17.0 Elderly Home

17.1 Introduction

17.1.1 Description

Residential Aged Care Facilities (RACFs) or 'Elderly Home' provides accommodation and support for older people who can no longer live at home. The classification of people as 'elderly' is influenced by many factors including local and organizational definitions, as well as societal and cultural perceptions. Generally though, it is accepted that 'elderly' is referring to persons in later life, which may be associated with a general decline in function over time.

The care provided by the facility is generally categorized into low-care or high-care, descriptive of their needs for services and resources within the facility. Services can be further specialized for dementia or behavioral related disorders. Low-level care provides a supported environment for residents with services including:

- Accommodation-related services
- Personal care services such as daily living activities, support in rehabilitation if needed and access to health and therapy services as required.

High-level care includes assistance in most daily activities, nursing staff available 24-hours a day, and other medical professionals readily on call. Services include:

- Personal care in daily living
- Allied health services
- Accommodation
- Furnishings and bedding
- Cleaning services and laundry
- Meals and refreshments.

Care can be provided through a RACF for respite, which is temporary or casual residential care to support older people and their carers for short periods of time, or more permanently, when an older person can no longer manage to live at home.

Services provided in RACFs are not limited to nursing care. Residents receive personal care suitable to their requirements, meals, cleaning services, furniture and equipment.

Within the context of the broader health system, RACFs are generally located as a standalone facility within a community, although it can be associated with community or rehabilitation hospitals. The catchment population and scope of services of the RACF will determine its size, design, functional requirements and relationships with hospitals. Facilities and equipment shall be as necessary to accommodate the requirements of the Scope of Services and Operational Policy.

Relevant local authority statutory requirements are to be complied with.

17.2 Planning

17.2.1 Planning Models

Location

The RACF is preferably a single-story building located on the ground floor for ease of movement between spaces, particularly due to greater mobility issues expected in residents. It would also provide resident access to outdoor therapy and recreational areas. A multi-story RACF will require particular attention to be paid to resident movement in, out and around the unit to ensure no unnecessary restrictions are placed on their freedom of movement.

External Planning

The RACF should be integrated into its environment. Planning of external spaces must consider the requirement for the provision of secure gardens and other recreational areas with weather protection. A space within the garden may be designed to allow greater security measures which can be enforced during phases of acute distress or delirium experienced by residents. Fencing should be as unobtrusive as possible and can be made more discrete with practical landscaping and gardening options. The area should be allocated at 10m² per person. Low maintenance and resilient surfaces which complement the natural environment should be used to achieve a balanced environment, whilst enabling residents with limited mobility to enjoy the surroundings.

Other provisions should be made to allow patients the opportunity to engage in daily living activities where possible. Bed rooms and living areas should promote a 'normal' domestic feel.

Internal Planning

Bed spaces that provide privacy for attending to personal and treatment matters are necessary. Bedrooms should be single or double occupancy only, and gender separated. Spaces should be grouped into clusters and defined for the level of care required by residents. Each cluster of bedrooms should include a recreational and lounge space for therapy and activities. Access to outdoor areas should be provided from the lounge space with appropriate weather protection.

Dining areas should be communal and a central space for congregation and socializing.

Additional considerations include:

- Clearly defined residential areas readily identifiable by patients who may be disorientated or confused
- An effective balance between opportunities for resident privacy and the need for staff to monitor them
- Provision of flexible-use spaces that will accommodate a variety of activities
- Inclusion of amenities to support families, carers and official visitors.

17.2.2 Operational Models

The RACF will operate on a 24-hour basis. The delivery of clinical and personal care services will be dependent on the Scope of Services and Operational Policy, including the patient mix, number of beds and the Model of Care to be adopted.

Models of Care

The Model of Care will reflect the number of beds planned for the facility and identify the ratio of high and low level cares as well as spaces specific to care for older persons with dementia, delirium and other behavioral issues.

