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# Residential Aged Care Activities Guideline

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## 1. Purpose

This guideline has been developed to assist the regions in the principles and guidance of providing holistic person-centred activities in WA Country Health Service (WACHS) residential aged care sites.

The guideline is to ensure:

- older people have a choice in the activities that are being offered
- activities are culturally appropriate, tailored to the needs, values and preferences of older people
- older people maintain social, emotional, cultural, spiritual and psychological wellbeing, that enables them to continue to do things they wish
- activities offered are culturally safe and responsive, effective and delivered in the most appropriate setting.

The key principles of developing holistic person-centred activities are:

- Older people are treated with dignity and respect by being aware of and supporting personal perspectives, values, beliefs and preferences. Listening to each other and working in partnership to design and deliver a quality activity service.
- Supporting the sense of self by understanding the importance of a person's past, their present-day experience, and their hopes for the future.
- Ensuring that older people are made to feel welcome, safe, and comfortable in the environment, free from abuse and neglect.
- Understanding relationships between the service provider and service user and their carers and staff. Social and cultural connectedness is maintained through the local community and the opportunity to engage in meaningful activities.
- Individual attention and support are to be given to older people with cognitive impairment including individual therapy activities and specific programs designed to prevent or manage a specific condition or behaviour and to enhance the quality of life of the resident.

## 2. Guideline

Residents can expect to receive holistic person-centred activities, which meets individual physical, psychological, cultural, emotional, social and personal needs and their preferences. A holistic person-centred approach is achieved by including activities that match a resident's interests, personal histories, cultural needs and abilities.

It is important that residents maintain their usual activities and interests as much as possible. This could include visiting the homes of family members and friends and continuing to participate in any family or cultural obligations, hobbies, spiritual activities and any community events.

## 2.1 Assessment and Care Planning

Assessment and care planning require a collaborative approach by staff in consultation with the resident, family member, carer and/or their representative. Assessments and history taking are critical in the development of a holistic person-centred activity plan. When developing the activity plan consider the following information:

- **Comprehensive initial assessment and social profile** identifies the person's interests, histories, cultural needs, preferences and abilities that enable staff to offer relevant and appropriate opportunities for residents to engage in activities.
- **Respecting resident choice** with regards to routines, choice of activity and meals encourages residents' independence and autonomy.
- **Cultural and spiritual care awareness and sensitivities** acknowledges that residents come from a variety of social and cultural backgrounds. Aboriginal culture can vary across regions; an equitable, culturally safe and responsive activity plan needs to be developed involving the resident, resident family member, carer and or their representative. Aboriginal Liaison Officer/Health Worker, Aboriginal interpreters and Culturally and Linguistically Diverse (CALD) Liaison Officer roles form an important link in maintaining cultural competence and awareness. Examples of how this could be implemented include designating a quiet room or place to reflect and worship and to celebrate days of cultural importance to assist in creating cultural sensitivity.
- **Dignity of Risk** is the principle of respecting a resident's right to choose and to take reasonable risks. This concept means that all residents have the right to make informed decisions about their health and care unless they have been deemed not to have legal capacity. Dignity of Risk acknowledges that life experiences come with risk, and staff must support residents in experiencing both success and failure with the emphasis on reducing any identified risk that could potentially cause harm.

## 2.2 Assessment and Planning Tools

Comprehensive assessments and planning can identify and address the resident's needs, goals and preferences utilising the below formats:

