

Accreditation Support Visit Resource File

**Site Name
2007**

Section NO	INDEX
1.	Procedure- Unannounced Agency Visit
2.	Auditors Names Log
3.	Site/Facility Plan
4.	Staff List
5.	Resident List
6.	Blue Dot Files- <i>examples may include</i> <ul style="list-style-type: none"> ➤ Audit findings ➤ KPI data ➤ CQI log ➤ Collation of evidence files for improvement initiatives
7.	Common areas of Review
8.	Full Accreditation Site Visit Requirements (Documents)
9.	Accreditation sample questions for staff <ul style="list-style-type: none"> - care - kitchen - laundry
10.	Spot Visit Modules & <i>Other Resources</i> <i>See attached pdf documents, these tools maybe stored with other audit tools used at your facility</i>



Background

The Aged Care Accreditation Agency initiated Support Visits; including unannounced visits are a quality control mechanism for consumer and industry stakeholders and a way of supporting residential aged care facilities with external review of their quality management processes and customer based outcome assessment.

All Residential Aged Care Facilities should anticipate they will receive at least 1 unannounced support visit per year.

The following procedure is aimed at guiding facility based staff with the management of this process to ensure a well coordinated and proactive approach to any external reviews.

This guide is not all encompassing, however, maintenance of the following process should empower staff to actively manage this process and support succession in the event that management are on leave or unavailable on days that spot visits occur etc.

This file is to be maintained by the **Administration Coordinator (or appointed person)** to ensure it always contains up to date and relevant attachments.

On receiving Agency visitors to your **Facility the Administration Coordinator (or appointed person)** is to give this file to the Facility Coordinator or senior member of staff that would manage the Agency visit in the absence of the Manager (or most senior member of onsite staff).

Any wording in green is to be personalised to your Facility Requirements.



Procedure

1. Welcome guest and show through to meeting room 1.
2. Record names of Auditors on attachment 1 & give 'visitor badge'
3. Liaise with **Reception/admin staff** give copy of attachment 1 and request they contact the following roles where they exist.
 - a. Manager –
P-
M-
 - b. Regional Manager (Line Manager)-
P-
M-
 - c. Quality Manager –
P-
M-
 - d. Other
4. **Manager** to contact immediate subordinate/colleague i.e. **Clinical Nurse (CN)** and request attendance at entry meeting. Request Auditors choices for meeting with staff and residents and the times for this.

Clarifying Questions- would you like to meet with 2 small groups of staff? Question- would you like me to arrange a small group(s) of resident for you to meet with or would you prefer to identify individuals in your travels around our home?

5. **Administration Coordinator (AC)** to collect all files with **blue dots** and bring through to **meeting room 1** on a trolley. These are files identified and marked with a "dot" as containing information often required by Auditors.
These files may include
 - a. Policy and Procedure Manual
 - b. Meeting Minutes File
 - c. Complaints/Improvement Files (Note flagging system for demonstrated improvements)
 - d. Data Collection files
 - e.
 - f.
6. **Manager** to take visitors through Facility. Like to want to review 1 high and 1 low care house. Give Auditors copies of:
 - a. Attachment 2- Site Plan
 - b. Attachment 3-Staff list
 - c. Attachment 4- Resident List



7. **Administration Coordinator (AC)** to contact kitchen/hotel service staff and request guest refreshment tray to **meeting room 1**. (Kettle, water, tea, coffee, biscuits etc)
8. **Clinical Nurse (CN)** to arrange 2 groups of staff to meet with visitors in meeting room 1 at time detailed at entry meeting.
9. **Clinical Nurse (CN)** to liaise with potential groups of residents if this have been requested by the visitors at point 4.
10. **Manager** and **Clinical Nurse (CN)** to be identified contact persons for the day. The **Manager** will support the auditor- team leader; the CN will support the other auditor. Note if only 1 auditor the FC will undertake this function with support when requested of the CN.
11. Undertake days activities
12. Exit meeting to be attended by- **FC, CN, AC** and other interested parties or invited staff/residents.



