

C.H. GROUP PTY LTD**UNITING CARE
AGED CARE BUILDING CERTIFICATION AND
BCA 9C WORKSHOP – MARCH 2003**

Presented by Peter Chenoweth

TABLE OF CONTENTS

1.0 INTRODUCTION	3
2.0 BACKGROUND TO CERTIFICATION PROCESS AND REVISED INSTRUMENT	4
2.1 Certification History	4
2.2 Revised Certification Instrument and Process	5
2.2.1 Overview.....	5
2.2.2 Future Directions	5
2.2.3 Room and Ablution Ratios.....	5
2.2.4 New or Existing Facility.....	7
2.2.5 Storeys and Levels	8
2.2.6 Links with Accreditation.....	8
3.0 SITE ASSESSMENT.....	10
3.1 Overview	10
3.2 Timelines	10
3.3 Exit Interview	10
4.0 REVISED CERTIFICATION ASSESSMENT INSTRUMENT AND GUIDELINES.....	12
4.1 Overview	12
4.1 Summary of Amendments to the Certification Instrument.....	12
4.3 BCA Classification	13
4.3.1 Definition of a Health Care Building:.....	14
4.3.2 Definition of an Aged Care Building.....	14
4.4 BCA 9c Ageing in Place Classification Development.....	15
4.5 Modifications/Dispensations	17
4.6 Revised Certification Instrument.....	17
4.6.1 Section 1 – Safety.....	17
4.6.2. Section 2 – Hazards.....	18
4.6.3. Section 3 – Privacy.....	18
4.6.4 Section 4 – Access, Mobility, Occupational Health and Safety.....	18
4.6.5 Section 5 – Heating and Cooling.....	18
4.6.7 Section 6 – Lighting / Ventilation	18
4.6.7 Section 7 – Security	19
5.0 WEIGHTED SCORING MATRIX	20
6.0 REFERENCES	21

**APPENDIX A - "CERTIFICATION PROCEDURES FOR RESIDENTIAL AGED CARE SERVICES" –
BACKGROUND PAPER APRIL 1999**

APPENDIX B – APPLICATION FOR CERTIFICATION

APPENDIX C - CERTIFICATION INSPECTION EVALUATION FORM

APPENDIX D – CERTIFICATION ASSESSMENT INSTRUMENT

APPENDIX E – CERTIFICATION ASSESSMENT GUIDELINES

APPENDIX F – CERTIFICATION SCORING MATRIX

1.0 INTRODUCTION

Uniting Care (NSW) has sort the assistance of Peter Chenoweth from the C.H. Group Pty Ltd to run an information workshop on the Commonwealth Department of Health and Ageing (DHA) Certification Assessment Instrument and Guidelines (CAI) and provide an update on the Building Code of Australia 1996 (BCA) new 9c 'Ageing in Place' Classification.

The purpose of the Information Seminar is to provide further clarification on the certification process and application of the revised Certification Instrument and Guidelines, and the BCA 9c classification on existing and future Aged Care facilities.

It is believed with the information provided at the workshop, Aged Care Facility Owners and Service Providers will be in a better position to identify issues relating Certification at their facility. Owners and Providers will also be better informed on the key Certification issues when choosing a professional organization for proposed new developments or upgrading of their existing facility.

Given the time available, the workshop will provide an overview to all sections of the CAI with particular attention provided to Section 1 – Safety.

2.0 BACKGROUND TO CERTIFICATION PROCESS AND REVISED INSTRUMENT

2.1 Certification History

In July 1987, the Commonwealth Government made continued funding of nursing homes conditional on compliance with a series of outcome standards. The residents' perspective was focused on the performance of issues related to quality of life and quality of care.

In 1992, the Gregory Report commissioned by the Commonwealth Government identified the poor physical quality and age of residential care buildings, especially nursing homes. There had been a long history of non-purpose buildings being adapted inappropriately for residential care use. Gregory noted at length, followed by a widespread public debate, that the Standard Aggregated Module (SAM) of funding subsidy to residential care providers did not enable proprietors to upgrade the old building stock beyond routine maintenance.