- [RC22 Personal and Social History \(About Me\)](#), [ACI Sunflower Tool](#) or [My Life Tree](#) for use with culturally appropriate residents. Document to be completed by the resident, family member, carer and/or representative prior to or within 28 days from admission. The documents are to highlight the resident's history, cultural obligations, likes and dislikes.
- [RC24 Monthly Activities Planner](#) is developed using information from the RC22, Sunflower tool and /or My Life Tree (RC13 and RC6 if applicable), identified activities through residents/residents' family meetings, cultural and seasonal events throughout the month. The activity planner is to be completed one month in advance to allow preparation for the following months activities.
- [RC29 My Choice - Dignity of Risk](#) this form assists staff to respect choices and decisions where the resident's wish to undertake activities, they may involve a risk and identify strategies to reduce/minimise the risk.
- [RC13 WACHS Behaviour Assessment and Support Plan](#) is completed where a change in behaviour has been identified and non-pharmacological interventions are put in place to enhance the quality of life for the resident.
- [RC6 Specific Care Plan](#) is to be completed when specific care needs are identified, to include goals and interventions to assist older people to enhance quality of life.

## 2.3 Documentation

The Daily Participation Record within the RC24 form is to be completed at the end of the activity reflecting the resident's participation, engagement and the suitability of the activity. Feedback from resident, family, representatives, visitors, volunteers and staff should also be documented.

## 2.4 Planning of activities

When planning activities consider using information gained by the following means:

- **Regular resident meetings** provide an opportunity for the resident, family and their representatives to be involved in decision making and planning, to have opinions, share ideas and choices and raise issues or concerns.
- **Regular care conferences** with the multidisciplinary team, where possible, helps to maintain open communication between staff, the resident, family and or their representative and provides an opportunity for early identification of issues or concerns which can be addressed before they become problematic.
- **Review of care plans and Daily Participation Records** - any changes in residents' behaviours and mobility to be documented to ensure emotional and support needs are being met.
- **Identified strategies/improvements** are to be documented on the Quality Improvement Plan.

## 3. Roles and Responsibilities

**Executive Directors** are responsible for

- ensuring guidelines are implemented across their region.
- monitoring and oversight of compliance with the NSQHS, (including the Aged Care Module) and the Aged Care Quality Standards.

**Operations Managers** are responsible at a regional level for:

- ensuring guidelines are implemented at all sites within their region and ensuring staff have access to and are able to interpret and apply legislative requirements related to this guideline
- supporting individual sites in meeting the relevant Quality Standards.

**Regional Aged Care Managers** are responsible for:

- acting as a point of contact for the region in the dissemination of information related to aged care services and for the governance structure
- reviewing the quality standards to identify areas of non-compliance.

**Aged Care Activities Coordinators** are responsible:

- ensuring they are familiar with the guideline
- providing care described in this Guideline within their scope of practice and designated role
- developing and applying cultural capabilities to deliver culturally safe and responsive care.

**All staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

## 4. Monitoring and Evaluation

### 4.1 Monitoring

Monitoring of compliance with this document is to be carried out by individual sites using the following means or tools:

- records of consumer feedback/complaints
- residents' surveys
- data obtained from CIMS Datix.

### 4.2 Evaluation

Evaluation of this policy is to be carried out by the Aged Care Directorate every five (5) years, or as required.

## 5. Compliance

This guideline is recommended as best practice under the [Aged Care Act 1997](#) and the [National Insurance Disability Scheme Act 2013](#) (Cth)

Guidelines are designed to provide staff with evidence-based recommendations to support appropriate actions in specific settings and circumstances. As such, WACHS guidelines should be followed in the first instance. In the clinical context, where a patient's management should vary from an endorsed WACHS guideline, this variation and the clinical opinion as to reasons for variation must be documented in accordance with the [Documentation Clinical Practice Standard](#).

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

## 6. References

Australian Government: Department of Health and Aged Care (2021). [Caring for Forgotten Australians, Former Child Migrants and Stolen Generation](#). Available from: <https://www.health.gov.au/resources/collections/caring-for-forgotten-australians-former-child-migrants-and-stolen-generations-information-package?language=und>

Australian Government: Department of Health and Ageing (2012). [National Lesbian, Gay, Bisexual, Transgender and Intersex \(LGBTI\) Ageing and Aged Care Strategy](#). Available from: <https://www.acon.org.au/wp-content/uploads/2015/04/National-LGBTI-Ageing-and-Aged-Care-Strategy-2013.pdf>