Auditors Names Log

Date:

Lead Auditor (Team Leader)	
Auditor	



Site Plan

(Including emergency evaluation plan)



Attachment 3

Staff list



Resident List



Attachment 5

Blue Dot Files

These files have been identified as common documents requested by the accreditation team. For ease of access they have been marked with a blue spot on the spine most are located on the book shelf in the Facility Coordinators (FC) Office.

File/Document	Location
Policy and Procedure Manual	Manager's Office
Meeting Minutes File	Manager's Office
Complaints/Improvement Files (Note flagging system for demonstrated improvements)	Manager's Office
Data Collection files	Manager's Office
Policy and Procedure Manual	Manager's Office



Areas for Review/Audit

There are no hard and fast rules regarding the direction of an audit or documents that may be requested. A focus approach looking at required improvements is often taken if there has been an identified concern or non compliance in the past.

The following areas are common themes for general auditing. There are no perfect answers to any of these review area but foresight as to what may be reviewed can support your preparedness

1. Resident incidents and accidents
2. Pain Management & Palliative Care
3. Staff incidents and accidents
4. Staff turnover and staffing levels and how these are determined
5. Agency Usage
6. Medication incidents
7. Infection Rates and infection management systems
8. Wound care management
9. Clinical Records- i.e. dentist reviews/data
10. CQI and Complaints details outcomes- often a request is made to demonstrate recent (less than 6 months old) evidence of continuous improvement across each of the 4 Standards. Note one recent improvement across each of the 4 Standards sits with accompanying evidence in quality improvement file.
11. Plan for Improvement



Full Accreditation Site Visit Requirements (outline)

Documents Required	Who	Completed
Policy and procedure manuals		
Plan for continuous Improvement		
Audit/survey schedule		
Audit/survey findings (including satisfaction surveys if applicable)		
Clinical indicators file		
Improvement logs or equivalent file		
Comments/Complaints (internal and external) file		
Accident/incident reports (including medication, resident and staff etc) and hazard reports		
Meeting Schedule & minutes file		
Resident list (including details of care classifications)		
Job descriptions and duty statement		
Staff rosters		
4-6 Staff files (10% sample)		
Education records & Training Planner		
Results that demonstrate compliance with the expected outcomes that are currently rated as non complaint		
*Preventative and corrective maintenance program and records (where applicable)		
*Agreements with external services (if applicable)		
Resident and staff handbooks		
2 x groups of 2-3 staff, one to be 3 carers and 1 to be 1, rn, 1 therapy assistant and hotel service staff		
Therapy Program & Attendance records		
Residents files (10%), care plans and medication charts (additional files will be requested in site)		
Menu		

* May not be required for corporate based services



Accreditation Question Examples: Areas for Review

In response to staff request for some indicators on the type of questions staff may be presented with by Accreditation Auditors this list has been developed as a rough guide. Please note the Auditors are here to speak with staff, residents, families and review associated documentation and ensure our home complies with basic Standards and is committed to an ongoing process of trying to improve outcomes for residents, families and staff.

We welcome staff being as actively involved in this process as possible. It is your opportunity to talk about the way your work practices support resident's quality of life and wellbeing.

Care Staff

1. Emergency Procedures:
 - What would you do?
 - How to use an extinguisher?
 - Evacuation points?
2. Care Plan use?
 - How to use?
 - Consultation regarding care? (sign care plan, ask residents about preferences etc)
 - How do you promote dignity, choice and privacy?
3. Process for reporting of hazards and incidents etc?
4. Infection control precautions for?
 - Linen
 - Rubbish- sharps
 - Personal protective equipment
 - What training have you received in this area
 - Hand washing
5. How would you make a suggestion, comment or complaint?
 - Improvement/feedback forms- feedback processes like quality notice board, discussion with management or feedback form
 - Talk to staff
 - Attend staff meetings etc
6. What training have you attended recently? What did you learn? What further training would you like?
7. How do you communicate with residents from different nationalities?
8. What behaviour management strategies do you find useful?
9. How do you communicate changes in care?
10. Look at self assessment to provide some further guidance, or speak to the Manager.