Non-Institutional Model

Small houses or units are home to a small number of residents (usually 6–12) for the provision of care and treatment. Residents have private rooms and bathrooms that open into a central living and meals area. The family-type setting promotes improved quality of life and greater staff, family and resident satisfaction compared to institutional models.

Strong links to community support agencies and regular social activities involving family will improve socialization; promote living skills and general wellbeing.

Remedial Model

The focus of care provided in this model is on maintaining the residents' autonomy within their recognized abilities and function. Self-care and management is promoted, with care and assistance only provided where there is a distinct need for assistance. Multi-disciplinary assessment and establishment of goals with low-intensity therapy, and assistance with activities of daily living, aim to maximize a resident's independence and function.

Secure Care Model

Regular observation and security of residents with dementia and behavioral issues is crucial. Residents with dementia or other psychogeriatric issues should be regularly assessed and have treatment optimized to reduce hospitalizations and improve the quality of life. Open and tranquil spaces should be available with security features to enforce limited access in and out of these designated areas.

17.2.3 Functional Areas

The RACF will consist of a number of functional areas or zones:

- Entrance/Reception
- Assessment Areas
- Bedrooms
- Ensuites
- Toilets
- Medication Storage/Dispensing Area
- Dining Area
- Servery/Kitchen, collocated with dining facilities
- Activity and Lounge Areas
- Courtyard/Garden Areas
- Storage
- Support Areas including clinical and non-clinical disposal, laundry, IT/communications
- Secure Area for residents suffering acute distress
- Administration and Office Area
- Staff Station
- Staff Amenities.

Entrance/Reception

The Entrance provides direct access to the Facility for residents, families and visitors. It should be easily enable access and transfer from a private or patient transport vehicle with weather protection sufficient to provide shelter for a minibus.

An entry capable of accepting an ambulance trolley and support staff with ease is necessary for residents requiring emergency medical attention. There should be provision for an intercom and CCTV that is viewable between the Entrance, Emergency Entrance (if this is separate to the main entrance) and the Reception and Staff Station. Coded-entry facilities should be installed separating Entrance and Reception areas from the main Facility. This will prevent easy entry and exit from the RACF by residents requiring high-level care or careful supervision due to falls risks or particular psychological states.

Assessment Areas

The Assessment Area will consist of Interview/Consulting Rooms and Examination/Assessment Rooms for use by nursing, allied health, medical and support staff to interview patients, relatives or cares and examine patients as necessary. Duress/Emergency alarms should be fitted in these rooms for safety to consulting staff and patients.

The Assessment Areas should be accessible from the Entrance as well as from the rest of the Facility for use by existing residents for consultation and therapy.

Bedrooms

Bedrooms should be single or double occupancy, the ratio of these types will vary depending on the Scope of Services and Operational Policy. Single bedrooms promote privacy, but double bedrooms can better utilize staff, particularly if level of care required by residents are high, and provide companionship to residents. Dual occupancy bedrooms should allow for gender separation.

Bedrooms should be equipped and fitted out to enable functionality of an 'at home' space, including opportunities for residents to personalize aspects such as a pin-up board and display shelves. An external outlook is necessary from each room.

While domestic-style beds are preferred for ambience, consideration should be given to occupational safety and health issues of staff attending to low-height beds. Allocation of rooms to low- or high-level care functions will better determine the space, fit out and equipment requirements.

Ensuites/Toilets

Each Bedroom is to have access to an Ensuite. Ensuites will provide sufficient space for the maneuvering of a wheelchair and various types of walkers. Considerations must be made to enable assistance aids to be fitted permanently or according to resident needs including transfer benches, commodes, grab rails and shower stools.

High-level care Bedrooms and their Ensuites may require the Ensuites to be accessible from the corridor for emergencies or assistance. Privacy latches should be able to be opened by staff if necessary. Call buttons should be fitted in at least two positions within the Ensuite, one of which can be reached from the toilet, to enable residents to call for assistance or in case of emergencies.