In 1995/96, the Tiered SAM budget initiative was activated, which picked up these built quality issues and was aimed at improving nursing homes, with particular focus on older, non-purpose built facilities. However, the Tiered SAM initiative was superseded by the Residential Aged Care Structural Reform Package, as announced in the 1996/97 budget.

By 1996, the Commonwealth Government accepted the Certification Assessment Instrument and Guidelines as the tool for assessing the built fabric of over 3000 aged care facilities across Australia. The Certification Assessment Instrument was developed over a considerable time frame in consultation with and direction of the Certification Steering Committee that was made up of the following industry associations and government bodies:

- Liquor, Hospitality and Miscellaneous Workers Union
- Australian Pensioners and Superannuants Federation
- Australian Nursing Homes and Extended Care Association
- National Association of Nursing Homes and Private Hospitals
- Council on the Ageing
- Aged Care Australia (now ACSA)
- Alzheimers Association of Australia
- Commonwealth Department of Health and Ageing

In 1997, the Commonwealth Government awarded a tender to conduct an audit of over 3000 aged care facilities around Australia using the Certification Assessment Instrument. The results of the audit indicated that approximately 7% of all the facilities assessed failed to achieve the minimum pass mark of 57 points.

2.2 Revised Certification Instrument and Process

2.2.1 Overview

In 1998, the Department of Health and Aged Care (now the Department of Health and Ageing) released a discussion paper *Certification the Way Forward*, which provided results of the audit and highlighted key areas of concern where facilities did poorly or achieved high marks.

Comments were received from professionals, consumers and aged care industry associations providing input into the future directions of how the certification document and process could be further refined.

One of the key areas that scored poorly in the overall results of the audit was fire safety. Facilities in most States scored highly overall but did poorly in fire safety with an average score well below the minimum Building Code of Australia (BCA) fire safety standard.

Victoria scored the worst overall and attained the second worst average in Australia of 15.6 points out of a possible 25 points for Section 1 – Safety and NSW having achieved an average of 18.7 for Section 1- Safety.. Full BCA compliance would result in the facility scoring approximately 21.5 points without a fire sprinkler system being installed.

2.2.2 Future Directions

In 1999 (April), the Department of Health and Aged Care released a background paper *Certification Procedures for Residential Aged Care Services* ⁽¹⁾ (see appendix A) that sets out the following future plans for certification until 2008:

- The introduction of a revised Certification Instrument and Guidelines
- Minimum of 19 points required for Section 1 – Safety
- Minimum of 60 points required overall
- Maximum and average bed, ablution and toilet ratios for new facilities, which came into effect by July 1999
- Maximum and average bed, ablution and toilet ratios for existing facilities to be complied by 2008

The revised Certification Instrument applies immediately to all new facilities.

2.2.3 Room and Ablution Ratios

The new privacy and space requirements for **existing buildings** detailed in the *Certification Procedures for Residential Aged Care Services* will have to be met by service providers from the Year 2008. These new standards, which deal with issues related to resident numbers in rooms, resident/toilet ratios and resident/ablution (showers and baths) ratios, are summarised below.

2.2.3.1 Existing Building Requirements in 2008*Residents per room*

- Full points will be gained for an average of up to two residents per room across the whole facility
- Some points will be gained for an average of between two and three residents per room
- No points will be gained for an average of more than three residents per room
- More than four residents in any room will result in failure of certification

Ratio of residents to toilets and ablution facilities

- Full points will be gained for an average of up to three residents per toilet, including those servicing common areas, and for an average of up to four residents per shower or bath
- Some points will be gained for an average of between three and five residents per toilet and between four and six residents per shower or bath
- No points will be gained for an average of between five and six residents per toilet and between six and seven residents per shower or bath
- An average of more than six residents per toilet, including those in common areas, or an average of more than seven residents per shower or bath will result in failure of certification

Staff toilets and showers or any urinals will not be counted when these averages are determined.

