Screening Tool for Entry to Licensed Residential Centres

Person Completing this Tool:

Position:

Agency Name: Referral and Assessment Centre, Home Care Service of NSW

Contact:

Phone no:

email:

Date of Assessment

Date Assessment Completed (if different)

People Present at Screening:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Second Name</th>
<th>Organisation &amp;/or Relationship to person being screened</th>
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</table>

Referral Source: Who Referred this person for LRC Screening?

Agency Name:

Relationship or Position

Phone no:

email:
Person being Screened
Family Name/Surname:

First Given Name:

Also Known As:

Current Address

Suburb/Town

Post Code

Telephone number where person usually resides

Telephone number where person can be contacted:

Date of Birth

Gender

Country of Birth

Preferred Language Spoken at Home:

Aboriginal Yes No

Torres Strait Islander Yes No

Emergency Contact / Next of Kin

Relationship

Phone no:

email:

Current Address

Suburb/Town

Post Code
Section 1 - Threshold Questions

1. Does the person consent to be screened for entry into a Licensed Residential Centre?
   
   Yes ☐   No ☐

2. Does person consent to the assessor accessing documents such as medical records and progress notes, and seeking further information from relevant parties such as doctors, nurses and social workers?
   
   Yes ☐   No ☐

3. Does person consent to a copy of their Screening Tool assessment being held by ADHC?
   This will be stored in a secure place and available only to officers involved in working with Licensed Residential Centres
   
   Yes ☐   No ☐

   If "No" to questions 1, 2 or 3 Person is not eligible for entry to Licensed Residential Centre - go to Section 6b

4. Is the person prepared to consider living in a Licensed Residential Centre?
   
   Yes ☐   No ☐

   If "No" Person is not eligible for entry to Licensed Residential Centre - go to Section 6b

5. Is the person able to carry out all tasks of personal hygiene? (e.g. washing, dressing). If assistance is needed short term, for example if someone has a broken arm and requires assistance 3 days a week for 1 month only, Home Care may be able to provide support.
   
   Yes ☐   No ☐

   If "No" Person is not eligible for entry to Licensed Residential Centre - go to Section 6b

6. Does the person need 24 hour support?
   
   Yes ☐   No ☐

   If "Yes" Person is not eligible for entry to Licensed Residential Centre - go to Section 6b

7. What is the risk of the person harming themselves?
   
   ☐ High Risk
   ☐ Medium risk
   ☐ Low Risk
   ☐ No Foreseeable Risk

   If Low Risk, is there a management plan in place (please describe)? (100 words as a guide)

   If High or Medium Risk then this person is not eligible for entry to a LRC. Go to Section 6b
What is the risk of the person harming others?

☐ High Risk
☐ Medium risk
☐ Low Risk
☐ No Foreseeable Risk

If Low Risk, is there a management plan in place (please describe)? (100 words as a guide)

If High or Medium Risk then this person is not eligible for entry to a LRC. Go to Section 8b

If the Questions have been answered as follows:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
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<tbody>
<tr>
<td>1 - 3</td>
<td>Yes</td>
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<td>4 - 5</td>
<td>Yes</td>
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<td>6</td>
<td>No</td>
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<td>7</td>
<td>Low Risk or No Foreseeable Risk</td>
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<tr>
<td>8</td>
<td>Low Risk or No Foreseeable Risk</td>
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</tbody>
</table>

then proceed to Section 2
Section 2 - Background Information

Current living arrangements of the person for the last 12 months (if known)

☐ Psychiatric Hospital (name)
  Length of Time in hospital:

☐ Other Hospital (name)
  Length of Time in hospital:

☐ Private Residence – client owns/ purchasing
  Length of Time in residence:

☐ Private Residence – family member or related person owns/ is purchasing
  Length of Time in residence:

☐ Private Residence – Private Rental
  Length of Time in residence:

☐ Private Residence – public rental or community housing
  Length of Time in residence:

