# REVISITING REPUTATION – A CLIENT PERSPECTIVE ON QUALITY

Trish Carroll
Principal I Elder Matters

*The burgeoning business opportunities and imperatives within the current aged care industry present increasing challenges and complexities for leaders in aged care, be they board members, executives, managers, directors of care, clinical staff, allied health and care staff in all capacities.*

These challenges and complexities include: how best to meet governance obligations, provide person-centred care, promote access and choice for residents, create safe and enabling environments, recruit and retain skilled staff, prepare for accreditation, ensure clinical excellence, maintain funding, and plan for the future.

These and other priorities can distract executives from the essence of the business, namely: clients/residents and their families, each with unique life stories and circumstances, and all experiencing profound life transitions.

Clients and prospective clients of aged care all have different priorities, subject to their wellness and circumstances. Many are seeking quality and compassionate care, comfort, ongoing independence and enablement, positive relationships with care staff, confidence in the organisation, and an environment where they can expect and experience dignity and respect.

The search for an aged care provider that can meet these expectations and live up to its promises, mission or marketing claims, is a source of anguish for many individuals. Any organisation can articulate a vision, mission or philosophy of care. The extent to which these translate into reality informs first impressions, creates lasting memories and determines reputation. Reputation, in turn, influences occupancy and income, accreditation outcomes, resident feedback, quality of care, staff turnover and survival of an organisation.

## Reputation is everything

In discussing reputation, it is critical to consider the voice of the recipients of care and those who can influence the extent to which an organisation is held in repute (or otherwise). The clients/residents, families, loved ones, staff, volunteers, chaplains, visitors, allied health and providers of all products and services will all form opinions based on their experiences of care provided by an organisation, and they will share those opinions with their many family, social and professional connections. The expanse of these connections cannot be underestimated.

Service providers cannot ignore the impacts of increasing social connectedness of people within and across Australia on reputations of aged care services, especially through the influence of social media. The population of baby boomers affected by the experience of aged care will continue to share their experiences (good and bad) with friends and colleagues, particularly as they become more informed about the aged care industry and the focus on consumer choice.

## How is reputation gained or lost

Each individual's experience of aged care is influenced by spoken and unspoken expectations, which represent for them clear measures of quality. Table 1 includes a sample of 'client measures of quality' sourced from consumers of aged care services. The extent to which these measures are met will directly influence the reputation of an aged care organisation.

So many of these measures of quality can be (and so often are) met through a culture of person-centred care, defined by Kitwood (1997) and Brooker (2004). The onus for successfully creating a person-centred and relationship-centred culture rests squarely with executive leaders, insofar as putting this philosophy/theory into practice. This requires an ongoing financial investment in staff education, and integration of the philosophy into induction, recruitment, performance management and language of care.

A person-centred culture is not sustainable if not understood and modelled at the highest levels of the organisation. Reputation is therefore reliant on the critical decisions of leaders and the culture they create, fund and model.

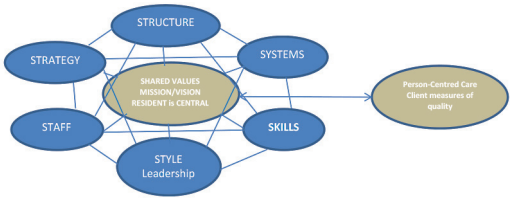
**Table 1 – A sample of client measures of quality in aged care**

- Values/mission/philosophy is visible at all levels, and in all processes of the organisation.
- Safe, clean, hygienic, enabling and comfortable environment in pleasant surroundings.
- Each person is treated as a valued and respected individual, with their unique and complex health circumstances and cultural diversity.
- 24/7 access to clinical and care staff qualified to deliver expert and holistic aged care services from admission to end of life - anticipating and responding to all care needs.
- Focus on family and loved ones, keep them informed and providing support as needed.
- Language of care – staff communicate professionally with residents, family and other staff, demonstrating kindness, listening skills, dignity, empathy, a focus on relationships and respect.
- Aged care services are provided as advertised and contractual obligations are met.
- Activities and outings provided are plentiful and tailored to individual client preferences.
- Specialist care, support and advice are readily available for all health and capacity challenges.
- Low staff turnover and happy staff who interact positively with residents and each other.
- Organisation has consistently met all accreditation standards and governance requirements.
- Focus on the individual and their needs vs a focus on money and business.
- Effective and transparent process for complaints and feedback.

## Framework for Quality Assessment

The McKinsey 7S Framework (see Figure 1) can assist leaders at all levels to incorporate client measures of quality into organisational processes and conduct their own review of quality care. This tried and true framework identifies seven internal and interdependent elements of an organisation, which need to align for an organisation to be deemed effective. Importantly, the shared values at the centre are a reminder of the centrality of the resident in aged care, as articulated by clients in the table above, embedded in legislation and best practice in aged care.

Figure 1 McKinsey 7S framework




The framework provides an opportunity to review the extent to which a client/person-centred focus is realised and reinforced through: strategy, organisational structure, systems and processes, employees and providers, training strategy and – very importantly – leadership style.

This framework encourages leaders to look beyond the systems and processes which are the focus of so many audits and explore/review the broader care landscape, accreditation requirements and client expectations as a part of that review process. It also enables aged care professionals at all levels to visualise the resident as their focus, and appreciate the interdependencies between the resident experience and all that a team of aged care professionals do to create that experience.

> **Baby boomers will continue to share their experiences (good and bad) with friends and colleagues, particularly as they become more informed about the aged care industry and the focus on consumer choice.**

A limitation of the McKinsey framework is that it does not specifically mention the importance of `environment'. However, that can be included and reviewed as part of the 'strategy' element. The external drivers and influences (legislation, reform etc.) are not specifically mentioned in the model either but can be articulated as a part of the review of each element. Indeed, the impacts of external influences are a reason to apply this framework to continually review quality and reputation.

The centrality of the client/resident experience in aged care and the influential role of clients in determining reputation is fundamental to the success of any aged care provider. The clients' measures of quality extend far beyond those listed, and social connectedness ensures that resident/client expectations will continue to be articulated. The McKinsey model will hopefully prompt leaders in aged care to revisit the essence of aged care and consider reputation in a new light. ■

More on this topic will be covered in a digital poster at LASA National Congress 2016.

## References

Kitwood, T. (1997) Dementia Reconsidered: The Person Comes First. Buckingham. Open University Press.

Brooker, D. (2004) What is person-centred care in dementia? Reviews in Clinical Gerontology. 13, 215-222