2.2.3.2 New Building Requirements as of 1999

The Department of Health and Ageing (DHA) new privacy and space requirements for new buildings have to be met by service providers from July 1999. These new standards are given below.

Residents per room

- An average of up to 1.5 residents per room across the whole facility
- No individual rooms may accommodate more than 2 residents per room
- Rooms for up to four residents will be allowed in special circumstances based on cultural issues

Ratio of residents to toilets and ablution facilities

- Mandatory standard of no more than up to three residents per toilet, including those servicing common areas, and no more than four residents per shower or bath

Non-compliance on the above requirements with a new facility will result in failing certification.

Staff toilets and showers or any urinals will not be counted when these averages are determined.

2.2.4 New or Existing Facility

A revised definition for new and existing facility was recently published by the DHA in February 2002 and is detailed below as an extract from this letter.

For the purposes of the privacy and space requirements of the certification program, ‘**new**’ buildings may be defined as:

A building(s) constructed for the purposes of providing Commonwealth funded residential aged care services, including where the new building(s) is constructed to replace an existing service (and not including extensions to existing buildings); or

A building(s) that is acquired for the purposes of providing Commonwealth funded residential aged care services that has not previously been used for that purpose, including where the acquired building(s) is to replace an existing service; or

A building(s) that is acquired for the purposes of providing Commonwealth funded residential aged care services that has previously been used for that purpose, including where the acquired building(s) is to replace an existing service but;

- has not previously been certified (*); or
- its Certification lapsed or was revoked; or
- ceased to be used to provide Commonwealth funded residential aged care.

* (Services that have met the physical requirements for Certification but which were not certified because of the receipt of Additional Recurrent Funding (ARF) will not be included in this category and will be regarded as existing buildings).

‘**New**’ buildings will be inspected for certification after receipt of the Certificate of Occupancy and will be expected to meet the ‘**new**’ building requirements for privacy and space at the time of inspection.

All other building(s) used to provide Commonwealth funded residential aged care will be ‘**existing**’ buildings and will be required to meet the privacy and space requirements for existing buildings no later than 31 December 2008.

Under the proposed revisions, ‘existing’ homes undertaking upgrade works will still be required to meet the requirements of relevant building authorities including State/Territory legislation and where required provisions of the BCA.

The Commonwealth in defining ‘**new**’ and ‘**existing**’ buildings will not prescribe the design of services. However, approved providers should be aware that access by residents to facilities is a factor considered in the accreditation process and the provision of prescribed care and services as specified in the *Aged Care Principles*.

The DHA will advise the Assessor as to whether the facility will be assessed as a new or an existing facility based on the information provided with the Application for Certification.

2.2.5 Storeys and Levels

The ratios mentioned earlier in relation to the bed and ablutions are considered as applicable to each storey and level within a building.

The toilet and shower ratio for new and existing facilities will be applied to each level and Wing.

A "level" is described as a storey or a change in level of 1 metre and a "Wing" has not been defined by the Commonwealth Department of Health and Ageing.

2.2.6 Links with Accreditation

The *Certification Procedures for Residential Aged Care Services* released by the Department of Health and Aged Care (now the Department of Health and Ageing) indicate that an existing facility would not have to be re-inspected for certification until the year in which it will be reassessed under accreditation. This would have meant that existing facilities would be inspected for certification between 2001 and 2003 under the revised Certification Assessment Instrument.

The Department of Health and Ageing has since realised that legislation does not support such a directive, and there is not a sunset clause in relation to a service provider's certification status. In other words, once certified always certified. Existing certified facilities never have to be re-certified under the current legislation.

However, facilities do have an obligation to comply with industry and the general community accepted standards. The issue for owners and operators in relation to duty of care will also need to be considered in relation the built environment of the building.

It is unlikely that legislation will be introduced soon to address facilities having to be re-certified before the end of 2003. In the mean time, the Department of Health and Ageing will be "strongly encouraging" facilities to take up their offer of a free voluntary Certification Inspection. This offer of a free assessment is believed to assist facilities in identifying areas where they are deficient (not providing solutions) under the new November edition of the Aged Care Certification Assessment Instrument or verifying that works undertaken on site will ensure that a facility has met the mandatory certification requirements.