Thankyou



Accreditation Question Examples: Areas for Review

In response to staff request for some indicators on the type of questions staff may be presented with at Accreditation this list has been developed as a rough guide. Please note the Auditors are here to speak with staff, residents, families and review associated documentation and ensure McMahon complies with basic Standards and is committed to an ongoing process of trying to improve outcomes for residents, families and staff.

We welcome staff being as actively involved in this process as possible. It is your opportunity to talk about the way your work practices support resident's quality of life and wellbeing.

Kitchen

1. How are you involved in the Home's Food safety program?
2. What infection control precautions do you use?
3. Emergency Procedures:
 - What do you do?
 - How to use an extinguisher?
 - Evacuation points?
4. Process for reporting of hazards and incidents etc?
5. How would you make a suggestion, comment or complaint?
 - Improvement forms- feedback processes like quality notice board, discussion with management or feedback form
 - Talk to staff or management
 - Attend staff meetings etc
6. What are the cleaning procedures and how do you know if something has been recently missed?
7. How do you ensure safe chemical storage? (MSDS access)
8. How do you know resident specific meal preferences and drink preferences?

Thankyou



Accreditation Question Examples: Areas for Review

In response to staff request for some indicators on the type of questions staff may be presented with at Accreditation this list has been developed as a rough guide. Please note the Auditors are here to speak with staff, residents, families and review associated documentation and ensure McMahon complies with basic Standards and is committed to an ongoing process of trying to improve outcomes for residents, families and staff.

We welcome staff being as actively involved in this process as possible. It is your opportunity to talk about the way your work practices support resident's quality of life and wellbeing.

Laundry

1. How do your work processes ensure separation of dirty and clean laundry?
2. How full are linen bags before they go to the holding bay/laundry?

Filling of linen bags (2/3 full)?
3. Emergency Procedures:
 - a. What would you do in....?
 - b. How to use an extinguisher?
 - c. Evacuation points?
 - d. Process for reporting of hazards and incidents etc?
4. What infection control precautions do you use?
5. Safe chemical storage? (where are the MSDS stored, where is the hazardous substance register)
6. Where is the location of the gas isolation switch?
7. How would you make a suggestion, comment, compliment or complaint?
 - a. Pink forms- feedback processes like quality notice board, discussion with management or feedback form
 - b. Talk to staff
 - c. Attend staff meetings etc
8. What are the cleaning Procedures and signing off procedures that you use?



Assessment Module **2**



The **Aged Care**
Standards and Accreditation Agency Ltd

Aspects

- Implications of incidents for quality of care and services. This includes how information gained from incidents and trend analysis feeds into the continuous improvement system, achieving positive results for residents both individually and throughout the home, following a risk assessment approach.
- Identification of incidents including medication, behavioural (including wandering and aggression), skin tears, falls and complaints. Does not include infections or staff-only incidents.
- Management of incidents including reassessment of residents' individual needs and review of plans.

Process

The process followed is one of using incidents as a means of directing enquiry about the home's performance against the Accreditation Standards.

1. Ascertain process deployed at the home to record incidents. Evaluate.
2. Speak to at least 10% of residents or their representatives in relation to care and lifestyle.
3. Select minimum of 12 incident reports from the past six months. Evaluate:
 - a) appropriateness of first response (for example, in the case of a fall, was the resident examined for injury and appropriately treated; in the case of a medication error, was the possible or actual effect on the resident examined and appropriate treatment sought)
 - b) what was done to review the ongoing care and services for that resident taking into account the circumstances of the incident(s)
 - c) the systems that related to the incident
 - d) environmental factors that may relate to the incident
 - e) review of and use of information about incidents in making the home function safer and more effectively.
4. Evaluate how the home complies with its responsibilities in relation to continuous improvement.
5. Identify where information collected through this process impacts on the assessment of performance against the Standards.

