

Your Aged Care Handbook

What can you expect from your aged care provider? Your guide to your first month in aged care

Once you've settled into your new aged care home, met all the team, the residents and taken a tour, you might be ready to receive more information about what your first month will entail. Here's a guide to settling in properly in your new home, what you can expect and your rights as a resident.

Your Care Plan as a resident

After entering aged care and setting up your initial care plan, your new home should work with you, your GP and your resident representative to develop an ongoing care plan that focuses on you and your needs.

When you started at the home, the team would have created an interim care plan that was based on the initial information you and your loved ones provided them. However, during your first month of entering care permanently, different aspects of your daily routine are monitored and assessed. This is completed by using the national Aged Care Funding Instrument (ACFI). The nursing staff complete this assessment to determine the level of care you require, your daily living activities, behaviour support, complex healthcare needs, nursing support, social activities, meal and other preferences you have, including any religious and cultural requirements you may need. In consultation with you, your GP, family, friends and representatives, your home will complete a care plan that includes your goals, care needs and the assistance you may require.

Clinical records and privacy

All homes should have a strong commitment to ensuring the highest level of privacy and confidentiality in relation to resident and staff information. Their Privacy Policy will explain how they manage privacy in their homes.

Privacy, dignity and supporting your independence should be paramount. Personal preference for the way in which each person is addressed, cared for and how respect is shown to individuals should be part of the training of all staff that work in residential aged care. If you don't feel respected by staff members, we encourage you to raise it with your Care Manager.

The aged care home will only collect information as necessary for the care and service delivery to you and for the payment of fees and charges as deemed appropriate. Each home holds the following information in respect of the resident: care plans, progress notes, pathology results, assessment and review notes, clinical information (e.g. diagnosis, past medical history, funeral details, next of kin information), Commonwealth ACFI information and billing information (Income and assets), accidents and incidents, medications, guardianship details, etc.

Every person's records are deemed personal and sensitive and access is limited to healthcare professionals directly involved in your care. The notes of the attending medical practitioner will be made available only with approval or as required by law. You or your legal guardian may view clinical nursing notes only in the presence of senior staff nominated by your aged care home. Notes shall not be copied or be allowed to be taken from the premises unless required by law.



Information should be stored securely and only available to those persons directly involved in the care of the resident.

Your photograph is taken after admission for identification purposes and should be updated annually for inclusion in these records. This is to facilitate care, avoid risk of mistaken identity and ensure recognition by care professionals.

Case conferencing, advance care directives and palliative care

You and your representative(s) should be invited at least once a year to discuss the planning and delivery of care. Your first family conference should be after your initial 30 days of care with the involvement of the care team, possibly allied health professionals or your GP. The goal should be to deliver a coordinated and informed approach to care and to meet your individual needs.

An advance care directive is any written statement that express a person's wishes in advance and contains instructions about healthcare situations in which the person is not able to make a decision about their end-of-life preferences. The aged care home will respect any formal advance care directive to the extent that it does not breach any duty of care, religious ethics, or any current laws or regulations.

Every person has the right to access palliative care services. Assistance will be provided to you and your representative in determining your end-of-life care wishes. Support groups within the community should be contacted as required and requested.

The majority of aged care homes support 'Ageing in Place': from time to time the home's management team and care staff will need to assess your care needs and may need to relocate you in consultation with yourself, your GP and your representative to a more suitable room or home.



Funeral arrangements

If you have a pre-planned funeral director, please advise the Care Manager of their contact details and your preference of burial or cremation.

Diet and nutrition

Menus usually rotate over a four-week, seasonal period to offer you a variety of options. Menus should be prepared in conjunction with a dietician to meet the daily nutritional intake needs. Special dietary requirements such as diabetic diets and soft food textures can be met. During your pre-clinical assessments, the home will discuss your menu preferences and likes and dislikes with you.

Food safety

Aged care homes have an accredited food safety program to facilitate food safety for residents and guests. If your family or friends wish to bring food into your home for your consumption, the home may require you to meet their food safety plan requirements. This might include:

- Food carried in a covered container, labelled with your name and the date the food was prepared
- Any cold food and drink is to be kept at less than 5 degrees during transportation
- Any hot food and drink is to be kept above 60 degrees during transportation
- Any non-preserved foods will be discarded after 24 hours
- Food brought by relatives or friends cannot be placed in home freezers, refrigerators or cool rooms and cannot be reheated by staff or shared with other residents

Please check with your home for a copy of their Food and Safety procedures. Your visitors will always be welcomed to have meals with you at a small cost.

Lifestyle and activities

Wellness is not just looking after your care needs but also other areas of your life including looking after your social, spiritual and emotional wellbeing.

The care and lifestyle staff at your home should assist in matters relating to your independence and mental stimulation and work with the other members of the healthcare team to provide holistic care for each person.

A monthly lifestyle program will be available for you to participate in, if you choose. The lifestyle program will try and meet everyone's individual needs. These activities may include bingo, exercises, yoga, reminiscing, bus outings, happy hour, movies, entertainers, gardening, art, craft, men's groups, etc.

You are encouraged to maintain hobbies and interests, and your individual preferences should be catered for where possible. Relatives and friends are encouraged to join you.



Outings

The lifestyle program will allow for regular outings for morning tea, lunches, concerts, or to have a scenic tour. During these outings, transport costs should be covered by the home, however food and beverage costs such as morning and afternoon teas or lunches might be an additional cost charged to your monthly account.

Hairdresser

A hairdresser is usually available in every aged care home. Your lifestyle co-ordinator or receptionist will be able to make an appointment for services such as a haircut, blowdry, hair colour or treatment. Men can also book in for a face shave or beard trim. Hairdressing services are additional charges in most homes and will usually be included in your monthly account.

