



CHECKLIST

# Living Well in Multipurpose Services

## Self-Assessment Checklist

Rural Health Network



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# 1. Introduction

## The *Living Well in MPS* Collaborative

The *Living Well in MPS* Collaborative<sup>[1]</sup> has been designed to support staff to provide care for residents of Multipurpose Services (MPS); not as patients in hospital, but as people living in their home.

Establishing this Collaborative involved a thorough review of the evidence in relation to person-centred practice and wide-ranging consultation with 10 MPS and 2 RACFs across regional and rural NSW.

The *Living Well in MPS* Toolkit has been developed in alignment with the Commonwealth Department of Health Aged Care Standard 2 (Health and Personal Care) and Standard 3 (Care recipient lifestyle) in order to enhance lifestyle, independence and wellbeing for people who call MPS home.

The *Living Well in MPS* Toolkit comprises:

- **A Principles of Care** document, identifying eight key principles designed to improve the quality of life and wellbeing of residents living in MPS residential aged care facilities
- **A Self-Assessment Checklist**, designed to help MPS identify their current strengths and weaknesses in relation to the eight key principles and prioritise areas they wish to improve
- **A Resource Guide** of evidence-based resources and strategies which MPS can implement to foster improvements in relation to the eight key principles
- **An Evaluation Package** which will be implemented by participating MPS in order to determine how well the *Living Well in MPS* Collaborative achieves its overall aims.



<sup>[1]</sup> For further information about the *Living Well in MPS* project, please visit: <http://www.aci.health.nsw.gov.au/resources/rural-health/multipurpose-service-model-of-care-project/mps-model-of-care-project-2015>

## 2. About the *Living Well in MPS* Self-Assessment Checklist

### Purpose of the Checklist

This Checklist has been designed to:

- Generate awareness of the *Living Well in MPS* Principles of Care
- Help MPS identify their current strengths and weaknesses in relation to the eight principles for residents living in MPS; not as patients in hospital, but as people living in their home
- Identify areas where MPS would like to improve their current practice (the *Living Well in MPS* Resource Guide offers a range of strategies and resources which can help foster improvement in relation to each principle).

### When to use the Checklist

The checklist will initially be completed to identify strengths and weaknesses and prioritise which Principles the MPS Team wishes to invest in small scale improvements. The Checklist should be re-visited at approximately three monthly intervals, to identify any progress made and determine potential focus areas for further action.

### Who should complete the Checklist

It is recommended that a broad and diverse range of views are considered when completing the Checklist. Ideally, these views would include those of MPS management and staff, residents and family members – towards providing a realistic and generally agreed rating of the MPS current practice or achievements in relation to each of the eight *Living Well in MPS* Principles.

### How to complete the Checklist

MPS will use a five-point scale (from 'Not/ Rarely achieved' through to 'Always achieved – for ALL') to rate the extent to which they achieve each principle theme – **based on their facility's CURRENT practice** at the time of completing the Checklist. MPS are encouraged to include comments about the thinking behind each rating, with regards to how they feel/ know each principle theme is (is not) being achieved – **across their entire resident population**. MPS with high and low care residents may find it useful to complete the Checklist separately for each group.

### What to do with the completed Checklist

MPS can use the "Overall rating" section at the bottom of each Principle to calculate a total score and overall % rating for each Principle. These overall percentages can be transferred into the Action Planning table at the end of this Checklist and used to:

- Prioritise the Principles where the MPS would like to focus on improving their current practices
- Nominate some potential strategies they would like to trial

MPS may still prioritise to work on Principles where they rate highly overall but have some particularly low-rated themes they would like to work on. The *Living Well in MPS* Resource Guide offers a number of evidence-based strategies and resources for achieving improvements – across the eight key Principles.

### 3. The Checklist

**MPS Name and Date:**



#### Respect for Rights as an Individual

The resident is respected as an individual with an emphasis on rights, quality of life and wellbeing, as defined by the individual and carer/family. This includes privacy, control over life, dignity and lifestyle interests.

Please rate how well you feel your MPS currently achieves each of the following:	Not/ Rarely achieved	Sometimes (< ½ time)	Often (~ ½ time)	Usually (> ½ time)	Always achieved – for ALL	Rationale  (please comment about how you decided this rating)
a) Getting to know each resident as a person including their history, likes, dislikes, capabilities and limitations (eg: via a Social Profile) – ideally as they arrive but at least within their first month	0	1	2	3	4	
b) Regularly reviewing each resident’s likes, dislikes, capabilities and limitations (eg: via Social Profile or staff-resident interactions) – at least 6-monthly	0	1	2	3	4	
c) Ensuring the care provided is responsive to residents’ likes, dislikes, capabilities and limitations (eg: regular resident meetings)	0	1	2	3	4	
d) Respecting residents’ individual cultural, spiritual, emotional and social needs (eg: observing special days from various religions, being LGBTI-friendly)	0	1	2	3	4	
e) Developing one-one relationships between residents and staff members (eg: through consistent rostering)	0	1	2	3	4	

**Overall Rating Calculation:**

*Add above ratings together*

=

*Divide by 20 (possible points), Multiply by 100 & Round up or down to nearest whole number*

=

%



## Informed & Involved

The resident and family / carer receive timely and appropriate information at entry to care and at regular intervals to maintain choice and control over all aspects of the resident's life.

