Continence Foundation of Australia submission to the Australian Government Department of Health *New Residential Aged Care Design Standards* consultation

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Summary of the consultation

The Australian Government, based on recommendations from the Royal Commission into Aged Care Quality and Safety, will develop a new Residential Aged Care Accommodation Framework to guide the design of residential aged care accommodation to help improve the quality of life for senior Australians. Key stakeholders were consulted on options to improve the design of aged care homes and how best to support the industry to respond to increasing demand for innovative and age-appropriate solutions.

Continence Foundation of Australia

The Continence Foundation of Australia (the Foundation) welcomes the opportunity to respond to the Australian Government Department of Health consultation on the *New Residential Aged Care Design Standards*. The Foundation endorses the significant need to improve the design of aged care accommodation and urges that design standards are informed by evidence-based, best practice and contemporary continence health care and support for all forms of aged care accommodation, from cottage style residential facilities to sub-acute health care settings.

Thbe Continence Foundation of Australia is the peak body for promoting continence (bladder and bowel control) health. The expertise of the Foundation in education, awareness, information and advocacy together with a long history of involvement in each state and territory means that we are best placed to inform and assist with the design requirements that will meet the needs of individuals, carers and health professionals in relation to continence health care and support in residential aged care (RAC) facilities.

Summary

Continence health and support is a major care priority and cost in residential aged care

Incontinence is one of the most significant health care and support issues for older people in or receiving RAC services. A higher proportion of people living in residential aged care live with incontinence than the proportion of people living with dementia.

Recent data shows that 75-81% of consumers in RAC experience incontinence with the majority in the most dependent category.[1] This also means significant costs to the RAC funders and providers. In 2008-09, 30% of the total RAC government subsidy was used for people who needed assistance with incontinence and toileting.[2] The many experiences of substandard continence care brought to light by the Royal Commission into Aged Care Quality and Safety[3] show that continence care should not just amount to provision of continence aids such as pads. Best practice, evidence-based continence care is inclusive of all aspects of care including assessment, planning, clinical care, monitoring and appropriate design.

Design improves or impedes continence health care and support

Appropriate design enables consumer-centric, best practice and evidence-based health care and support in all aspects of health care – and is a major influence on the capacity of residential aged care providers and staff to provide quality, evidence-based continence health care and support to older people living with incontinence and all others who can be placed at risk of incontinence by design aspects of their residential environments. Inappropriate design can lead to functional incontinence. Functional incontinence occurs when the person's bladder or bowel is working normally but they are unable to access a toilet due to a physical, cognitive or environmental issue.[4] Environmental barriers can lead to an individual being unable to recognise, locate and/or access the toilet, and manage their toileting needs, for example to get on and off the toilet[4] thereby decreasing independence, facilitating higher care needs and lowering health outcomes.

Continence SMART Care - designed for residential aged care

In recognition of this, the Foundation has developed a best practice model of care called Continence SMART Care for RAC settings, in line with the Aged Care Quality Standards. Continence SMART Care is aimed at supporting consumers experiencing, or at risk of, incontinence. By incorporating such initiatives into the Residential Aged Care Accommodation Framework, the Australian Government will be raising basic standards for consumers in RAC.

Recommendations:

To enable person-centred care in RAC, the Foundation makes the following recommendations:

1. The Residential Aged Care Accommodation Framework incorporate the Foundation's Continence SMART Care model as an essential minimum standard to ensure appropriate physical and structural resources are adopted in residential aged care design in all settings.
2. The Residential Aged Care Accommodation Framework provide for RAC settings to apply universal design principles that promote accessibility, independence and remove barriers to self-care, management and supportive care in order to facilitate designs akin to small-scale household models.
3. Design requirements or guidelines must be conducive to installation of equipment and continence care supports to optimise dignity and choice for consumers with, or at risk of, incontinence.

Evidence and Discussion

Incontinence must be supported by effective residential aged care design standards

Incontinence is not a singular or straightforward health condition. It is multifactorial and often linked to or the consequence of multiple other health conditions such as cancer, cardiovascular disease and disability.[5] It is also stigmatised and difficult to talk about even with health professionals[6-8] further highlighting the importance of wide ranging supports including appropriate design standards for both individual consumers and their health care and support staff in RAC.

On its own, incontinence can result in significant impacts that highlight the need for better design standards in RAC. Nocturia, or waking to pass urine during sleep[9], has been noted to increase risk exposure arising from the need to repeatedly rouse and navigate darkened environments.[10] A systematic review has found that nocturia increases the risk of falls and fractures by 20% and 32% respectively compared to those who do not experience it. Additionally, the risk of falls increases incrementally by 5.5% for people 65 years old and 7.5% in people 80 years old.[11] Without support from appropriate lighting and other relevant design principles in RAC, consumers can be placed at much higher risk of negative physical and mental health consequences.