Consider implications for the following expected outcomes in particular

- 1.4, 1.6 and 1.8
- 2.1–2.4, 2.7, 2.11, 2.13 and 2.14
- 3.5 and 3.9
- 4.1–4.4

Assessment Module 2

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
<p>Implications for quality of care and services</p> <ul style="list-style-type: none"> This includes how information gained from incidents and trend analysis feeds into the continuous improvement system, achieving positive results for residents both individually and throughout the home, following a risk assessment approach 	<ul style="list-style-type: none"> Recent improvements relating to areas where incidents have been identified 	<ul style="list-style-type: none"> Confirmation of improvements to areas where incidents have been identified Confirmation of communication and consultation in regards to improvements 	<ul style="list-style-type: none"> Confirmation of improvements to areas where incidents have been identified Confirmation of communication and consultation in regards to improvements Confirmation of processes used by the home including identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms 	<ul style="list-style-type: none"> Incident rate data and analyses and subsequent evaluation of actions put in place Documentation linking incidents to the broader continuous improvement system if available, for example, an action plan, a focused audit, etc. Evidence of follow-up actions, for instance, meeting minutes, reports, etc. Evidence of the planning of improvements and consultation with residents, representatives and staff (for example, minutes, newsletters, letters, etc.) Evidence of monitoring mechanisms (for example, audit results, data trends, etc.)
<p>Identification of incidents</p> <ul style="list-style-type: none"> Includes medication, behavioural (including wandering and aggression), skin tears, falls, complaints and 	<ul style="list-style-type: none"> Availability of mechanisms for reporting Availability of information on the incident management 	<ul style="list-style-type: none"> Knowledge of how to report a concern or complaint Opinion and satisfaction of access to complaints 	<ul style="list-style-type: none"> Knowledge of what to do when they observe an incident (may require questions relating to more than one incident reporting) 	<ul style="list-style-type: none"> Policies and procedures relating to incident management (may include policies and procedures relating to more than one incident)

Assessment Module 2

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
<p>other resident-related incidents</p> <ul style="list-style-type: none"> Does not include infections or staff-only incidents 	<p>system (policies and procedures, etc.)</p>	<p>mechanisms including relating to resident care and other adverse incidents</p> <ul style="list-style-type: none"> Opinion and satisfaction of access to other incident mechanisms 	<p>system)</p> <ul style="list-style-type: none"> Information on how residents, representatives and staff members are informed of incident (including complaints) reporting mechanisms Information on how the home knows all incidents are being reported and data is therefore correct 	<p>reporting system)</p> <ul style="list-style-type: none"> All relevant reports from the last six months
<p>Management of incidents</p> <ul style="list-style-type: none"> Includes reassessment of residents' individual needs and review of plans 	<ul style="list-style-type: none"> Resident interactions with staff, visitors and other residents Resident practices Staff availability Staff access to resident information Shift handover Security of medications The living environment (clutter, safety of residents with wandering behaviours, promotion of mobility, etc.) Availability of equipment such as 	<ul style="list-style-type: none"> Satisfaction with the care provided to residents Satisfaction with complaints management processes Satisfaction with communication strategies when an incident occurs Satisfaction with behavioural management of residents such as wandering, aggression, verbally and physically 	<ul style="list-style-type: none"> Information on the process followed when an incident occurs (reassessment of needs, referrals, etc.) Knowledge of individual residents' needs resulting from incidents including knowledge of residents at risk of specific incidents Information on how incidents and changes in needs are communicated to staff 	<ul style="list-style-type: none"> Incident forms and evidence of follow-up actions Comments and complaints Assessment documentation (including risk assessments and focussed assessments) Care planning documentation Referrals to doctors and allied health services Progress notes Medication charts Wound charts Staffing levels Environmental

Assessment Module 2

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	transferring equipment and dressings <ul style="list-style-type: none"> • Maintenance of equipment (including in the prevention of skin tears) 	intrusive behaviours, etc. <ul style="list-style-type: none"> • Incidence and management of falls and skin tears • Satisfaction with medication management processes • Satisfaction with the safety and comfort of the living environment 		assessments/follow-up actions <ul style="list-style-type: none"> • Maintenance records • Evidence of follow-up/preventive education, counselling and meetings as appropriate for staff • Evidence of follow-up/preventive education, newsletters, etc. for residents

Considerations

Relationship with continuous improvement

- It is expected that any incidents including comments and complaints would be fed, where appropriate, into the home's continuous improvement system. That is, that incidents and comments and complaints may be some avenues of identifying improvement opportunities. This might involve:
 - collating and analysing incidents including identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms
 - review of incident resolution
 - communication with the resident/complainant regarding the complaint and the outcomes
 - identification of improvement outcomes and their impact on residents
 - monitoring that the home's documented procedures are followed
 - staff are appropriately educated.