Please rate how well you feel that your MPS currently achieves each of the following:	Not/ Rarely achieved	Sometimes (< ½ time)	Often (~ ½ time)	Usually (> ½ time)	Always achieved – for ALL	Rationale  (please comment about how you decided this rating)
a) Providing ALL <u>potential</u> residents and their families with relevant information about the MPS facility and services (eg: Resident Handbooks) – ideally when they are first considering your facility	0	1	2	3	4	
b) Providing ALL residents and their families with detailed information about day-to-day life and the services available in the MPS (eg: Welcome Packs) – ideally as they arrive but at least within their first week	0	1	2	3	4	
c) Facilitating residents and their families' involvement in decisions about their day-to-day life and activities (eg: via regular case conferencing) – ideally quarterly but at least 6-monthly	0	1	2	3	4	
d) Regularly updating residents about changes to service availability options – at least quarterly	0	1	2	3	4	
e) Regularly updating residents' families about changes to service availability options – at least quarterly (eg: regular newsletters)	0	1	2	3	4	

**Overall Rating Calculation:**

*Add above ratings together*

=

*Divide by 20 (possible points), Multiply by 100 & Round up or down to nearest whole number*

=

%



## Comprehensive Assessment & Care Planning

The resident participates in comprehensive assessment and care planning, that is reviewed regularly or whenever there is a significant event.

Please rate how well you feel that your MPS currently achieves each of the following:	Not/ Rarely achieved	Sometimes ( $< \frac{1}{2}$ time)	Often ( $\sim \frac{1}{2}$ time)	Usually ( $> \frac{1}{2}$ time)	Always achieved – for ALL	Rationale  (please comment about how you decided this rating)
a) Assessing and documenting ALL residents' physical health status and care needs (eg: via Shared Care Planning) – ideally as they enter the facility but at least within their first weeks	0	1	2	3	4	
b) Assessing and documenting ALL residents' cognitive functioning, mental health status and care needs (eg: via Shared Care Planning) – ideally as they enter the facility but at least within their first weeks	0	1	2	3	4	
c) Assessing and documenting ALL residents' basic functioning and support needs, including their mobility, dexterity, continence, sleep, skin, etc (eg: via Living Care Plans) – ideally as they enter the facility but at least within their first weeks	0	1	2	3	4	
d) Developing Care Plans for ALL residents, based on their assessed functioning, health status, care and support needs – ideally as they enter the facility but at least within their first weeks	0	1	2	3	4	
e) Identifying and documenting ALL residents' advanced care/ end-of-life preferences – ideally before they enter the facility but at least within their first month	0	1	2	3	4	





## Comprehensive Assessment & Care Planning

The resident participates in comprehensive assessment and care planning, that is reviewed regularly or whenever there is a significant event.

Please rate how well you feel that your MPS <u>currently</u> achieves each of the following:	Not/ Rarely achieved	Sometimes (< ½ time)	Often (~ ½ time)	Usually (> ½ time)	Always achieved – for ALL	<b>Rationale</b> (please comment about how you decided this rating)
f) Regularly reviewing and updating ALL residents' Care Plans and end-of-life preferences (eg: hosting GP Clinics) – ideally at least 6-monthly	0	1	2	3	4	
g) Facilitating residents and their families' involvement in decisions about their health care and end-of-life planning (eg: via regular case conferencing) – ideally quarterly but at least 6-monthly	0	1	2	3	4	

**Overall Rating Calculation:** *Add above ratings together* = *Divide by 28 (possible points), Multiply by 100 & Round up or down to nearest whole number* = %



## Homelike Environment

The resident lives in a homelike environment, which involves freedom and choice in routines (eg waking, dressing, engagement in chosen activities) and may also include environmental approaches such as kitchens and laundries accessible to residents, bistro/café style dining room or choice of menu.