The physical design of a RAC facility can be detrimental to continence management and continence needs of individuals. A European study of consumers in RAC found that the physical design of a RAC setting created considerable challenges to their ability to maintain continence. For instance, there was a lack of toilets including accessible toilets, inadequate privacy for toileting, a lack of call buttons to access help, lighting and bedside commodes.[12] Further, the independently mobile group was placed the furthest away from the bathroom increasing the risk of inducing or exacerbating incontinence unnecessarily. Altogether, these highlight key areas of support that must be addressed in facility design to reduce incontinence and maintain continence status.[12]

The Residential Aged Care Accommodation Framework must acknowledge the major significance of continence health care and support as an issue for all aspects of aged care and support and ensure that residential aged care design standards address and facilitate quality, evidence-based continence health care and support within universal design principles.

Continence needs are being sidelined in residential aged care design

Incontinence is highly prevalent within the RAC sector. In 2010, 71% of consumers lived with urinary or faecal incontinence or both.[13] However, more recent data shows that 75-81% of consumers experience incontinence with the majority experiencing three or more episodes of incontinence per week that required assistance.[1] This is much higher than the one in two (52.4%) people living in RAC services who have been diagnosed with dementia.[14] It is of considerable concern that the proposed design standards are focussed principally on the needs of people living with dementia despite the high prevalence rate of, and co-morbidity, of incontinence.

Incontinence is perhaps inappropriately and incorrectly considered to be only an aspect of, or consequence of, dementia. It is in fact a significant health condition for people living without dementia as well as those living with dementia, is more prevalent in older age than is dementia, and is as directly influenced and impacted by design as is dementia.

Incontinence has a clear and significant impact on care requirements in RAC. In Australia, half of consumers in RAC (54%) experienced more than three episodes daily of urinary incontinence or passing of urine during scheduled toileting, and 35% experienced more than four episodes per week of faecal incontinence or passing faeces during scheduled toileting.[13] For consumers with dementia in RAC, 69% were recorded as having more than three episodes of urinary incontinence daily or scheduled toileting, while 46% of residents living with dementia had more than four episodes of faecal incontinence weekly or scheduled toileting.[15] Incontinence compounds the need for support

placing a high burden of care on direct care staff. This evidence highlights the additional need for design standards to be developed with a focus on continence needs.

Taking care of individuals experiencing incontinence as well as dementia also presents multiple and often avoidable behavioural challenges to direct care staff and carers. Two studies on people with dementia and incontinence identified the following challenges[16,17] that can be addressed with design interventions:

- inability of the individual to act in a timely way in response to the sensation of the need to void,
- inability to locate, recognise and use toilets, manage personal activities of toileting, and
- inappropriate management of soiled clothing and resistance to help with toileting.

The initial response of carers, in one study, was shown to be to resort to containment of incontinence for 'occasional accidents'. However, the worsening of symptoms over time obligated carers to take on a more proactive but also more taxing role compounded by additional financial and emotional impacts[16]. These impacts could be ameliorated and better supported in a variety of ways including through appropriate person-centred design.

The challenges faced by consumers experiencing incontinence in RAC are not often given due recognition in terms of care, support and design. Given the direct and high impact that incontinence has on consumers, their health care and support staff, the Residential Aged Care Framework as proposed in the consultation guidelines has not paid adequate attention nor has it addressed these concerns.

Design can support best practice continence care

The physical design of a RAC facility can empower and assist consumers, carers and direct care staff to maintain and support continence and continence-related care. Facility design plays a key part in care support as it can both induce and reduce incontinence. An Italian study showed that incontinence among frail older people in home care was strongly and independently associated with reversible causes including environmental barriers. It demonstrated that environmental hazards increased the prevalence of urinary incontinence by over 50%[18] and this is likely to be even higher for consumers in RAC given expected higher levels of need. Removing or modifying these potential hazards to favour mobility and safety of consumers as well as support cognitive and physical functions, is needed to ensure continence needs are met. The benefits of physical design are also evident from a study of 16 consumers with dementia in RAC where toilets not concealed by a curtain were eight times more likely to be used compared to when concealed.[19] It also meant a decrease in clean-ups for wet floors and subsequently a lower workload for staff. Physical design elements can serve to enhance toilet use and decrease incontinence episodes particularly by acting as an important wayfinding and support system that enables independence, enhances personal dignity and quality of life and lowers economic costs.

