



AGED CARE ASSISTANCE

AGED CARE FACILITY EVALUATION CHECKLIST

Facility name _____

Location/Address & contact details _____

Check Department of Social Services website – ‘Australian Aged Care Quality Agency’ and on bottom right of the home page is a section ‘Find a report on a Home’. Enter the name of the Home you are assessing or type in ‘South Australia’ then scroll through alphabetical listed pages to find the recent review findings. An unmet standard does not necessarily mean that facility is of poor standard generally. The unmet standard can be a leader for a discussion on how the facility has improved their standard since, and ask if the standard is now met. If a facility is ‘sanctioned’ or being managed by the Quality Agency because many standards are not met the facility will not be able to admit anyone until all standards are again assessed as met.

IMPORTANT LOCATION MATTERS TO CONSIDER

Will you need the facility to be:

☐ On a particular connecting bus or train route

☐ close to a spouse or family member

☐ within _____ kms of _____ ie church, cinema, shopping centre, specialist/s, recreation centre

☐ Other location needs _____

☐ I am looking for respite support within an aged care facility

☐ I am looking for a permanent placement in an aged care facility

REMEMBER TO WRITE THINGS DOWN AS YOU OBSERVE AND RECEIVE ANSWERS TO QUESTIONS – IT WILL HELP YOU REMEMBER AND PREVENT YOU GETTING CONFUSED WHEN EVALUATING SEVERAL FACILITIES.

WHEN YOU VISIT THE CARE FACILITY

Does the atmosphere feel pleasant and relaxed? _____

Is the facility well maintained? _____

Do you like what you see? _____

Is there anything you don't like, or see, or smell in the facility? _____

Are there well maintained areas for outside sitting? _____

Do staff look happy and respond to you in a welcoming manner? _____

Do residents look happy, clean, stimulated? _____

Is there a library or reading material in the day room areas? _____

Observe how staff interact with residents _____

Is the building secure? ie code locks in dementia care area, night time locking of all external doors _____

Is there a café for resident and visitor use? _____

What times is this open for use? _____

QUESTIONS TO ASK WHEN ASSESSING AN AGED CARE FACILITY

What optional extras are available and what are the charges for these?								
What are the names of the different care areas/wings/floors that you have and how many people live in each area? Do any of these areas have a specialty for care ie Dementia Care, Palliative Care.	NAME OF AREA	NUMBER OF RESIDENTS				? SPECIALTY AREA		
How many staff are on duty for direct resident care in the particular care areas that you have?	NAME OF AREA	AM RNs	AM EN OR CARERS	PM RNs	PM EN OR CARERS	ND RNs	ND EN OR CARERS	
Do residents need to move if their care needs increase? If yes, will you cater for their care in another area/wing/floor of your facility?								
What are the circumstances you do not provide care for and what are your procedures if you cannot cater for someone's care needs?								
What are our choices for GP support and how often does that particular GP visit the facility?								
How are rooms/areas allocated? Will we have a choice?								
Are bathrooms a private ensuite or shared with other residents?								
What furniture or personal items can we bring into this facility?								
Can we have a private telephone in the suite we move in to? What is the process and charges for this?								
What are the IT services ie wireless broadband for personal computer use or fixed IT room? Can children use these facilities when they visit?								
Can we decide when we want a shower, or getting up time/settling time for our loved one?								
What is the menu like? (ask for a copy of a sample menu) How many weeks is a menu rotation period? If there are special meal needs ask about them now ie gluten free, vegetarian – how does								

the facility cater for these special needs?	
What are the meal times? Can or do residents ever have meals in their suites?	BREAKFAST - LUNCH - DINNER -
What does the social and activities program offer? (ask for a copy of one months program)	
How does the facility ensure resident privacy is ensured?	
Are there facilities for family to stay overnight?	
Can we bring a pet in to visit? What is the procedure for approval? Or do you have visiting pet program for residents who would like a visit?	
What allied health therapists or specialists provide in-facility consultations? (ie dietitian, speech pathologist, dentist, podiatrist, cardiac specialist, geriatrician, mental health nurse, psychiatrist) If a resident needs to go outside the facility for an appointment or medical test what does the facility provide and at what cost?	
What are the contract signing rules?	

SPECIAL NEEDS SUPPORT

Take with you a completed Health Needs List and ask the facility staff if they can cater for your loved ones level of care support assistance needs.

Of particular note is to ask about

1. What can they offer people who have Dementia, a terminal illness requiring Palliative Care or if your circumstance is to find a care facility for someone who is younger and disabled? _____
2. Cultural expectations ie food choices, dress expectations, days to celebrate, music likes, language preference, personal care preferences? _____
3. Spiritual/Religious expectations ie Minister of Religion to visit or not to visit, ceremony supports, special food requests in relation to beliefs, religious ceremonies? _____
4. Is there couple accommodation available if required? _____

Any other special requests? _____

NOTES ON COSTS

TAKE WITH YOU TO ALL APPOINTMENTS YOUR

1. CENTRELINK AGED CARE FEES INCOME ASSESSMENT
2. ACCR AGED CARE ASSESSMENT TEAM ASSESSMENT
3. LEGAL DOCUMENTS WHERE POWER OF DECISION MAKING HAS BEEN SIGNED FOR

The facility will need to take a copy of these documents for all application processes whether they be for respite or for permanent residency.

Refundable Accommodation Deposit (RAD) _____

Daily Accommodation Payment (DAP) _____

Combination of RAD and DAP payments _____

Basic Daily Fee _____

Daily Income Tested Fee _____

Other fees or service costs _____

WHAT ACCOMMODATION IS AVAILABLE RIGHT NOW, AT WHAT COST? _____

Single room or share? _____