On face value, the offer from the Department of Health and Ageing appears a good option for facilities to take up, but then facilities may benefit from initially undertaking their own review and rectifying any identified deficiencies. Some of the concerns for facilities in accepting the free voluntary inspection offer include:

- What are the legal obligations on the timing to resolve deficiencies identified on site?
- New Certification Instrument requirements are more stringent, so which report will the Department of Health and Ageing give to the Agency, i.e. the current official report or the more stringent "voluntary" report that might show that a facility failed the new certification requirements?
- Facilities that are currently undertaking upgrade works are forced to balance the new certification requirements and available funds. By taking up the "voluntary" assessment option, the facility's right to set its own program based on available funds may be taken

away should the Department of Health and Ageing become concerned over its own perceived duty of care risk with issues identified on site.

3.0 SITE ASSESSMENT

3.1 Overview

It is important that all relevant documentation is provided to the Assessor, and that the most appropriately qualified staff member for each question is available at the time of the on site assessment.

Some of the documents that need to be presented to the Assessor on site would include the following:

- A copy of any modification or dispensation granted by the approving council authority and/or the local fire brigade
- A copy of an architectural floor plan clearly showing the location of fire or smoke doors within the building
- Details of the overall floor area of the building, and area of each fire and smoke compartment
- Log books listing regular maintenance of the fire detection and alarm system, fire and smoke door operation, emergency lighting and illuminated exit signs
- Day-to-day maintenance books, and preventative maintenance systems in existence at the facility
- The number of beds per room and the number of showers, baths and toilets per level

3.2 Timelines

Under the old certification process, facilities would lodge an Application for Certification up to 8 months in advance of becoming available for a site inspection.

The Department of Health and Ageing is now obliged to finalise certification applications within 90 days.

Delays with inspections that are the result of a facility not being ready to respond within the Department of Health and Ageing time frame may result in the assessment being aborted, and a new application being required for submission.

3.3 Exit Interview

One of the criticisms of the old certification process was that the facility owners or operators were not able to discuss the finding on site with the Assessor.

Under the new certification process, the Assessor is required to provide the facility's contact person with an exit interview prior to leaving the site. The purpose of the exit interview is not to debate the merits of certification, but to communicate the key certification issues identified during the inspection, and to ensure that the Assessor has observed and reviewed all relevant information.

Assessors will not know the facility score at this stage, and it is the Department of Health and Ageing that certifies the facility, not the Assessor.

The facility's contact person is to be left with a Certification Inspection Evaluation (CIE) (Appendix C) sheet by the Assessor, which is filled out and forwarded to the Department of Health and Ageing. The CIE sheets provides feedback on the Assessor from the end user's point of view, and supplies the Department of Health and Ageing with important information on the performance of the contractor.

4.0 REVISED CERTIFICATION ASSESSMENT INSTRUMENT AND GUIDELINES

4.1 Overview

The Department of Health and Ageing minimum standard for a facility to achieve under certification is not a score of 100 points. The minimum points required for certification are 19 for Section 1 and overall 60, after which it is up to the facilities to decide what they want to provide based on cost, market demand and where they wish to be positioned within the industry.

4.1 Summary of Amendments to the Certification Instrument

The following is a summary of amendments contained within the revised and the November 2002 Certification Assessment Instrument and Guidelines ^(3 & 4) :

- Section 1 – *Safety*
 - Revised wording to reflect the new BCA 9c Ageing in Place building classification
 - Removal of fire evacuation for people with special needs; now assessed under Accreditation
 - Inclusion of questions relating to Modifications and Dispensations received from approving authority
 - Re-position of question on fire sprinklers to the front of this section as their installation may have an effect on other questions
 - Set a minimum mandatory pass mark of 19 for this section
 - Additional clarification and rewording of the Guidelines
- Section 2 - *Hazards*
 - The Assessor will be required to provide further information on the hazards identified on site, and this information will be stated in the body of the report.
- Section 3 – *Privacy*
 - Rewording and Yes/No answers replaced by 0-5 scores to provide the facility with information on issues identified on site, and to remove any subjectivity
 - Some administration questions, which did not give points, were deleted
 - Question on Ablution has been split into Ablutions and Toilet requirements to prevent possible subjectivity in averaging
- Section 4 – *Access, Mobility and Occupational Health and Safety*
 - Re-position of questions on Ablutions into Section –3
 - Additional clarification in the Guidelines