Toilets must also be located throughout the Facility near communal areas and close to outdoor spaces. The same considerations must be taken into account, including space requirements and access and call options to staff in case of emergencies or assistance required. General toilets should have doors which slide for ease of use by residents and prevention of obstruction in either direction, in or out of the toilet.

Medication Storage/Dispensing Area

The Medication Storage and Dispensing Area will be used for storage of resident medication and medication trolley which may be required if the Facility serves a large number of high-level care patients with more extensive medication requirements. A bench should be located within this Area to enable dispensing of medications, preparations of other forms of medications including injections and other treatments.

The Area also should have hand-washing facilities internally or located near the entry/exit point, and adequate lighting. It should be located near the Staff Station and be secure and only accessible by qualified staff members. Space for a resuscitation trolley should also be included depending on the Scope of Services of the Facility.

Dining Area and Servery/Kitchen

Residents will generally have meals in a common Dining Area. The room should be sized to accommodate for all residents and carers. Tables should be height adjustable and movable to accommodate for residents in wheelchairs and using other mobility aids.

A secure Servery/Kitchen should be located adjacent from the meal serving area and Dining Area, and be accessible only by staff. A beverage bay accessible to residents and monitored and restocked by staff should be collocated to the meal service area. Hand washing and toilet facilities can be located near the entry/exit point of the Dining Area. Wall and floor surfaces of the Dining Area and Servery/Kitchen should be impervious and easy to clean.

Low-level care facilities or parts of the facility may have kitchen and meal preparation areas accessible by residents. The Dining Area may be used for other activities when not in use for meals.

Activity and Lounge Areas

Activity and Lounge Areas may be located adjacent to Dining Areas to provide a larger space when required. At least two separate social spaces are required, one for quiet activities and one for noisier recreational activities. Activity Rooms may be provided as multi-function spaces for flexible use. Access to the external areas from these Rooms is desirable, as well as floor to ceiling windows and doors to facilitate the transition. Activity Areas should have hard impervious, easy to clean flooring.

Lounge Areas can have carpeted flooring for comfort and to assist with noise dispersion. It should also have an external outlook. Lounge Areas should be fitted and equipped to enable a range of indoor and relaxing activities, including a television set, music player, bookshelves, storage for indoor card and board games.

Courtyard/Garden Areas

External Courtyard and Garden Areas for elderly residents must be provided, for both mental and physical health. Bench seats and tables should be constructed of solid surface materials and fixed to the ground. External Areas should provide covered space for shade and patient use in inclement weather. Secure storage for activities equipment and access to toilet facilities near the Courtyard/Garden Areas should be considered.

Residents may spend a number of the latter years of their life in the Facility; therefore a family-home type setting is the most ideal. This may incorporate areas of the outdoor space to be allocated specifically to the care and maintenance of resident's themselves. Garden beds may be elevated to a suitable height and be surrounded by comfortable and adequate seating to enable close enjoyment and increase functionality.

An enclosed and secure Courtyard is necessary for residents in a distressed state. This Courtyard should be easily supervised by staff from the Staff Station.

Storage

The following minimum elements, in the form of cabinets, shelves, and/or separate rooms or closets, shall be included as required:

- Linen storage
- Equipment for activities
- Daily living aids not in use or required.

Support Areas

Support Areas include Beverage Bays, Cleaner's Room and Storage, Dirty Utility, Disposal Room and a Linen Store/Cupboard, Equipment Storage, Offices and Stores and should be located in staff only accessible areas. If located within the resident areas, the rooms must be enclosed and lockable

Secure Care Areas

Depending on the Scope of Services, a Secure Care Area will accommodate residents in an acutely distressed mental state, suffering delirium or dementia patients prone to wandering. This Area will require good visibility and supervision from staff. Its location and design should promote a rapid staff response in patient emergencies and avoid transit of residents through other open areas. When required, this Area should provide secure separation from the remainder of the Facility.