☐ Private Residence – Aboriginal and Torres Strait Islander Community or Settlement
  Length of Time in residence:

☐ Independent Living within a retirement village
  Length of Time in residence:

☐ Licensed Residential Centre, (name)
  Length of Time in residence:

☐ Unlicensed Boarding House / Rooming House/Private Hotel
  Name/Address
  Length of Time in residence:

☐ Short term / emergency or transitional accommodation
  Length of Time in residence:

☐ Supported Community Accommodation
  Name/Address
  Length of Time in residence:

☐ Public Place / Shelter
  Length of Time in residence:

☐ Other, please indicate
Why Is the Person not returning to their last place of residence or their usual place of residence?

Section 2 - Background Information Continued

Income

Main Income Source

☐ Disability Support Pension
☐ Paid Employment
☐ Compensation Payment
☐ Not Known
☐ Other Pension / Benefit (specify)
## Section 3 - Support Services

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Known</th>
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<tbody>
<tr>
<td>Does the person have a case manager?</td>
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<td><strong>If Yes:</strong></td>
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<td>Does the person have a legal guardian?</td>
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<td><strong>If Yes:</strong></td>
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<td>Is the person able to manage his or her own money, bank account and bills?</td>
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<td><strong>If NO does the person receive assistance from a significant other (eg next of kin with Power of Attorney), or does he/she have a Financial Manager?</strong></td>
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*It is a requirement under the Youth and Community Services Regulation 2010 that in the event that a resident is unable to operate his or her bank account or manage his or her financial affairs, the resident must be given support in arranging for such assistance as is required to operate the account or manage the affairs (including support in making an application to the Guardianship Tribunal for a financial management order where necessary). A resident must not be assisted by the licensee, licensed manager or other member of staff of the licensed premises in operating his or her bank account or managing his or her financial affairs.*

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Known</th>
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<td><strong>If Yes:</strong></td>
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## Section 3 - Support Services Continued

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<th>Question</th>
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<tr>
<td>Does person have a general practitioner?</td>
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<td><strong>If Yes:</strong></td>
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<td>Has the person had a comprehensive health assessment in the last 2 years?</td>
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<td><strong>Yes</strong></td>
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<td><strong>No</strong></td>
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<td><strong>Not Known</strong></td>
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Record any care and support services provided to the person in the last 6 months (if known)

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<tr>
<th>Agency</th>
<th>Service Type</th>
<th>Contact Details</th>
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Section 4 - Health Profile

Health Conditions

☐ Psychiatric Disability
If known, please describe
Diagnosis by (if known)
Date if known

☐ Intellectual Disability
If known, please describe
Diagnosis by (if known)
Date if known

☐ Sensory Disability
If known, please describe
Diagnosis by (if known)
Date if known

☐ Physical Disability
If known, please describe
Diagnosis by (if known)
Date if known

☐ Acquired Brain Injury
If known, please describe
Diagnosis by (if known)
Date if known

☐ Alcohol Related Brain Damage
If known, please describe
Diagnosis by (if known)
Date if known

☐ Organic Brain Disease
If known, please describe
Diagnosis by (if known)
Date if known

☐ Dementia
If known, please describe
Diagnosis by (if known)
Date if known

☐ Other Diagnosed Disease or Disability
If known, please describe
Diagnosis by (if known)
Date if known
Section 4 - Health Profile Continued

Medication

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<tr>
<th>Is the person taking medication?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Is the person willing to take medication when prescribed by a doctor?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Does the person have a Community Treatment Order in place?</td>
<td>Yes</td>
<td>No</td>
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If YES, Agency administering medication
Name
Address
Phone no:
email:

Review Date for Community Treatment Order

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<tr>
<th>Can the person self medicate?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Prescribing Doctor</th>
<th>Ph no:</th>
<th>Date Prescribed</th>
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Does the person smoke? | Yes | No | Not Known
Section 5a - Threshold Questions checked