- Section 5 - *Heating and Cooling*
 - Inclusion of climatic maps divided into zones to further clarify the level of heating and cooling needed in a facility to score full points
 - Separation of questions in relation to the provision and control of heating and cooling
- Section 6 – *Lighting / Ventilation*
 - Introduction of a table detailing the illumination levels required for an area within the facility in accordance with AS 1680
 - Split the question on control of lighting and ventilation throughout the facility
 - The Certification Instrument now includes a table in Section 6 that specifies the illumination levels a particular area will need to achieve so as to score points. These illumination levels have been based on the Australian Standard 1670 requirements. The Assessors will be using a Lux metre and recording the average levels achieved as follows:
 - 10% of bedrooms and ablutions/en-suites within the facility
 - all common areas
 - all corridors
 - service areas
- Section 7 – *Security*
 - Additional clarification in the Guidelines on the provision of security to the building and perimeter
- Section 8 – *Residential Issues*
 - This section has been removed from the instrument, and the questions will be dealt with in Accreditation, where applicable

4.3 BCA Classification

Classification of a building requires an understanding of the potential risk to the occupants in accordance to its use. It must be correctly undertaken to achieve the BCA aims and objectives as appropriate to each building in every circumstance.

Building Surveyors assess what classification the building most closely resembles, and they take into account the likely fire load, and the likely consequences of any risks to the safety, health and amenity of people using the building.

Aged care now fall into three main categories with a facility providing low care services (i.e. hostel) being a Class 3, a 9c building providing for both high and low care and a facility providing high care services, where the residents need assistance with evacuation (i.e. nursing home), being a Class 9a.

Class 3: a residential building, other than a building of Class 1 or 2, which is a common place of long term or transient living for a number of unrelated persons, including–

- (a) a boarding–house, guest house, hostel, lodging–house or backpackers accommodation; or
- (b) a residential part of an hotel or motel; or
- (c) a residential part of a *school*; or
- (d) accommodation for the aged, disabled or children; or
- (e) a residential part of a *health–care building* which accommodates members of staff.
- (f) a residential part of a *detention centre*.

Class 9: a building of a public nature–

- (a) **Class 9a** – a *health–care building* (see definition below); including those parts of the building set aside as a laboratory; or
- (b) **Class 9b** – an *assembly building*, including a trade workshop, laboratory or the like in a primary or secondary *school*, but excluding any other parts of the building that are of another Class.
- (c) **Class 9c** - an *aged care building*

4.3.1 Definition of a Health Care Building:

Health–care building means a building whose occupants or patients undergoing medical treatment generally need physical assistance to evacuate the building during an emergency and includes–

- (a) a public or private hospital; or
- (b) a **nursing home** or similar facility for sick or disabled persons needing full–time nursing care; or
- (c) a clinic, day surgery or procedure unit where the effects of the predominant treatment administered involves patients becoming non–ambulatory and requiring supervised medical care on the premises for some time after the treatment.

The BCA requires differing fire safety levels, which depend on the classification of the facility. This is discussed in more detail within Section 4.7.1.

4.3.2 Definition of an Aged Care Building

Aged care building means a Class 9c building for residential accommodation of aged persons who, due to varying degrees of incapacity associated with the ageing process, are provided with *personal care services* and 24 hour staff assistance to evacuate the building during an emergency.

Personal Care Services

- The provisions for nursing care.