Depending on the number of patients the Area is to accommodate, it should also have bedrooms, ensuites, toilets, dining area, lounge and activity areas, and outdoor areas to a smaller scale to the rest of the Facility, but sufficient to create a comfortable environment for residents.

Administration and Office Areas

Administration and Office Areas should be secure allowing staff only access to prevent unauthorized entry and access to resident information and other secure documents. The Facility Manager's Office should be located within, or directly adjacent to resident areas and the Staff Station. Access to workstations for support staff, visiting medical and allied health staff should be considered in an area discreet from the Staff Station.

Staff Station

The Staff Station should be located with good visibility of common areas (Activity, Lounge and Dining Areas) and the Entrance/Reception if possible. The Staff Station design will be dependent on the Model of Care adopted for the Facility and Scope of Services. The Staff Station may be a fully enclosed room with glazed security screen, or open and accessible to patients. Patient information should be secure and records may be electronic.

The functions for this space may include:
- Staff handovers and case discussions
- Information and communication technology
- Storage of stationary and paper records.

Staff Amenities

Staff Amenities will consist of a Staff Room, Lockers, Toilets and Change Rooms. They should be located in a discreet area with restricted entry and be accessible 24-hours a day.

17.2.4 Functional Relationship

External

The RACF may be located in a community setting with close links to health facilities. The Facility will require strong functional links to outsourced supply services including medications, food, linen, general consumable supplies and waste handling for deliveries and collections.

Internal

Restricted staff access will be required to several functional areas including Office and Administration, Staff Amenities, Staff Station, Support Areas and Medication Storage/Dispensing Area.

17.3 Design

17.3.1 General

The design of the RACF will also be based heavily on the Scope of Services and Operational Policy of the Facility itself. The Scope of Services and Operational Policy must consider the levels and types of care to be provided, the ratio of resident care levels to one another and provision of secure care areas for dementia and mentally distressed residents.

The design of the Facility and external spaces should be domestic in nature rather than formal or clinical. The RACF will need to provide a sufficient amount of space for recreation and treatment of residents. The design should:
- Create a therapeutic environment for residents which provide privacy, opportunities for recreation and self-expression
- Keep entry points to a minimum, with additional secure care areas if necessary
- Provide for resident locomotion both indoors and outdoors with unobtrusive environmental boundaries
- Provide staff with opportunities to discreetly monitor and observe residents
- Incorporate appropriately minimally intrusive safety provisions for residents and staff
- Provide clear directional signage around the Facility both internally and externally.

17.3.2 *Environmental Considerations*

Natural Light

Natural light is highly desirable within the Facility, as well as windows permitting outside views to create a natural ambience in the area. Wherever possible, the use of natural light is to be maximized.

All windows and observation panels should be glazed with toughened laminated glass. Polycarbonate is not recommended due to surface scratching which may reduce visibility over time. Internal windows should be double glazed in resident accessible areas; windows and frames are to be flush faced.

For glazing in secure care areas, graduate the impact resistance of the glass from toughest at a lower level to weakest at a high level. Specifically, toughened laminated glass with a minimum nominal thickness of more than 10. 0, or equivalent approved is recommended for low level glazing in patient areas. Avoid larger pane sizes in areas where damage to glass may be expected. Smaller panes are inherently stronger for a given thickness than larger panes.

Privacy

Privacy shall be considered in Bedroom, Treatment and Consultation spaces. Staff observation of residents' privacy must be well-balanced within the Facility, the following features should be considered in design:

- Location of doors and windows to ensure residents' privacy and promote staff security
- Window treatment to provide resident privacy from external and internal viewing
- Confidentiality of discussion with residents and their records.

Acoustics

Resident communal spaces will require acoustic treatment to maintain noise control. Acoustic treatment should be applied in the Lounge, Dining and Activities Areas, Bedrooms and Assessment Areas.

