

Section 1

# Background

1

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## Introduction to this Document

Queensland Health is a statutory approved provider of residential aged care services as defined in the Aged Care Act 1997 and the Approved Provider Principles 1997.

As an approved provider, Queensland Health has an allocation of 1,729 high care places (14% of the Queensland total for high care) which are located in 20 residential aged care facilities (RACF) across 14 health service districts.

The Commonwealth's 1997 Aged Care Structural Reform Package introduced significant reforms to residential aged care policy. Amongst other matters, the reforms were designed to:

- Promote a high quality of care and accommodation and protect the health and well-being of care recipients;
- Help care recipients enjoy the same rights as all other people in Australia; and
- Promote "ageing in place" through the linking of care and support services to the places where older people prefer to live.

The reform strategy represented a response to changing social and economic circumstances and to increasing community expectations in relation to aged care.

Further, the reforms acknowledged the deteriorating state of many residential aged care facilities - many of which need significant capital works if care standards and quality of life are to be improved for all residents.

### Queensland Health's Response to the Residential Aged Care Reform Strategy

As early as 1995, Queensland Health had recognised that some RACF accommodation was not suitable for the delivery of high quality residential aged care that considered the rights of residents and protected their health and well being.

Assessment for Building Certification purposes in 1997 highlighted the need for immediate action. In January 1998, significant funding was provided to address fire and safety issues, occupational health and safety issues, and to repair damage and deterioration to RACF infrastructure.

Completion of these capital works will ensure that all RACF's are awarded Building Certification prior to the accreditation target date of 1 January 2001.

### Purpose

These guidelines have been produced to serve as a performance based, bench marking document for the use of Queensland Health and its consultants in developing improved models of accommodation and support infrastructure for residential aged care facilities. They identify design standards that will contribute to achieving Accreditation and cost effective service delivery.

These guidelines are in no way to be construed as exhaustive or exclusive. It is envisaged that the guidelines will be used in conjunction with the recommendations and requirements of the Building Code of Australia (BCA), Australian Standards or other codes. The implementation of these guidelines in no way relieves users of their obligations to ensure such compliance and fitness for purpose in the development and design of such facilities.

It is emphasised that it is the delivery of appropriate resident care that will ensure a project's viability and such compliance is not only related to the built fabric of a facility.

### Stakeholders

For the purposes of these guidelines the following groups are to be considered the principal interest groups in respect to the application of this document. The particular requirements of specific projects may necessitate a broader consultative process and this should be confirmed with Queensland Health on a project by project basis.

Residents of RACF's  
Queensland Health  
Health Service Districts  
District Health Councils  
Commonwealth Agencies  
Regulatory, Legislative and Statutory Authorities

### Developmental Philosophy

This document expands upon the wealth of performance based, descriptive guidelines that currently exist, with a particular focus on residential aged care environments in the public health sector.

# background

These guidelines are intended to provide a more quantitative and prescriptive view of the requirements associated with the built fabric of RACF's. It should be noted, however, that it will be the model of care and anticipated resident mix that will determine the final size, layout and nature of any such facility.

A key aspect of the developmental philosophy of this document is that it will not always be necessary to have specific rooms or areas set aside exclusively for particular activities. This document assumes that there will be a degree of flexibility in respect to the multiple use of all areas, rooms and spaces referred to in this document.

## Application of this Document

As a general principle, the application of these guidelines must result in facilities that provide accommodation that enables residents to follow a routine and lifestyle as close as is practicable to that of the general community. These guidelines define a philosophical basis for the conception and development of a built form. They are not intended to replace the formal consultation process as defined by Queensland Health. They are a benchmark to give structure and parameters to the design, design development and asset management of RACF's. The guidelines are intended to form part of the planning process that establishes the Project Definition Plan - the primary briefing document for any project.

It is expected that stakeholders and their consultants will conduct their own research and develop innovative design solutions that incorporate the concepts and principles set out in this document. These guidelines are based on assumed generic conditions. The size, location, nature and operational structure of individual facilities will vary according to the specific requirements of each service's resident profile, management requirements, model of care, etc.

**It is not envisaged that all rooms, spaces, equipment and functional relationships, referred to in this document, will necessarily be relevant to or required in all residential aged care facilities. This document is to be used only as a guide to the formal development of specific project definition plans for individual facilities.**

It is envisaged that this document may be used in the following situations:

- An aide memoir for project planning.
- A guide to the manifestation and expression of planning policy in a built form.

- A design tool for Queensland Health and its consultants.
- A benchmark in cost planning exercises.
- A tool for the management and rationalisation of the project definition plan and broader planning process.

The guidelines, contained within this document, are structured on the basis of a progression from general principles of good practice to specific details of how these may be implemented.

Section 1: *Background* to the guidelines defining the reasons for the development of the document, the nature of its intended use and the key stakeholders.

Section 2: *General Principles* relating to broad and conceptual directions that designs are to follow. This section is structured to identify the desired outcomes, the strategies for achieving these outcomes and the standards that determine the performance indicators relating to the successful implementation of the strategies.

Section 3: *Design Guidelines* detailing the specific requirements of Queensland Health's three principal types of aged care facilities including information on the operational profile of the facility, design philosophy and specific design requirements.

Section 4: *Room Data Sheets* providing design objectives and implementation guidelines, references and information related to spatial and functional relationships within the care environment.

## Amendments to this Document

These guidelines have been conceived as a living document and it is anticipated that portions of it may need to be updated periodically.

Comments and feed back on the application and use of this document are welcomed.

Forward all such comments to:

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