- Assistance or supervision in –
 - bathing, showering or personal hygiene; or
 - toileting or continence management, or
 - dressing or undressing; or
 - consuming food.
 - The provision of direct physical assistance to a person with mobility problems.
 - The management of medication.
 - The provisions of substantial rehabilitative or development assistance.

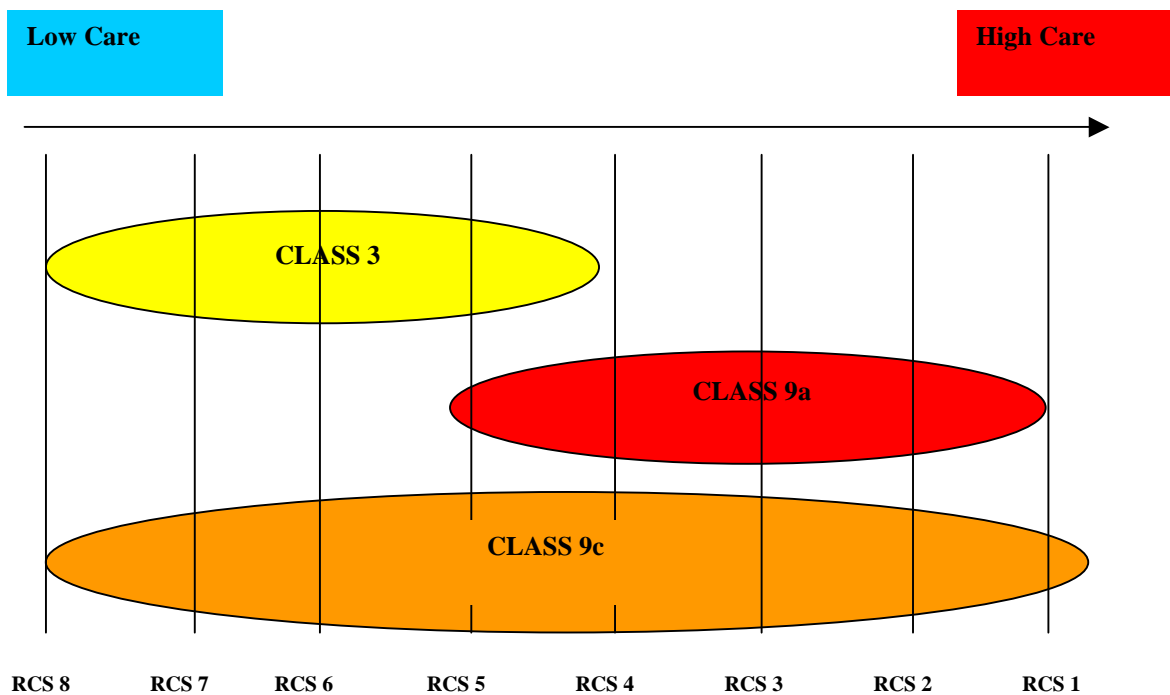
As can be seen from the above definition, a facility wishing to be classified as a 9c “Aged Care Building” under the BCA 96 must have 24 hr personal care services to assist in evacuation.

However, should an organisation wish to build as they have always built and not utilize the benefits of the revised regulations then they can still construct to the current Hostel (class 3) without 24 hr personal care services and Nursing Home (class 9a) with 24 hr nursing care requirements as defined under the current BCA 96 definitions.

4.4 BCA 9c Ageing in Place Classification Development

The previous separation in the BCA 96 classification for high and low care did not recognize the need to provide a continuum of nursing care to the resident within the same building. As a resident progresses along the Residential Classification Scale (RCS) from low care needs to high care needs they were required to be moved from a Hostel to a Nursing Home in order for the owner of the building to comply with the relevant BCA building classification. If the use of the building has significantly changed from its original permit classification after it was constructed then upgrade works were required to the building and a new occupancy permit issued to reflect the change of use.

The BCA 96 Review Committee, which was partly funded by the Commonwealth Department of Health and Aged Care, was formed as a result of the concerns being raised from the Aged Care Industry Associations and partly from the information gathered from the 1997 Certification process. The Committee’s brief was to review the current BCA 96 requirements and or develop a new Aged Care building classification to allow ‘Ageing in Place’ within the same facility. Out of this review the new 9c Aged Care Building classification was born.