17.3.3 *Space Standards and Components*

Ergonomics

Ergonomics and Occupational Safety and Health (OSH) requirements must be considered in the design process and the selection of fittings and equipment in the Facility to ensure optimal operation of the RACF and the health and safety of the staff, residents and visitors.

Particular attention should be given to placement of equipment, heights and dimensions of counters and work areas must ensure privacy and security for residents, visitors and staff.

Size of the Facility

The size of the RACF will be determined by the approved Service Plan and Operational Policy taking into consideration the needs of the Facility and other external facilities. The Schedule of Accommodation has been developed for a 60-bed RACF with capabilities to provide low- and high-level care and secure for residents with dementia or delirium.

For alternative configurations, allocate space for key areas according to the following guide:

- Lounge/Dining/Activity Areas – 7. 5m² per resident
- Outdoor areas (Courtyards/Garden Areas) – 7. 5m² per resident, with a minimum area of 20m²
- Assessment Areas – 1 per 5 beds.

Accessibility

Ensure all resident accessible areas will accommodate residents and visitors in a wheelchair.

17.3.4 Safety and Security

The RACF must be secured to prevent unauthorized access through doors, windows, wall and ceilings. A security intrusion detector alarm should be fitted to monitor the Facility 24-hours a day.

Security measures for consideration will include:
- Electronic door controls and alarms to perimeter doors
- Coded-access entry
- Movement sensors
- Duress alarms at Entrance/Reception and in Assessment Areas
- Solid ceilings to prevent access.

A communication system which enables staff to signal for assistance from other staff should be included.

17.3.5 Finishes

Finishes including fabrics, floors, walls and ceilings should be non-institutional as far as possible and promote a relaxing atmosphere. Surface finishes should be impact resistant and easily cleaned. The following factors should be considered when selecting finishes:
- Purpose of rooms
- Aesthetic appearance
- Acoustic properties
- Durability
- Ease of cleaning and infection control
- Fire safety
- Movement of equipment.

Refer also to Part C of these Guidelines.

17.3.6 Fixtures and Fittings

Equipment, furniture and fittings should be selected and installed to be safe, robust and suitable for heavy usage.

Mirrors should have safety glass or other appropriate impact resistant and shatterproof construction and must not distort the reflected image. Mirrors should be fully fixed to a backing to prevent freeing of loose fragments of broken glass.

Refer also to Part C of these Guidelines.

17.3.7 Building Services Requirements

Heating, Ventilation, Air-Conditioning (HVAC)

Temperature controls are required throughout the Facility; internal room temperature shall be kept at a comfortable temperature.

Communications

Information technology/communications systems should provide for:
- Sufficient data and power outlets for computers and laptops
- Electronic records and computerized ordering systems.

Call System

A call system must be provided for emergencies and communication of information from staff to all residents and visitors.

Fixed duress/emergency call buttons should be located strategically around the Facility for convenient access by staff. A patient call system is recommended to be installed to Bedrooms and Bathrooms, and Ensuites. The Operational Policy will determine the need for a resident/staff call system and the type required.

17.3.8 Infection Control

It is recommended that hand-washing facilities are provided as follows:
- Staff Amenities
- Servery/Kitchen Areas
- Dining Areas
- Lounge/Activity Rooms
- Support Areas
- Intermittently along corridors of resident Bedrooms in addition to those in General Toilets
- and Ensuite Bathrooms.

All hand basins in the Facility should permit clinical handwashing with hands-free activation; taps may be wall -mounted, lever operated or sensor operated. Hand basins in non-clinical areas should permit routine hand-washing and taps may be basin -mounted and lever operated. Hand basins should include dispensers for soap, antiseptic soap and paper towels.

The quantity and ratio of hand basins to work areas will be determined by the size of the individual areas, the operating policies and standard guidelines relating to the Facility's services.

Refer also to Part D of these Guidelines.

17.4 Components of the Unit

The Facility will contain Standard Components to comply with details described in these Guidelines. Refer to Standard Components Room Data Sheets and Room Layout Sheets.

