

This leaflet is part of a series written by nurses, doctors and experts with experience in aged care. The series aims to make your journey into residential aged care easier. Look for other leaflets on questions to ask about specific care needs. These can be downloaded at: www.10questions.org.au

You may find these leaflets useful when:

- Searching for a high quality residential aged care facility
- Reviewing the quality of your current residential aged care facility
- Deciding between two residential aged care facilities that appear similar.

By law, residential aged care facilities are not required to have registered nurses so it's important to ask the right questions if you need nursing care.

Many staff wear similar uniforms. Just because someone looks like a nurse does not mean they are. Here are the differences:

A **Registered Nurse (RN)** has undertaken a minimum three-year Bachelor of Nursing course. They can undertake nursing procedures, manage pain medication and help prevent unnecessary hospital admissions.

An **Enrolled Nurse (EN)** works under the direction of an RN. Both are registered by a regulatory body. Registration ensures professional standards are maintained and protects the public.

Assistants in Nursing (AIN)/Care Workers/ Care Service Employees (CSE) are unregistered. They provide most of the care in residential facilities and community but their level of training is variable.



IT'S YOUR RIGHT TO ASK

If you require advocacy or specialist advice about any matter not covered in this leaflet:

My Aged Care
 ☎ 1800 200 422 • myagedcare.gov.au

Translating and Interpreting Service (TIS)
 ☎ 131 450

Seniors Rights Service
 ☎ 1800 424 079 • seniorsrightsservice.org.au

This leaflet has been developed and endorsed by:



For a full list of supporting organisations please visit www.10questions.org.au

If you have concerns about a residential aged care facility contact:




10 Questions to Ask

ABOUT DEMENTIA CARE IN RESIDENTIAL AGED CARE



www.10questions.org.au

Some aged care facilities offer “Dementia Specific” care, but the services offered can vary. Most cater for people with dementia so use these questions to choose a place that’s right for you. Preparing a life story book in advance may help staff personalise your care.

1 How will you ensure freedom of movement around the place?
Freedom of movement must never be restricted because there are not enough staff to allow people to move around and make safe choices about how and where they spend their time. The areas shown on your first visit are not always where people will be looked after, so it’s important to check where people spend most of their time during the day.

2 How are people supported to take part in activities they enjoy?
Indoor, outdoor, individual and group activities that people with varying ability can enjoy safely, should be organised. These should include a mix of physical activity, mental and sensory stimulation and be suited to people’s areas of interest. Check if extra staff are employed to help people participate and how often.

3 How do staff know about people’s individual needs?
Everyone, including family members should be involved in planning care. Peoples’ individual routines, preferences and personal care needs should be written down and a care plan agreed and communicated to everyone involved. A few written prompts for staff to help them get to know people can help, so check they are used.

4 What have you done to make the place dementia friendly?
A familiar, calm environment with clear signs and memory prompts can help

people feel safe and aware of their surroundings. Check if the place feels homely and if you can put furniture and belongings from home in bedrooms. Clear signage with both words and images can help people find their way around. Loud noise, crowded spaces, poor lighting, confusing patterns on carpets and walls can be stressful so walk around and check the facilities.

5 What is the staffing ratio for each shift?
Observe if there are enough staff around to supervise people and help them eat, socialise and move around. Dusk may be confusing when it’s not clear if it’s day or night time so more help may be useful at certain times. Ask if staff to resident ratios are reduced at any times of the day, overnight or on the weekend. Check that no areas are left unsupervised for long periods.

6 Are staff trained in dementia care?
Staff turnover can be high so make sure dementia specific training is offered when staff are first employed and they receive regular updates. Staff should know how to get help to manage peoples’ needs, so ask what links there are to local mental health/aged care specialists and behaviour response team.

7 How do you help people to manage their continence?
Continence problems can happen if people can’t find the bathroom, undress or use a toilet correctly. Check if there are plenty of toilets near living areas with clear

signage and equipped with grab rails. Look if there are enough staff around to help people to go to the toilet. The home is legally required to provide continence equipment to suit peoples’ needs and must not restrict supplies.

8 What medical support is available?
Continuity of care is good particularly for people unable to verbally express their symptoms. A person’s usual GP often knows their medical history, so check if they visit the place. If not, ask them to forward medical records to the new GP. Ask if doctors with medical expertise in dementia care visit the place. Also check if you have to pay extra for transport and staff to accompany visits to a dementia specialist.

9 How are people supported to make decisions for as long as possible?
A diagnosis of dementia does not reduce a person’s right to make decisions about their care and lifestyle, and staff must provide the necessary support to enable people to do this. Sometimes a substitute decision maker* is needed as a last resort. Even then, the wishes and welfare of the person must be considered. So ask how staff will ensure these rights are upheld.

10 How often do you review people’s medication?
Medications have side effects and so it’s best to limit the amount taken and regularly review those that are needed. Medication must never be used because there are not enough staff to meet people’s needs. Check how often a GP visits to review medication.

*Can be appointed by a person when they have capacity. Seniors Rights Service can offer free advice if you are unsure about what to do. See back of leaflet for contact details.