Complaints management

- The home informs residents, representatives and others about their access to internal and external complaints mechanisms. This includes consideration to people:
 - from non-English speaking backgrounds
 - with special needs
 - with cognitive or communication difficulties.
- The home manages complaints when received in writing or verbally.
- The home maintains resident privacy and confidentiality throughout the complaint process.

Clinical incidents (including skin tears, falls, wandering/intrusive behaviours, medication incidents and other clinical incidents)

- Residents/representatives confirm satisfaction with the way in which care is provided including in relation to the management of various clinical incidents. This includes the management of the care of the individual resident and other residents as how it affects others.
- Staff are aware of processes to follow when incidents occur including in relation to the general process of incident management, and in terms of knowing individual residents' needs resulting from an incident.
- Policies and procedures are documented and made available to staff.
- The home ensures that regular assessments of the residents' clinical care needs are conducted and documented by appropriate staff in accordance with incidents. This includes:
 - consultation with residents/representatives and others (medical and health professionals) about the residents' care needs and preferences including risks
 - identification of residents at risk of incidents
 - reassessment of residents' needs as a result of individual incidents and where trends arise
 - when planned reassessment occurs, consideration of any incidents and how they relate to various areas of residents' care
 - mechanisms for urgent referrals
 - assessment of the environment for hazards and possible causes of incidents.
- Staffing is adjusted as appropriate in response to trends identified.
- Staff education and/or counselling is conducted in order to minimise the risk of incidents.

- Goods and equipment required to assist in the maintenance and improvement of residents' health and the safety of the living environment are readily available and maintained, for instance, booties, rugs, protective clothing, oils, emollients, transferring equipment and aids, and medication supplies and equipment.
- The home's environment reflects the safety and comfort needs of residents. For example:
 - safe access to well-maintained communal, private, dining and outdoor areas to prevent incidents
 - a secure internal and external environment including for residents inclined to wander.

Other incidents

- Monitoring (including informal) of interactions between residents and staff, visitors or other residents occurs to ensure resident safety.
- There are mechanisms in place for residents and others to report incidents.

Assessment Module

1



The **Aged Care**
Standards and Accreditation Agency Ltd

Aspects

- Continuous improvement.
- The home assists residents to feel secure in their home.
- The home ensures that residents live in a safe and comfortable environment that enhances their quality of life and welfare.
- Residents retain their personal, civic, legal and consumer rights.

Process

The process followed is one using resident security as a means of directing enquiry about the home's performance against the Accreditation Standards.

1. Identify the processes deployed at the home to ensure residents are secure in their physical environment, their tenure and the privacy of confidential information.
2. Review the home's processes for ensuring residents are secure in their physical environment, their tenure and the privacy of confidential information.
3. Interview at least 10% of residents/representatives in relation to resident security, and privacy, and review at least 10% of resident records.
4. Evaluate if:
 - a) residents/representatives are provided with appropriate information that explains their conditions of tenure and their rights and responsibilities
 - b) there are systems in place to provide an environment and work practices that minimise risks to residents' security
 - c) the home conducts regular reviews of the security procedures and practices
 - d) staff have appropriate skills and knowledge to ensure the security and privacy needs of residents are met.

Consider implications for the following expected outcomes in particular

- 1.3, 1.4, 1.6, 1.7 and 1.8
- 2.13
- 3.1, 3.2, 3.3, 3.6, 3.9 and 3.10
- 4.1 – 4.4 and 4.6