Please rate how well you feel that your MPS currently achieves each of the following:	Not/ Rarely achieved	Sometimes (< ½ time)	Often (~ ½ time)	Usually (> ½ time)	Always achieved – for ALL	Rationale  (please comment about how you decided this rating)
a) Providing a homely environment for residents (eg: visually pleasing, warm, safe, welcoming, tranquil, light, airy, clean, etc)	0	1	2	3	4	
b) Encouraging residents to personalise their space (eg: with photos, own furniture, etc)	0	1	2	3	4	
c) Ensuring acute care episodes are managed in residents' own space (eg: "ageing in place" practices)	0	1	2	3	4	
d) Ensuring the MPS is welcoming and comfortable for residents' families and friends at all times	0	1	2	3	4	
e) Ensuring the MPS is safe and child-friendly	0	1	2	3	4	
f) Encouraging residents to determine their own daily routines re: eating, sleeping, waking, bathing, etc	0	1	2	3	4	
g) Providing residents and families with unrestricted access to safe and secure outdoor spaces	0	1	2	3	4	
h) Avoiding 'medicalised' language wherever possible	0	1	2	3	4	

**Overall Rating Calculation:**

*Add above ratings together*

=

*Divide by 32 (possible points), Multiply by 100 & Round up or down to nearest whole number*

=

%



## Recreational & Leisure Activities

The resident is able to maintain personal and social relationships and access a range of recreational and leisure activities that are meaningful and maintain links to the community.

Please rate how well you feel that your MPS currently achieves each of the following:	Not/ Rarely achieved	Sometimes (< ½ time)	Often (~ ½ time)	Usually (> ½ time)	Always achieved – for ALL	Rationale  (please comment about how you decided this rating)
a) Understanding each resident's interests and preferences for how to spend their leisure time (eg: from their Social Profiles)	0	1	2	3	4	
b) Focussing on what each resident CAN do (eg: as identified in their Social Profiles or Living Care Plans)	0	1	2	3	4	
c) Offering a wide variety of recreational and leisure activities (eg: monthly calendar of activities and outings, visiting pets)	0	1	2	3	4	
d) Maintaining links with and visits to/ from community-based groups (eg: school groups, music, mothers' groups)	0	1	2	3	4	
e) Actively encouraging and supporting ALL residents to engage in some form of recreational and leisure activities (eg: by monitoring attendance and following up as needed)	0	1	2	3	4	

**Overall Rating Calculation:**

*Add above ratings together*

=

*Divide by 20 (possible points), Multiply by 100 & Round up or down to nearest whole number*

=

%



## Positive Dining Experience

The resident has an enjoyable dining experience. Meals are varied, nutritious and appetising, served in a calm environment with adequate access to drinking water.

Please rate how well you feel that your MPS currently achieves each of the following:	Not/ Rarely achieved	Sometimes ( $< \frac{1}{2}$ time)	Often ( $\sim \frac{1}{2}$ time)	Usually ( $> \frac{1}{2}$ time)	Always achieved – for ALL	Rationale (please comment about how you decided this rating)
a) Ensuring ALL residents' nutritional needs are met (eg: via LHD Malnutrition Screening Tool & regular weigh-ins, with dietetic review & supplements, if needed) – ideally monthly	0	1	2	3	4	
b) Ensuring ALL residents' hydration needs are met (eg: via LHD Malnutrition Screening Tool) – ideally monthly	0	1	2	3	4	
c) Ensuring ALL residents' nutritional preferences are met (eg: from Living Care Plans)	0	1	2	3	4	
d) Offering a wide variety of meal options for residents (eg: multiple menu options at each meal)	0	1	2	3	4	
e) Presenting meals that are appetising for residents (eg: look good, smell good, taste good)	0	1	2	3	4	
f) Providing a home-like dining environment (eg: table cloths, real crockery & cutlery, condiment trays on table – sauces, jams, salt & pepper shakers)	0	1	2	3	4	
g) Providing varied dining settings (eg: indoor, outdoor, in-room, group tables)	0	1	2	3	4	
h) Including residents' families at special occasion meal times (eg: birthdays, Mothers' day, BBQs)	0	1	2	3	4	
<b>Overall Rating Calculation:</b> <i>Add above ratings together</i> = <i>Divide by 32 (possible points), Multiply by 100 &amp; Round up or down to nearest whole number</i> = %						



## Multidisciplinary Services

The resident has access to person-centred care provided by multidisciplinary services according to his / her needs, choices and availability, to maximise functional ability and quality of life.

Please rate how well you feel that your MPS currently achieves each of the following:	Not/ Rarely achieved	Sometimes ( $< \frac{1}{2}$ time)	Often ( $\sim \frac{1}{2}$ time)	Usually ( $> \frac{1}{2}$ time)	Always achieved – for ALL	Rationale  (please comment about how you decided this rating)
a) Facilitating residents' access to <b>required general medical</b> services (eg: hosting clinics, transporting residents or via Telehealth – for GPs)	0	1	2	3	4	
b) Facilitating residents' access to <b>required specialist medical</b> services (eg: hosting clinics, transporting residents or via Telehealth – for Geriatricians, Nurse Practitioners, etc)	0	1	2	3	4	
c) Facilitating residents' access to <b>required psychological and mental health</b> services (eg: hosting clinics, transporting residents or via Telehealth – for Social Workers, Psychogeriatrics, etc)	0	1	2	3	4	
d) Facilitating residents' access to <b>required allied health</b> services, such as physiotherapy, occupational therapy, speech therapy, dietetics, etc (eg: hosting clinics, transporting residents or via Telehealth)	0	1	2	3	4	
e) Facilitating residents' access to <b>required dental</b> services (eg: hosting clinics, transporting residents)	0	1	2	3	4	
f) Facilitating residents' access to <b>other required therapies</b> , such as massage, aromatherapy, heat packs, music, movement (eg: hosting clinics, transporting residents or via volunteers)	0	1	2	3	4	



