

## 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:**

	First Name	Second Name	Organisation &/or Relationship to person being screened
1			
2			
3			
4			
5			

**Referral Source: Who Referred this person for LRC Screening?**

Agency Name:

Relationship or Position

Phone no:

email:



**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

8 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 6b

**If the Questions have been answered as follows:**

Questions 1 - 3	Yes
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Question 4 - 5	Yes
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Question 6	No
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Question 7	Low Risk or No Foreseeable Risk
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Question 8	Low Risk or No Foreseeable Risk
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**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

Does the person have a case manager?                      Yes                      No                      Not Known

**If Yes:**

Name

Agency Name:

Phone no:

email:

Does the person have a legal guardian?                      Yes                      No                      Not Known

**If Yes:**

Name

Agency Name or Relationship:

Phone no:

email:

Is the person able to manage his or her own money, bank account and bills?

Yes                      No                      Not Known

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?

*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.*

Yes                      No                      Not Known

**If Yes:**

Name

Agency Name or Relationship:

Phone no:

email:

### Section 3 - Support Services Continued

Does person have a general practitioner?                      Yes                      No                      Not Known

**If Yes:**

Name

Address

Phone no:

email:

Has the person had a comprehensive health assessment in the last 2 years?

Yes                      No                      Not Known

Record any care and support services provided to the person in the last 6 months (if known)

<b>Agency</b>	<b>Service Type</b>	<b>Contact Details</b>

## 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**

Is the person taking medication?                      Yes                      No

Is the person willing to take medication when prescribed by a doctor?  
   Yes                      No

Does the person have a Community Treatment Order in place?  
   Yes                      No

If YES, Agency administering medication  
Name

Address

Phone no:

email:

Review Date for Community Treatment Order

Can the person self medicate?                      Yes                      No

Medication Name	
Dosage	
Prescribing Doctor	
Ph no:	
Date Prescribed	

Medication Name	
Dosage	
Prescribing Doctor	
Ph no:	
Date Prescribed	

Medication Name	
Dosage	
Prescribing Doctor	
Ph no:	
Date Prescribed	

Medication Name	
Dosage	
Prescribing Doctor	
Ph no:	
Date Prescribed	

Medication Name	
Dosage	
Prescribing Doctor	
Ph no:	
Date Prescribed	

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? <i>(May use an aid such as a walking stick and may require episodic assistance or prompting.)</i>	Yes	No
2	Is the person able to cut up a meal and feed himself/herself? <b>Must have little or no risk of choking</b> <i>(may require prompting to attend meals)</i> <b>Questions 2 (a) to 2 (j) below are prompt questions to help you determine if a person may be at risk of choking.</b>	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 <i>sometimes coughs or chokes during or several minutes after eating, drinking or taking medication:</i> 2. The person <i>sometimes coughs or chokes during or several minutes after eating, drinking or taking medication:</i> 3. <i>their breathing becomes noisy after eating or drinking or while talking:</i> 4. The person <i>gags when eating, drinking or taking medication.</i>	Yes	No
2 (b)	Does the person have mouth or teeth problems that affect their eating? For example: 1. <i>The person's teeth are loose, broken or missing and affects their ability to chew.</i> 2. <i>The person's lips, tongue, throat or gums are red and inflamed or ulcerated.</i> 3. <i>The person has malocclusion (upper and lower teeth do not meet) and this affects their ability to chew.</i>	Yes	No
2 ©	Does the person follow, or are they supposed to follow a 'special diet'? For example: - <i>Pureed, minced or chopped foods only.</i> - <i>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.</i> - <i>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.</i>	Yes	No
2 (d)	Does the person vomit or regurgitate their food on a regular basis? For example: - <i>The person vomits or regurgitates (i.e. brings up) food, drink or medication more than once per day or on a regular basis.</i> - <i>The person clears their throat often or burps often.</i>	Yes	No

2 (e)	Does the person overfill their mouth or try to eat very quickly? For example: - <i>The person tries to cram or 'stuff' their mouth before attempting to chew or swallow.</i> - <i>The person tries to swallow too much food before they have chewed it properly.</i> - <i>The person usually finishes all of their main meal in less than five minutes.</i>	Yes	No
2 (f)	Does the person appear to eat without chewing? For example: - <i>The person sucks their food instead of chewing it.</i> - <i>The food remains in the person's mouth for a long period of time before being swallowed.</i> - <i>The person swallows their food whole without chewing.</i>	Yes	No
2 (g)	Does the person show distress during or after eating or drinking? For example: - <i>The person appears distressed while they eat or drink.</i> - <i>The person appears distressed immediately after or shortly after eating or drinking.</i> - <i>Sometime while distressed the person refuses food or spits out food.</i>	Yes	No
2 (h)	Does the person select inappropriate foods or behave inappropriately with food? For example: - <i>The person eats non-food items such as dirt, grass or faeces.</i> - <i>The person steals or hides food.</i>	Yes	No
2 (i)	Does food or drink fall out of the person's mouth during eating or drinking? For example: - <i>The person is unable to close their mouth and this causes food, drink or medication to fall out of their mouth.</i> - <i>The person cannot keep their head upright and food, drink or medication falls out of their mouth.</i> - <i>The person's mouth continuously needs to be wiped or they need to wear a cloth to protect their clothes during mealtime.</i>	Yes	No
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? <i>Please make any further comments in space provided below:</i>	Yes	No
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).	Yes	No
4	Can the person recognise the need for health care services? (eg medical intervention and visit to the GP).	Yes	No
5	Is the person able to communicate his own needs or desires without the use of aids?	Yes	No

- |   |   |     |    |
|---|---|-----|----|
| 6 | Can the person maintain acceptable behaviour in the community?<br>(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). | Yes | No |
|---|---|-----|----|

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?<br>(May need occasional prompts to pay bills). | Yes | No |
|---|--|-----|----|

- |     |  |     |    |
|-----|--|-----|----|
| 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). | Yes | No |
|-----|--|-----|----|

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.