

Residential Focus for Seniors Communities

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*Pulling together to create positive outcomes!***Issue**

Alberta's seniors' housing providers are committed to empowering seniors to have choice and a life of purpose wherein they are honoured, valued and respected. Choice for every senior means making their own decisions to live in a community where they feel at home in their surroundings while having their needs met as required. All models in the continuum appear to be evolving into more of a 'medical' than a 'residential' model. The choice of any senior has never been nor will ever be, to live in a medical institution. Housing and care providers acknowledge that regulations, policies and standards are important for protecting residents and their families. However, health care services tend to be extremely prescriptive, inflexible and increasingly overbearing. These policies and procedures are taking the joy out of living in a congregate living community. The outcome of this is that in order to feel that they have more control seniors are opting to stay at home well beyond their best interests. This means seniors often live at risk without the social interaction and support services that are critical to their well-being. Health and medical-model focuses are making "homes" into institutions, when we should be moving toward a residential focus for seniors' communities and putting the emphasis on living well and thriving rather than the clinical maintenance of symptoms and conditions.

Front-Line Experience

- Once inside the building, you are directed by multiple formal bulletins, signs and other visuals you would never see in a regular home e.g. quality indicators, hand washing instructions etc.
- People are often deprived of their basic freedom to come and go as they wish.
- Health Care employees have been taught to become detached from the individuals they care for, and this is contrary to what seniors need and negates who the resident is.
- Employees dress in hospital scrubs and are task oriented, going about their business and checking off boxes rather than being a worker in someone's home while residents sit for hours disengaged in life and lonely. Care and support partners only have time to do tasks, not to be with people to improve quality of life.
- Policies, procedures, systems and alignment with standards are the primary focuses, taking away from considerations of the resident's quality of life and person-centred, relationship-focused services.
- Quality is measured by ensuring that everything on a prescribed list is complete at the end of the shift, and not on the residents' experiences.

Key Points

- A seniors community is NOT a medical facility, it's a *domestic* space called "home" and needs to be an engaging home-like place.
- Instead of running a "facility", we need to involve residents in running their own homes, and focus on what they can do to maintain independence and their own personal space. There is a level of dignity that should never be compromised, such as allowing residents to answer the door, greet people in their home, and the privacy related to taking care of oneself (including taking medication) inside the walls of their own home.
- We need to create a family-like atmosphere, sharing closeness in an environment that fosters meaning in life and not just existence.
- There needs to be enough time given to residents in every interaction, not just 'stash and dash', to empower employees to value relationships as they engage in the privilege of working in someone's home.
- There is confusion over what good care looks, sounds and feels like for people living and working together.

Suggested Solutions for Government Consideration - we need each other to recognize and optimize quality:

To promote a residential focus in the system, there needs to be support for a resident's quality of life, suggestions include:

- Developing an integrated residentially-focused model. If it is your permanent address it is your home and health care is only one of the determinants of wellbeing and should not take precedent over the feeling of "home".
- Promoting a balance of human rights, from a culture of being 'risk averse' to one that 'manages the degrees of risk'.
- Creating collaborative partnerships between Public Health, Alberta Health, Alberta Health Services, Infection Control Services and providers eliminates common barriers that empower residents and their families to participate in their home and life.
- Permitting some flexibility in policy and regulations to promote residents feeling free and safe, living a life they have grown accustomed to.
- Refrain from referring to people as "patients" where they are treated at "arms-length" as per the medical culture. The language needs to change to reflect that residents are living in their own home and not continuing CARE.
- Moving away from 'warehousing' seniors in an institution with heavy handed rules and clinical aesthetics, to encouraging community living where people can feel at home and make memories they can cherish with people they care about.
- A major shift in organization culture is required to ensure that a residential and person-centred focus empowers seniors to have choice and a life of purpose wherein they are honoured, valued and respected in a place they are proud to call home.