1. Does the person consent to be screened for entry into a Licensed Residential Centre?
   Yes  No

2. Does person consent to the assessor accessing documents such as medical records and progress notes, and seeking further information from relevant parties such as doctors, nurses and social workers?
   Yes  No

3. Does person consent to a copy of their Screening Tool assessment being held by ADHC? This will be stored in a secure place and available only to officers involved in working with Licensed Residential Centres.
   Yes  No

If "No" to questions 1, 2 or 3 Person is not eligible for entry to Licensed Residential Centre - go to Section 6b

4. Is the person prepared to consider living in a Licensed Residential Centre?
   Yes  No

If "No" Person is not eligible for entry to Licensed Residential Centre - go to Section 6b

5. Is the person able to carry out all tasks of personal hygiene? (e.g. washing, dressing). If assistance is needed short term, for example if someone has a broken arm and requires assistance 3 days a week for 1 month only, Home Care may be able to provide support.
   Yes  No

If "No" Person is not eligible for entry to Licensed Residential Centre - go to Section 6b

6. Does the person need 24 hour support?
   Yes  No

If "Yes" Person is not eligible for entry to Licensed Residential Centre - go to Section 6b

7. What is the risk of the person harming themselves?
   □ High Risk  Not Eligible for Entry to an LRC
   □ Medium Risk  Not Eligible for Entry to an LRC
   □ Low Risk
   □ No Foreseeable Risk

8. What is the risk of the person harming others?
   □ High Risk  Not Eligible For Entry to an LRC
   □ Medium Risk  Not Eligible For Entry to an LRC
   □ Low Risk
   □ No Foreseeable Risk

If the Questions have been answered as follows:
Questions 1 • 3  Yes
Question 4 • 5  Yes
Question 6  No
Questions 7 & 8  No Foreseeable Risk or Low Risk

then the person may be eligible for entry to an LRC - proceed to Questions at 5b
Section 5b - Activities of Daily Living

1 Is the person able to mobilise independently about the home and community environment without constant physical support by a carer? (May use an aid such as a walking stick and may require episodic assistance or prompting.)

Yes  No

2 Is the person able to cut up a meal and feed himself/herself? Must have little or no risk of choking (may require prompting to attend meals)

Questions 2 (a) to 2 (j) below are prompt questions to help you determine if a person may be at risk of choking.

Yes  No

If the answer is "No" to Questions 1 and 2 the Person is not eligible for entry to Licensed Residential Centre - go to Section 6b

2 (a) Does the person cough, gag and choke or breathe noisily during or after eating food, drinking or taking medication? For example:
1. The person sometimes coughs or chokes during or several minutes after eating, drinking or taking medication:
2. The person sometimes coughs or chokes during or several minutes after eating, drinking or taking medication:
3. Their breathing becomes noisy after eating or drinking or while talking:
4. The person gags when eating, drinking or taking medication.

Yes  No

2 (b) Does the person have mouth or teeth problems that affect their eating? For example:
1. The person's teeth are loose, broken or missing and affects their ability to chew.
2. The person's lips, tongue, throat or gums are red and inflamed or unerupted.
3. The person has malocclusion (upper and lower teeth do not meet) and this affects their ability to chew.

Yes  No

2 (c) Does the person follow, or are they supposed to follow a 'special diet'? For example:
- Pureed, minced or chopped foods only.
- Soft foods only. Suitable 'soft foods' are foods that are well cooked and very little chewing is required. Foods should not require very much cutting if any. Foods should be diced or sliced and should be able to be mashed easily with a fork.
- Unsuitable 'soft foods' include those that are hard, stringy, tough or dry. Examples of unsuitable foods are crunchy salads, hard biscuits, grilled meat, nuts, fresh apples, grainy bread and cereals with dried fruit or nuts.

Yes  No

2 (d) Does the person vomit or regurgitate their food on a regular basis? For example:
- The person vomits or regurgitates (i.e. brings up) food, drink or medication more than once per day or on a regular basis.
- The person clears their throat often or burps often.