Resident and relative meetings

Residents have regular meetings with management to discuss matters of interest, general issues, air their views - it's a great time to make suggestions. It's your home and your views should be actively sought in areas such as menu preparation, activity programs, living environment, care and services. Relatives are invited to attend these meetings wherever possible.

Appropriate action should be taken where any concerns or issues are raised. All homes encourage interaction between residents, staff and management so that we may be able to create and maintain a productive relationship in which services may be continually improved and new ones introduced.



Newspapers, magazines and mail

Daily newspapers and magazines can be ordered through the local newsagent, in a lot of homes a monthly account will be sent directly to you from the newsagent. Staff will deliver mail to you daily. Out-going mail can be forwarded on your behalf, if requested.

Shopping

You will be encouraged to attend to your own personal shopping needs where possible. At some homes, shopping trips or a small kiosk are available.

Volunteers

Your home may have volunteers who are involved in a range of activities and social roles within the home. Everyone benefits from the interaction. Homes will encourage family members or friends of all ages to consider volunteering. Each home will have an introduction program that includes gaining necessary checks prior to becoming a volunteer.

Voting at elections

Arrangements are made at the home to assist all people when they need to vote in Government elections.

Assistance with external and medical appointments

It is usual that you would be accompanied by your representative to external appointments. Should your representative not be able to accompany you, the home can make arrangements for a companion staff member to carry out the task. In the circumstance of companion staff, you might be charged a minimal hourly rate for the staff

member to accompany you. This fee will vary between homes, but you could be charged a minimum of three to four hours, at the hourly rate.

Leave

It is important that the management of the home know when you leave the home for an outing. You and your representatives will be asked to notify the staff prior to any leave. In case of an emergency all people that are in the home need to be accounted for. A “Leave Book” should be signed by you or your representative when leaving and returning. The book can usually be found near the reception area of each home.

Day leave

There is no restriction on the amount of day leave a resident may take.

Social leave

At any time, you may wish to take social leave to spend time with family and friends. Overnight social/personal leave can be taken for up to 52 days per financial year by permanent residents without affecting your fees or place in the home. Please be aware that even though you may be away from the home for several days, the daily charges for accommodation and care will remain applicable.

Hospital leave

If you become unwell and need further medical treatment that the home cannot offer, you might be transferred to hospital. There is no limit to the amount of hospital leave that may be taken by a permanent resident. Please be aware that even when on hospital leave, the daily charges for accommodation and care will remain applicable.



Respite care

Respite residents are booked with the home to stay for a period of time. If for any reason you are on respite and choose to leave the home overnight, the home must discharge you. If you wish to return after the leave period, the respite will need to be re-booked. Please speak to the Care Manager in your home for more information.

Visitors

There should be no restrictions on hours of visiting (COVID-19 restrictions may apply). If you're sharing a suite with another person, it is desirable that you do not have visitors after 8.30 pm. However, please speak to the manager if you require further assistance. Visitors will be asked to sign in and out of a visitor's book. It is recommended that visiting children and pets are supervised at all times by their parent or carer to ensure their safety and that of the residents.

Room changes

You can change your room at any time if there is an availability, however, be aware that if a room change is at your request, it may incur additional payments should the advertised suite price of the new room be greater than that of your current suite. If the advertised price of the new suite is less than your current suite, your payment amounts will change to reflect the advertised or negotiated price of the new suite.

Anti-discrimination

All aged care homes strive to provide an environment that is free from discrimination, bullying and harassment on the basis of sex, marital status, pregnancy, entitlement to unpaid parental leave, family or carer's responsibility, breast feeding, physical or mental disability, sexual preference, homosexuality, transgender status, race, colour, political or religious belief, age, national extraction or social origin, or the filing of a complaint against an employer due to an alleged violation of laws/regulations, or any other violation specified under anti-discrimination or human rights legislation.

All employees, volunteers, residents and stakeholders should be treated with dignity, courtesy and respect.



Emergencies, evacuation and fire safety

By March 2016 all homes were required to be fitted with fire sprinklers and should have a central fire indicator panel with direct contact to the local fire department. In the case of fire or other emergency, please follow the directions of the staff and the home management team.

Evacuation maps are displayed prominently in all homes. Please make yourself aware of these maps and emergency exits. Residents will be involved in routine fire drills for the home. This keeps the staff up to date with evacuation procedures.

Falls and incidents

Unfortunately, there is the potential for people to have a fall relating to many factors, including deterioration in the level of the persons mobility or cognitive function. To minimise the risk of this occurring, a physiotherapist is available to assess all people shortly after their admission and develop a program to meet their individual needs. People who are at risk of falls can be assessed to implement preventable measures, including physiotherapy, and individual manual handling protocols.

Restraint

Aged care homes should promote a restraint-free environment as advocated by the Aged Care Quality Safe Commission. Restraints should only be used as a last resort in the management of resident physical safety and only in the event that all other behaviour and safety management strategies are unsuccessful. The decision to restrain a resident may only be made by the home's management in consultation with the persons representative, and under the authorisation of the medical officer. The need for and authorisation of restraints will be regularly reviewed. Bed rails are considered a form of restraint.

Police checks

All staff, volunteers and contractors (who work unsupervised) are required to have a current National Police Check prior to commencing work within any aged care home. If you would like further information in relation to this policy, please speak to your Care Manager.

Find Aged Care wish you and your family every success in your aged care home journey. If you would like more information, please visit www.findagedcare.com.au or call us on 1300 509 992.

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