ensure that you keep your residents at the centre of your decision making; their needs, values and preferences should inform and shape the actions you take.
- Set up a detailed induction process for partners in care and outline expectations while undertaking partnership in care activities. As a minimum this should include Work Health and Safety requirements, privacy, screening on arrival, and personal protective equipment (PPE) use expectations.
- Schedule and deliver ongoing training and education to all partners in care including monitoring and supporting compliance with infection control practices.

- Develop a dynamic process for assessing and managing risks to consumers and to partners in care, for example the risk of COVID-19 transmission. Take into consideration individual vulnerabilities and that the risks may change with time and local circumstances.
- Develop a process for assessing how a partner in care arrangement may impact other individuals receiving care, and for minimising that impact as appropriate.
- Implement a process for staff to engage with partners in care during visits. This should include a handover about the resident to outline activities undertaken since the last visit, any relevant observations or areas of concern.
- Identify on-site areas that the partners in care can and cannot access during visits; consider what access is required to support care and infection control.
- Provide a mechanism for feedback from consumers, partners in care and staff, including self-assessment and continuous improvement.

How to implement individual partner in care arrangements

- Identify which family members, loved ones, friends or representatives meet the definition of a partner in care. (This may be done in response to requests from the resident or any of these individuals, or proactively by the service in discussion with the consumer where possible.)
- Arrange a comprehensive discussion regarding the partnership in care arrangements between the consumer, service and the partner in care.
- Document the agreed approach in detail, for example:
 - times and days of attendance to support rostering (trying to avoid overly restrictive, inflexible arrangements)
 - activities and care roles
 - provision of meals and equipment

- handover arrangements
- communication arrangements
- any on-site practice requirements and access restrictions
- a timeframe for reviewing the arrangements.
- Ensure the agreed arrangement aligns with the views, wishes and preferences of the resident.
- Ensure the consumer and/or their substitute decision-maker consents to the agreement.
- Ensure the consumer and the partner in care understand that the arrangement is subject to renegotiation in response to Public Health orders or changing local COVID-19 situation and risks.
- Assess impacts on other individuals receiving care and implement appropriate mitigation strategies. For example, if a partner in care arrangement is being established for a consumer who shares a room with another consumer who does not want visitors, strategies will need to be implemented that consider and accommodate the rights and interests of both consumers.
- Complete a risk assessment and ensure risks to consumer and to the partner in care are clearly explained to all parties.
- Establish a regular communication process with all partners involved in a partnership in care arrangement.
- Review the arrangements with the resident and partner in care based on the agreed timeframe.

Aged Care Quality Standards and the Charter of Aged Care Rights

Aged care providers have an obligation to provide care and services in accordance with their responsibilities under the *Aged Care Act 1997*, including the Aged Care Quality Standards and the Charter of Aged Care Rights.

In establishing arrangements to support partnerships in care, providers should refer to the Quality Standards in relation to managing all risks to individual consumers, enabling person-centred care and ensuring good outcomes and enhanced quality of life for each consumer.

Advocacy Support

OPAN and their network of state and territory service delivery members, are available and can help providers to support consumers and their families during the COVID-19 pandemic. opan.org.au or 1800 700 600

Industry Code for Visiting Residential Aged Care Homes during COVID-19

This voluntary code aims to create a nationally consistent approach that ensures residents continue to receive visitors while minimising the risk of spreading COVID-19. cota.org.au/policy/aged-care-reform/agedcarevisitors/

References

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