## Multidisciplinary Services

The resident has access to person-centred care provided by multidisciplinary services according to his / her needs, choices and availability, to maximise functional ability and quality of life.

Please rate how well you feel that your MPS <u>currently</u> achieves each of the following:	Not/ Rarely achieved	Sometimes (< ½ time)	Often (~ ½ time)	Usually (> ½ time)	Always achieved – for ALL	<b>Rationale</b> (please comment about how you decided this rating)
g) Facilitating residents' access to <b>required palliative/end-of-life</b> services (eg: hosting clinics or via Telehealth – for Palliative Care Specialists)	0	1	2	3	4	
h) Facilitating family and staff members' access to bereavement support (eg: Social Worker)	0	1	2	3	4	
i) Facilitating multidisciplinary decision-making about residents' health care needs (eg: Multidisciplinary case conferencing) – ideally at least quarterly	0	1	2	3	4	
j) Facilitating residents and their families' involvement in decisions about their various support and treatment options (eg: via regular case conferencing, hosting GP clinics) – ideally quarterly but at least 6-monthly	0	1	2	3	4	
k) Communicating/ sharing information with residents' various health care providers (eg: via referral networks, Shared Care Planning, eMR)	0	1	2	3	4	

**Overall Rating Calculation:**

*Add above ratings together*

=

*Divide by 44 (possible points), Multiply by 100 & Round up or down to nearest whole number*

=

%



## Expertise in Aged Care

MPS leadership enables staff to develop expertise in aged care and the delivery of resident-centred care.

Please rate how well you feel that your MPS currently achieves each of the following:	Not/ Rarely achieved	Sometimes ( $< \frac{1}{2}$ time)	Often ( $\sim \frac{1}{2}$ time)	Usually ( $> \frac{1}{2}$ time)	Always achieved – for ALL	Rationale (please comment about how you decided this rating)
a) MPS leadership actively promotes and models resident-centred care (eg: residents set their own routines)	0	1	2	3	4	
b) MPS leadership promotes and supports Aged Care as a discrete specialty area (eg: on LHD Websites and Facility Brochures)	0	1	2	3	4	
c) Offering regular Aged Care-specific professional development opportunities for staff (eg: CNC Education, Grand Rounds using Telehealth)	0	1	2	3	4	
d) Rostering staff in ways that facilitate relationship building with residents	0	1	2	3	4	
e) Providing opportunities for staff to network and share resources with other MPS and RACFs	0	1	2	3	4	
f) Position descriptions emphasise Aged Care and resident-centred care skills and expertise (eg: availability of Certificate III in Individual Support)	0	1	2	3	4	

Overall Rating Calculation:

Add above ratings together

=

Divide by 24 (possible points), Multiply by 100 & Round up or down to nearest whole number





=

%





## ACTION Planning

**MPS Name:**

- STEP 1:** Insert your **overall % ratings** for each Principle (from above sections) into the table below
- STEP 2:** Select 2 or 3 **Principles you'd like to prioritise** as potential areas for improvement – these may be the Principles with lower overall rating %s or those with some lower-rated elements of particular interest
- STEP 3:** Nominate **1 or 2 potential strategies** that your MPS would like to trial in relation to each of the selected Priority Principles – you may already have some ideas, but the *Living Well in MPS* Principles of Care and Resource Guide also offer many suggestions

Principle		Overall % Rating (copy from previous sections)	Priority Principles for Improvement (select 2-3)	Potential Strategies to Trial (nominate 1 or 2 for each selected Priority Principle)
	Respect for Rights as an Individual			
	Informed & Involved			
	Comprehensive Assessment & Care Planning			
	Homelike Environment			



Principle		Overall % Rating (copy from previous sections)	Priority Principles for Improvement (select 2-3)	Potential Strategies to Trial (nominate 1 or 2 for each selected Priority Principle)
	Recreational & Leisure Activities			
	Positive Dining Experience			
	Multidisciplinary Services			
	Expertise in Aged Care			

What was the role of the person completing the checklist?	
Who was involved in deciding the ratings given?	
About how long did it take to decide your ratings & complete the Checklist?	
Any other comments you'd like to make?	