The purpose of the proposed BCA 9c Aged Care Building classification is to simplify the current regulatory requirements and facilitate greater flexibility in design in offering an Ageing in Place concept. The BCA 9c offers the resident the option to stay within the same facility as their health care needs increase.

This means there will be 3 building classifications available to the designer. One of the concerns of the Committee was to ensure that existing facilities would by default, no longer comply with their current BCA 96 classification.

The new 9c Fire Sprinkler classification provision not only allows for a facility to provide for low or high care but also allows a facility to accommodate for both low and high care residents without having to undergo major renovations. No longer will married couples or relatives have to be separated because the care needs of one of the residents can no longer be met due to the Building Code of Australia's building classification requirements.

It is important that the Certification Application Form (Appendix B), when filled out and submitted to the Department of Health and Ageing, correctly reflects the classification that appears on the permit to occupy the building. If the use of the building has changed from its original permit after it was constructed, a new occupancy permit may be required.

The Assessors will be informed by the Department of Health and Ageing under what classification to assess the building based on the information provided by the facility.

4.5 Modifications/Dispensations

This section of the instrument does not attract any marks but has been inserted to provide the Assessor with information relating to any variances from the BCA that have been approved by the local authority.

The installation of a residential fire sprinkler system complying with AS2118.4 attracts concessions under the BCA, such as the deletion of fire separation requirements, the installation of heat detectors, and so on.

The revised Certification Assessment Instrument also acknowledges the granting of modifications and dispensations by the Relevant Building Surveyor (RBS) under a Performance Base alternative design.

The objectives of the BCA are to achieve and maintain an acceptable level of structural sufficiency, fire safety, health and amenity for the benefit of the community.

To achieve this objective, the user may choose to comply with the prescriptive Deemed-to-Satisfy provisions or may choose an alternative solution that satisfies the objectives of the BCA through the use of Performance Base clauses.

An Alternative Solution does not follow the prescriptive requirements of the BCA but uses a Performance Base design which is intended to have the same result in achieving the objectives of BCA, such as a fire protection and safe egress for the building occupants, and so on.

The Assessor will follow the prescriptive requirements of the BCA unless provided with documentation approving an alternative method. Where such approval is provided for Section 1 - Safety, full marks will be awarded for that question of the Certification Assessment Instrument.

4.6 Revised Certification Instrument

The PowerPoint presentation should assist in explaining the Certification Guidelines and what the Assessors have been trained to identify on site.

4.6.1 Section 1 – Safety

Section -1 Safety is directly linked to the BCA requirement for each State, which ensures that a compliant facility will pass this section with or without a fire sprinkler system installed.

A score of 100 is not necessary to satisfy the certification requirements. Money is should not to be wasted on certification items that you believe will be of little benefit to the residents.

The BCA Clause C2.5 specifies when a firewall, a fire rated wall and a smoke wall need to be installed to reduce the floor area in a Class 9a (i.e. nursing home) and 9c Ageing in Place building. The kitchen and laundry receive special attention here due to the perceived higher fire load risks in these areas. The BCA also specifies different fire separation standards for a Class 3 (i.e. hostel) building from those for a nursing home or Ageing in Place. A hostel is required to have individual rooms fire separated from each other and the corridor in a non-fire sprinkler protected building.

Part D of the BCA nominates the spacing of exits, the distances of allowed travel to an exit, and requirements for the installation of illuminated exit signs and emergency lighting. Again, there are differing specifications between the three aged care building types.

As mentioned above, Clause C2.5 of the BCA also states the requirements of smoke separation within the three building standards in conjunction with clause C2.14.

Part E of the BCA specifies the fire fighting equipment and level of fire detection system to be installed in an aged care building.

The Certification Assessment Instrument appraises the coverage, location and accessibility of the nurse call system at a facility. As can be seen from slide 32, a bell fixed to the wall next to a toilet is not an appropriate nurse call system. The Power Point slide shows a nurse call button in the shower that is far too high for someone who falls and needs assistance.