WA Country Health Service (2023). [WACHS Consumer and Community Engagement Strategy 2021-26](#). Available from: <https://wacountry.health.wa.gov.au/About-us/Publications/Strategic-plans>

WA Country Health Service (2023). [WA Country Healthy Service Aboriginal Health Strategy 2019-2024](#) Available from: <https://wacountry.health.wa.gov.au/About-us/Publications/Strategic-plans>

WA Country Health Service (2023). [WA Country Health Service Strategy fo Older People 2022 - 27](#) Available from: Available from: <https://wacountry.health.wa.gov.au/About-us/Publications/Strategic-plans>

## 7. Definitions

Term	Definition
<b>Aboriginal</b>	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
<b>Activity</b>	Activities can be a variety of social and emotional stimulation to address the needs and preferences of the resident by either individual person-centred activity, a formalised wellness and reablement group session. Activities could be provided by WACHS staff community group or outing.
<b>Carer</b>	A carer is someone who provides unpaid care and support to family members and friends who have disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or who are frail aged. Extract: <a href="#">Carers Australia</a> In the context of Aboriginal communities and kinship systems, caring is a collaborative act with many people helping care for a single person.
<b>Cognitive Impairment</b>	Refers to diminishing ability in judgement, memory, learning, comprehension, reasoning and/or problem solving and can result from a number of conditions, including dementia, delirium and/or depression. This can also include substance abuse/misuse, including medication mismanagement/electrolyte imbalance. Cognitive impairment can be temporary, fluctuating or permanent.
<b>Representative</b>	As per the Quality of Care Principles 2014 (Cth): <b>(1) Representative</b> , of a consumer, means: (a) a person nominated by the consumer as a person to be told about matters affecting the consumer; or (b) a person: (i) who nominates themselves as a person to be told about matters affecting a consumer; and (ii) who the relevant organisation is satisfied has a connection with the consumer and is concerned for the safety, health and well-being of the consumer.
<b>Staff</b>	As per <i>Health Services Act 2016 (WA)</i> : Staff member, of a health service provider, means. (a) an employee in the health service provider (b) a person engaged under a contract for services by the health service provider

## 8. Document Summary

<b>Coverage</b>	WACHS-wide
<b>Audience</b>	Regional Aged Care Managers, Operation Managers, Clinical Nurse Managers, Activities Coordinators, Direct Care Workers - Assistants in Nursing
<b>Records Management</b>	Non Clinical: <a href="#">Records Management Policy</a> Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<ul style="list-style-type: none"> <li>• <a href="#">Accountability Principles 2014</a> (Cth)</li> <li>• <a href="#">Aged Care Act 1997</a> (Cth)</li> <li>• <a href="#">Aged Care Quality and Safety Commission Act 2018</a> (Cth)</li> <li>• <a href="#">Carers Recognition Act 2004</a> (WA)</li> <li>• <a href="#">Disability Discrimination Act 1992</a> (Cth)</li> <li>• <a href="#">Freedom of Information Act 1982</a> (Cth)</li> <li>• <a href="#">National Insurance Disability Scheme Act 2013</a> (Cth)</li> <li>• <a href="#">Quality of Care Principles 2014</a> (Cth)</li> </ul>
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0071/17 – <a href="#">Aboriginal Health and Wellbeing Policy</a></li> <li>• MP 0130/20 - <a href="#">Complaints Management Policy</a></li> <li>• MP 0051/17 – <a href="#">Language Services Policy</a></li> <li>• MP 0121/19 - <a href="#">Responding to Abuse of Older People (Elder Abuse) Policy</a></li> <li>• <a href="#">Clinical Services Planning and Programs</a></li> <li>• <a href="#">Integrity Policy Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Adults with Impaired Decision-Making Capacity Procedure</a></li> <li>• <a href="#">Animals in Healthcare Settings Policy</a></li> <li>• <a href="#">Chaperone Policy</a></li> <li>• <a href="#">Cognitive Impairment Clinical Practice Standard</a></li> <li>• <a href="#">Complaints Management Procedure</a></li> <li>• <a href="#">Documentation Clinical Practice Standard</a></li> <li>• <a href="#">Engaging Consumer and Carer Representatives Policy</a></li> <li>• <a href="#">Nutrition Standards for Adult Inpatients and Residential Aged Care Policy</a></li> <li>• <a href="#">Recognising the importance of Carers Policy</a></li> <li>• <a href="#">Residential Aged Care Services Guideline</a></li> <li>• <a href="#">Residential Aged Care Services Policy</a></li> <li>• <a href="#">Risk Management Procedure</a></li> <li>• <a href="#">Volunteer Policy</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy</a></li> <li>• Aged Care Quality and Safety Commission <a href="#">Charter of Aged Care Rights for providers</a> (information for providers)</li> <li>• <a href="#">Serious Incident Response Scheme Guidelines for residential aged care providers (October 2022)</a></li> <li>• <a href="#">WA Aboriginal Health and Wellbeing Framework 2015-2030</a></li> </ul>