17.5 Schedule of Accommodation

Residential Aged care Unit with 32 Beds (Low Care and High Care modules).

This SOA is applicable to Levels 4 to 6.

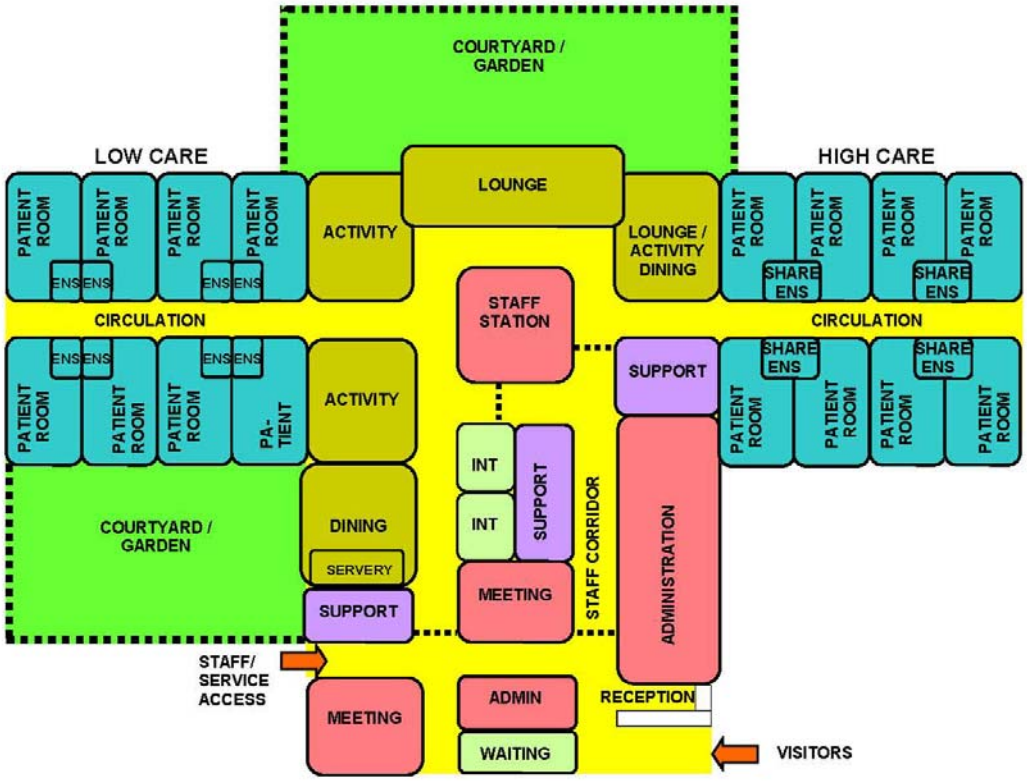
ROOM/SPACE	Standard Component							Levels 4/6 Qty x m²			Remarks
Entrance/Reception Areas											
Entry Lobby/Airlock	AIRLE-10-SJ							1	x	10	
Reception	REC-9-SJ							1	x	12	
Office – 2-Person Shared	OFF-2P-SJ							1	x	12	
Store – Photocopy/Stationery	STPS-8-SJ							1	x	8	
Store – Files	STFS-10-SJ							1	x	8	
Waiting	WAIT-10-SJ							1	x	15	
Toilet – Public	WCPU-3-SJ							2	x	3	
Toilet – Accessible	WCAC-SJ							1	x	5	
Consult/Interview Room	CONS-MH-SJ							3	x	14	Allow for gender separation
Meeting Room	MEET-L-30-SJ							2	x	30	Also used for Group/Family Therapy
Inpatient Bed Areas – Low Care 16 Beds											
1Bed Room – Low Care	1 BR-LC-SJ							6	x	18	
2 Bed Room – Low Care	2 BR-LC-SJ							5	x	28	
Ensuite – Standard	ENS-ST-SJ							11	x	5	
Bay – Handwashing	BHWS-B-SJ							4	x	1	One to Unit Entry, One per four beds
Bay – Linen	BLIN-SJ							1	x	2	
Inpatient Bed Areas – High Care 16 Beds											
1Bed Room – High Care	1 BR-HC-SJ							6	x	18	
2 Bed Room – High Care	2 BR-HC-SJ							5	x	28	
Lounge/Dining/Activity	LDA-MH-20-SJ (Similar)							1	x	120	
Ensuite – Shared	ENS-MH-SJ							7	x	5	
Bay – Handwashing	BHWS-B-SJ							4	x	1	One to Unit Entry, One per four beds
Bay – Linen	BLIN-SJ							1	x	2	
Shared Areas											
Dining Room	DINMH-30-SJ (SIMILAR)							1	x	50	Based on 7.5m² per person in total for dining/activities
Pantry/Servery	PTRY- SJ							1	x	15	With servery counter
Lounge/Activity Area	LDA-MH-20-SJ (SIMILAR)							1	x	50	Based on 7.5m² per person in total for dining/activities
Multi-function Activity Area	MAC-20-SJ							1	x	20	Based on 7.5m² per person in total for dining/activities
Occupational Therapy Room								1	x	20	Optional
Courtyard/Garden	CTSE-SJ (SIMILAR)							1	x	320	Based on 10m² per person
Laundry – Patient	LAUN-MH-SJ							1	x	6	
Store – Patient Property	STPP-SJ							1	x	8	
Bathroom	BATH-SJ							1	x	16	Optional
Toilet – Staff	WCST-SJ							1	x	3	Optional if location of main amenities are too remote.
Clinical Support Areas											
Staff Station	SSTN-14-SJ							2	x	14	To oversee all sub-units. May sub-divide if necessary
Office – Clinical Handover	OFF-CLN-SJ							2	x	15	
Medication/Treatment Room	MED-MH-SJ							2	x	12	One per module
Bay – Resuscitation Trolley	BRES-SJ							1	x	1. 5	Location in Staff Station or