4.6.2. Section 2 – Hazards

Certification in this section reviews the hazard management systems at a facility and identifies perceived hazards on site.

4.6.3. Section 3 – Privacy

The privacy and dignity afforded to the resident by the built fabric of the building is considered in this section. It includes the number of residents per room, privacy screening between beds and of common areas, ablution ratios and configurations, and whether the ablutions open straight onto a corridor.

4.6.4 Section 4 – Access, Mobility, Occupational Health and Safety

The ability of the resident to move around a facility and not be restricted by inappropriate rampage, grab rails and narrow corridors is the focus here. Also considered in this section is the level of human engineering afforded with the installation of fixtures and fittings appropriate for the use by residents.

4.6.5 Section 5 – Heating and Cooling

This has been a contentious section of the Certification Assessment Instrument with varying opinions across Australia as to the appropriate level of heating and cooling required within an aged care facility. The Certification Guidelines now include a climate map depicting the levels of heating and cooling required for full marks under certification. However, facilities may choose a lower level of heating and cooling and lose some marks. Because a score of 60 out of a 100 is needed to pass certification, there are 40 marks left for consideration of what is appropriate to a facility.

4.6.7 Section 6 – Lighting / Ventilation

Assessors now use Lux meters to measure the lighting levels within a room, and these levels are detailed within the Certification Assessment Instrument. Natural lighting levels can be blocked by inappropriate planting of large bushes across windows or the construction of an add-on over the external windows of a bedroom.

The provision of natural and artificial ventilation is also considered in this section.

4.6.7 Section 7 – Security

This section deals with the provision of personal secure storage, security from intrusion into the building, perimeter security for resident areas, and compatibility of any security system with an emergency evacuation.

The residents' personal storage can take the form of a lockable cupboard or door; the building and perimeter security considers both the physical barriers where appropriate, and the electronic monitoring (without compromising privacy issues) connected back to a central location.

5.0 WEIGHTED SCORING MATRIX

The scoring matrix distributes 100 points across 60 questions with Section 1 of the Certification Assessment Instrument comprising 25 possible points across 32 questions.

The Assessor will insert a number in the box provided on the Certification Assessment Instrument that corresponds with the level achieved under the Certification Guidelines; this is called the "raw score". These raw scores are then compared with the tables in the Aged Care Certification Assessment Scoring Matrix to establish what is called the final "weighted score" and the Official Certification score.

This seems a long-winded and complicated task; however, there are more issues, other than a score out of 100 points, that the Certification Steering Committee considers important in raising the standard of aged care facilities across Australia.

The points awarded under the Certification Assessment Instrument scoring matrix reflect the minimum accepted standard, both overall with the pass mark of 60 and 19 discussed earlier, and within each question.

Furthermore, a minimum acceptable standard has to be achieved for points to be awarded in a particular question. For example, a question in Section 1 - Safety will only receive points when the score inserted by the Assessor is either 4 or 5.

CASE STUDY – BOWDEN BRAE RETIRMENT VILLAGE

6.0 REFERENCES

1. **Certification Procedures for Residential Aged Care Services - Background Paper, April 1999**, published by Looking Glass Press for Publications Production Unit (Public Affairs, Parliamentary and Access Branch) Commonwealth Department of Health and Aged Care (now Department of Health and Ageing)
2. **Application for Certification** document can be found at:
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4. **Aged Care Certification Guidelines, November 2002**, can be found at:
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5. **Certification Scoring Matrix, April 1999**, can be found at:
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6. **Building Code of Australia 1996 - Volume One**, Australian Building Codes Board, published by CCH Australia Limited, North Ryde (Amendment 12, December 2002)

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APPENDIX D – CERTIFICATION ASSESSMENT INSTRUMENT

**APPENDIX E –
CERTIFICATION ASSESSMENT GUIDELINES**

APPENDIX F – CERTIFICATION SCORING MATRIX