Yes  No
2 (e) Does the person overfill their mouth or try to eat very quickly? For example:
- The person tries to cram or 'stuff' their mouth before attempting to chew or swallow.
- The person tries to swallow too much food before they have chewed it properly.
- The person usually finishes all of their main meal in less than five minutes.

2 (f) Does the person appear to eat without chewing? For example:
- The person sucks their food instead of chewing it.
- The food remains in the person's mouth for a long period of time before being swallowed.
- The person swallows their food whole without chewing.

2 (g) Does the person show distress during or after eating or drinking? For example:
- The person appears distressed while they eat or drink.
- The person appears distressed immediately after or shortly after eating or drinking.
- Sometime while distressed the person refuses food or spits out food.

2 (h) Does the person select inappropriate foods or behave inappropriately with food? For example:
- The person eats non-food items such as dirt, grass or faeces.
- The person steals or hides food.

2 (i) Does food or drink fall out of the person's mouth during eating or drinking? For example:
- The person is unable to close their mouth and this causes food, drink or medication to fall out of their mouth.
- The person cannot keep their head upright and food, drink or medication falls out of their mouth.
- The person's mouth continuously needs to be wiped or they need to wear a cloth to protect their clothes during mealtime.

2 (j) Are there any other swallowing issues that may put the person at risk? For example does he or she have difficulty clearing phlegm or have frequent chest infections or pneumonia?
Please make any further comments in space provided below:

If "Yes" to any of the above prompt questions 2 (a) to 2 (j) the person is not eligible for entry to Licensed Residential Centre - go to Section 6b

3 Can the person use the toilet independently and manage his/her own continence aids if used? (May have an accident no more than once a month).

4 Can the person recognise the need for health care services? (eg medical intervention and visit to the GP).

5 Is the person able to communicate his own needs or desires without the use of aids?
6  Can the person maintain acceptable behaviour in the community?   Yes  No
   (That is, behaviour is usually appropriate but may be at risk in social
   locations or events, or if the person's mental health is unstable).

   If the answer is "No" to Questions 3 to 6 the Person is not eligible for entry
   to Licensed Residential Centre - go to Section 6b

7  Can the person manage his or her own bank account and budget?   Yes  No
   (May need occasional prompts to pay bills).

7.1  If the person is unable to manage his or her own bank account do
     they have support in arranging for assistance as is required to operate
     their bank account and manage their financial affairs? (Including
     support in making an application to the Guardianship Tribunal for a
     financial management order where necessary before entering an LRC).

   If the answer is "No" to Questions 7 and 7.1 the Person is not eligible for
   entry to Licensed Residential Centre - go to Section 6b

   If the answer is "No" to Question 7 and "Yes" to Question 7.1 the person is
   eligible to enter an LRC.

The person is eligible for entry to a LRC if the answers to Threshold Questions were appropriate.

The person is eligible for entry to a LRC if the answers to Activities of Daily Living Questions 1-2 were YES and
   the answers to the prompt questions 2 (a) to 2 (j) were NO; and
   if the answers to Activities of Daily Living Questions 3 to 7 were YES. (In the case of question 7, if the answer to
   Question 7 was NO, the answer to Question 7.1 must be YES in order to be eligible for an LRC).

The person is Not Eligible if any of the answers to Activities of Daily Living Questions 1 to 2 were NO, or if the
   Prompt questions (regarding choking risks) 2 (a) to 2 (j) were YES.

The person is Not Eligible if any of the answers from 3 to 7 are NO; or in the case of question 7 if the answer to
   questions 7 is NO and the answer of question 7.1 is also NO they are Not Eligible for an LRC.

Section 6 - Decision and Action

   6A  Eligible for Entry to LRC

If Eligible, provide the person with letter confirming approval, their copy of the Screening Tool,
   and list of LRCs.

   6B  Not Eligible for Entry to LRC

If Not Eligible, provide the person with letter advising non-approval, their copy of the Screening
   Tool, and information about further services that may be available.