ROOM/SPACE	Standard Component							Levels 4/6 Qty x m²			Remarks
											medication/treatment area
Dirty Utility	DTUR-10-SJ							2	x	10	One per module
Cleaners Room	CLRM-S-SJ							1	x	5	
Disposal Room	DISP-S-SJ							1	x	8	
Store – Equipment	STEQ-16-SJ							1	x	16	
Store – General	STGN-9-SJ							1x		9	
Staff Areas											
Office – Single (Director)	OFF-S12-SJ							1	x	12	
Office – Single (Nurse Manager)	OFF-S9-SJ							1	x	9	
Office – Shared – Medical Staff	OFF-WS-SJ							1	x	5. 5	Qty determined by Staff numbers
Office – Shared – Nursing Staff	OFF-WS-SJ							2	x	5. 5	Qty determined by Staff numbers
Office – Shared – Allied Health	OFF-WS-SJ							2	x	5. 5	Qty determined by Staff numbers
Store – Photocopy/Stationery	STPS8-SJ							1	x	8	
Meeting Room	MEET-L-30-SJ							1	x	30	
Staff Room	SRM-20-SJ							1	x	20	
Property Bay – Staff	PROP-3-SJ							2	x	3	
Toilet – Staff	WCST-SJ							2	x	3	
Net Department Total										1664	
Circulation %										35	
Grand Total										2246. 4	

Notes:

- *Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU*
- *Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation*
- *Exact requirements for room quantities and sizes will reflect Key Planning Units identified in the Service Plan and the Operational Policies of the Unit*
- *Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit*
- *Office areas are to be provided according to the Unit role delineation and staffing establishment; Executives and Managers may be responsible for more than one area but should have only one office assigned within the campus*
- *Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to reduce duplication of facilities.*

17.6 Functional Relationship Diagram



17.7 Further Reading

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