



Residential Care Evaluation Checklist

Finding suitable residential care can be a daunting process.
This simple checklist may be able to assist in the decision making by helping you to remember what each facility had.
This form is designed to record details of 4 different care options.

*To start with it is important to document your first impression;
intuition and common sense are of great value.*

Facility 1

Name: _____

General comments:

Facility 2

Name: _____

General comments:

Facility 3

Name: _____

General comments:

Facility 4

Name: _____

General comments:

	Facility 1	Facility 2	Facility 3	Facility 4
What are your first impressions?	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Are people welcoming and friendly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your questions received positively?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do staff appear to treat residents and their visitors with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do meals appear to be varied and nutritious?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is family involvement such as sharing of meals, celebrations and so on encouraged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there areas for families to get together?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there activities offered regularly that are of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do staffing arrangements, especially in late afternoon and night times, seem appropriate to residents' needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are nursing services available and is there access to health care professionals, such as G.P., physiotherapist, dietician?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility have a policy of information and support for the family/carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Facility 1	Facility 2	Facility 3	Facility 4
Is assistance and support provided to carers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Residents or Relatives Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does it smell good?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the temperature comfortable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lighting and ventilation appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there secure and interesting outdoor areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do restraints such as bedrails or lap-belts appear to be used frequently or unnecessarily?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have different measures been introduced to prevent falls?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there good written information available to you, for example about the services included in fees, procedures for handling complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Updated May 2010

Has the facility appropriate current documentation i.e. accreditation and registration? Call 1800 500 853 for more information

Yes
 No

Yes
 No

Yes
 No

Yes
 No

Would you live in this facility?

Yes
 No

Yes
 No

Yes
 No

Yes
 No

Parkinson's Specific issues

Facility 1

Facility 2

Facility 3

Facility 4

Are they aware of the Parkinson's need for getting medication on time and do they have a plan for delivering this? (ie. This could mean up to 3-hourly dosage of medication)

Yes
 No

Yes
 No

Yes
 No

Yes
 No

Has the centre had Parkinson's Victoria awareness education for managing Parkinson's?

Yes
 No

Yes
 No

Yes
 No

Yes
 No

Is the centre willing to have an education session?

Yes
 No

Yes
 No

Yes
 No

Yes
 No

How do they manage night time disturbances?

Yes
 No

Yes
 No

Yes
 No

Yes
 No

Are there appropriate options for entertainment and mental engagement?

Yes
 No

Yes
 No

Yes
 No

Yes
 No

Updated May 2010

Are there facilities to assist with attending neurology appointments?

Yes
 No

Yes
 No

Yes
 No

Yes
 No

Do they have any exercise groups that someone with Parkinson's could participate in?

Yes
 No

Yes
 No

Yes
 No

Yes
 No