Proposed responses to RAC design for continence care

Continence SMART Care

The Foundation proposes that Continence SMART Care (CSC), a best practice Model of Continence Care for RAC facilities, informed by the best available evidence from scientific literature, consultation with industry and clinical experts, staff and residents, be incorporated into the Residential Aged Care Accommodation Framework. It has been designed in response to the Aged Care Royal Commission's Recommendation 19 for an urgent review of the Aged Care Quality Standards (ACQS) requiring a review of best practice continence care.[20]

The model is inclusive of *ACQS Standard 5: Organisational Service Environment* which focuses on support for continence care in small-scale homelike facilities and provides for:

- Access to assistive equipment to use the toilet, including hoists, walking frames, and railing within bathrooms
- The physical design of the home optimises a resident's continence and independence. This includes addressing barriers such as poor lighting, poor access, inadequate space, a cluttered environment and malodour
- Access to a call bell to request assistance with toileting and/or changing incontinence products
- Clear signage to indicate the location of toilets in the home (including signage in languages that reflect the linguistic demographic of the residents)
- The home is equipped with features to protect a resident's dignity and privacy during toileting or changing of incontinence products, such as curtains and doors, and private bathrooms where possible
- All equipment and facilities related to toileting are safe, clean, well maintained and suitable for the resident
- Appropriate waste disposal systems and policies are in place for the management of incontinence products

Similar practices are already accepted to assist people living with incontinence and dementia in other settings. A UK study found accepted environmental modifications in community settings include using prompt signs, colour codes or picture markers on the toilet.[21] Yap and Tan (2006) reinforce these views and add on the alternative for a bedside commode, urinal or bedpan if a consumer faces mobility issues.[17]

Recommendation:

1. The Residential Aged Care Accommodation Framework incorporate the Foundation's Continence SMART Care model as an essential minimum standard to ensure appropriate physical and structural resources are incorporated in residential aged care design in all settings.

Universal design friendly principles

The discussion paper for this consultation promotes dementia-friendly design. The Foundation cautiously welcomes the inclusion of the Dementia Enabling Environment Principles but contends that no one condition, including dementia, should take precedence when designing aged care facilities. The Foundation asserts that continence support and care must be given specific attention and that there are multiple areas of convergence with the Dementia Enabling Environment Principles and with evidence-based design principles for quality and safety in continence support and care[22] including:

1. Unobtrusively reduce risks
3. Allowing people to see and be seen, including visual cues for toilets
6. Support movement and engagement, and
10. Respond to vision for way of life.

The Framework should be developed based on universal design principles to cater for as many consumers and needs as possible while allowing for opportunities to balance personal preference and ensure facility design supportive of equipment and care provision. Continence care, which is highly prevalent in RAC, must be addressed by embedding appropriate physical design that reflects best practice care while ensuring individual needs are supported.

Recommendation:

2. The Residential Aged Care Accommodation Framework provide for RAC settings to apply universal design principles that promote accessibility, independence and remove barriers to self-care, management and supportive care in order to facilitate designs akin to small-scale household models.

Design standards should be supportive of and supported by workforce culture and technology

Organisational culture and RAC design should be mutually beneficial and form a symbiotic relationship to optimise care provision, including for continence-related issues. Workforce culture, supported by facility design, helps to facilitate higher quality of care for consumers experiencing incontinence including assistance with toileting and timed prompting to toilet. Workforce support that follows best practice guidelines and models of care, such as the Continence SMART Care model outlined previously, can be efficiently and effectively utilised alongside person-centred facility designs to enhance consumer experience and deliver better health outcomes.

Assistive technology can also be used alongside facility design to provide novel solutions and deliver additional benefits. An Australian study undertaken to determine whether a comprehensive continence assessment, individually tailored management plans and assistive products could support people with acquired brain injuries led to consumers toileting more independently, improving their quality of life and reducing the cost of their care.[23] Innovative solutions, supported by assistive products involving visual cues greatly assisted with these goals. For instance, an orange ping pong ball was placed in a toilet bowl to assist a consumer with partial visual impairment to aim while urinating or a wristwatch with an alert was used to remind consumers of their toileting regime. The study established the following key findings[23]:

- A reduction of 4.3 toileting care hours per participant per week, which represented a reduction in average weekly care costs of $633.29 per person.
- Reduced average yearly costs of consumable products for continence (e.g., continence pads) by $3614.80 per person per year.
- Improved participant independence in activities of daily living, three months after implementation.

Workforce culture and assistive technologies in RAC can form an intrinsic part of, and support to continence-related care and enable a small-scale homelike environment[19] that improves the quality of life and health of consumers.

Recommendation

3. Design requirements or guidelines must be conducive to installation of equipment and continence care supports to optimise dignity and choice for consumers with, or at risk of, incontinence.

Conclusion

The environmental design of RAC facilities can provide ongoing support and facilitate a higher level of independence, care and function for consumers, including and especially for continence needs. This is essential to enable care provision that is supportive of and facilitates best practice continence-related care. Facility design which is conducive to best practice care, as outlined in the Continence SMART Care model, must be an essential part of the Residential Aged Care Accommodation framework for small-scale households through to sub-acute health care setting designs to ensure an overall lower burden of care, facilitate higher workforce productivity and better health outcomes and consumer independence.

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