<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">WACHS Consumer Feedback/Complaint Form</a></li> <li>• <a href="#">RC6 Specific Care Plan</a></li> <li>• <a href="#">RC13 WACHS Behaviour Assessment and Support Plan</a></li> <li>• <a href="#">RC22 Personal and Social History (About Me)</a></li> <li>• <a href="#">ACI Sunflower Tool</a></li> <li>• <a href="#">My Life Tree</a></li> <li>• <a href="#">RC24 Monthly Activities Planner</a></li> <li>• <a href="#">RC29 My Choices - Dignity of Risk</a></li> </ul>
<b>Related Training Packages</b>	<p><a href="#">Available from MyLearning:</a></p> <ul style="list-style-type: none"> <li>• Abuse of the Older Person: Direct Care Worker Module (AOP1 EL2)</li> <li>• Altura: Dignity and Personalised Care (AC10 EL2)</li> <li>• Altura: Equality Diversity and Inclusion (AC18 EL2)</li> <li>• Altura: Sensory Loss Vision and Hearing (AC14 EL2)</li> <li>• Altura: Sexuality and the Older Person (AC16 EL2)</li> <li>• Altura: Understanding the Ageing Process (AC12 EL2)</li> <li>• Person Centred Care (PCC EL1)</li> <li>• Rainbow of Difference (AC23 EL2)</li> </ul>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 2076
<b>National Safety and Quality Health Service (NSQHS) Standards MPS Aged Care Module</b>	<p>1.1b 1.1e, 1.4, 1.05, 1.07b, 1.07c, 1.08, 1.10, 1.11, 1.12, 1.13, 1.14, 1.15, 1.16c, 1.29, 1.30, 1.31, 1.32, 1.33, 2.03, 2.04, 2.05, 2.06, 2.07, 2.08, 2.09, 2.10, 2.14, 5.03, 5.12, 5.13a, 5.13b, 5.13c, 5.13e, 5.13f, 5.14, 5.29a, 5.30b, 6.05, 6.06, 6.07, 6.11</p> <p><a href="#">NSQHS MPS Aged Care Module</a> Actions 1, 2, 3, 4, 5, 6</p>
<b>Aged Care Quality Standards</b>	1, 2, 4, 5, 6, 7, 8
<b>Chief Psychiatrist's Standards for Clinical Care</b>	Nil
<b>National Disability Insurance Scheme Standards</b>	1 – 4

## 9. Document Control

Version	Published date	Current From	Summary of changes
1.00	28 October 2024	28 October 2024	New Guideline

## 10. Approval

<b>Policy Owner</b>	Chief Operations Officer
<b>Co-approver</b>	Nil
<b>Contact</b>	Safety and Quality Coordinator Aged Care
<b>Business Unit</b>	Aged Care Directorate
<b>EDRMS #</b>	ED-CO-24-179118

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