Assessment Module 1

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
Continuous improvement	<ul style="list-style-type: none"> Internal and external living environment 	<ul style="list-style-type: none"> Knowledge of genuine improvements relating to resident security Satisfaction and confirmation of feedback relating to comments, complaints and suggestions 	<ul style="list-style-type: none"> Knowledge of genuine improvements relating to resident security Knowledge of monitoring systems in place relating to resident security 	<ul style="list-style-type: none"> Examples of genuine improvements to resident security, for example, plan for continuous improvement Monitoring records in relation to residency agreements, legal representation, secure living environment, etc.
The home assists residents to feel secure in their home	<ul style="list-style-type: none"> Internal and external living environment, for example, sensor mats, security alarms, physical restraints, perimeter fencing, access to nurse call bell system in resident and communal areas, duress alarms, secure storage of residents' personal information, etc. Controls over visitors' access to the home and resident 	<ul style="list-style-type: none"> Satisfaction with the safety and security of the home Knowledge of rights and responsibilities Satisfaction and confirmation of communication about changes to security and any arising issues Knowledge of independent sources of advice (for security of tenure) Satisfaction and confirmation that 	<ul style="list-style-type: none"> Knowledge of staff responsibilities relating to the following: <ul style="list-style-type: none"> fire, evacuation and lockup procedures use of duress alarms (if used) restraint use (if used) attendance at education sessions protection of residents' safety and rights protection of 	<ul style="list-style-type: none"> Staff and residents/representatives meeting minutes Examples of signed residency agreements Correspondence from DHA regarding fees and charges Policies and procedures Codes of conduct Incident forms (relating to breaches of security) Restraint authorisation and observation forms

Assessment Module 1

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	movements	<p>comments can be made freely and without fear of retribution</p> <ul style="list-style-type: none"> Confirmation that formal agreements are offered that specify the rights and responsibilities of both parties 	<p>privacy of confidential information</p> <ul style="list-style-type: none"> Management in regards to processes for ensuring confidentiality of resident records and personal information Management in regards to processes for ensuring information relating to resident security (of tenure and physical security) remains current and meets legislative requirements Management in regards to processes for ensuring residents exercise choice and control in decisions about their care and lifestyle 	<ul style="list-style-type: none"> Education records External contracts with security company (if applicable) Staff rosters Resident mobility list
The home ensures that residents live in a secure	<ul style="list-style-type: none"> Internal and external living environment 	<ul style="list-style-type: none"> Knowledge of improvements relating 	<ul style="list-style-type: none"> Knowledge of staff responsibilities relating 	<ul style="list-style-type: none"> Maintenance reports Audits and surveys

Assessment Module 1

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
environment that enhances their quality of life and ensures their welfare is maintained	<ul style="list-style-type: none"> • Fire and evacuation equipment including hoists, wheelchairs, fire extinguishers and furnishings • Fire detection systems • Emergency exit signage • Egress routes • Storage of confidential information • Resident and staff practices and interactions including in relation to privacy, dignity and safety • Systems for monitoring of visitors entering and leaving the home 	<p>to a safe physical environment</p> <ul style="list-style-type: none"> • Knowledge of fire evacuation and emergency procedures • Satisfaction with the way in which staff treat residents and recognise their rights • Satisfaction with the way in which residents interact with each other 	<p>to the following:</p> <ul style="list-style-type: none"> - fire, evacuation, lockup, and missing person procedures - security breaches - use of duress alarms - restraint use - attending education sessions - hazard and accident/incident reporting etc. - safeguarding the confidential information and the privacy and dignity of residents during provision of care - protection of residents' rights and safety - addressing/ identifying visitors to the home 	<ul style="list-style-type: none"> • Policies and procedures • Fire and security (external and government) inspection reports • Certification documents • Sign in/out book • Evacuation plans • Staff training records • Fire drill records
Residents retain their personal, civic, legal and	<ul style="list-style-type: none"> • Charter of Residents' Rights and 	<ul style="list-style-type: none"> • Knowledge of rights and responsibilities, 	<ul style="list-style-type: none"> • Management in regards to processes 	<ul style="list-style-type: none"> • Residency agreements

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
consumer rights	Responsibilities on display <ul style="list-style-type: none"> • Brochures on display (relating to advocacy services and internal and external complaints mechanisms) • Availability of information such as through noticeboards, newsletters and various brochures on display 	comments/complaints mechanisms and security of tenure issues <ul style="list-style-type: none"> • Availability of legal guardians such as enduring powers of attorney • Availability of advocates and/or advocacy services • Satisfaction and confirmation that formal agreements are offered which specify the rights and responsibilities of both the resident/representative and the home • Satisfaction and confirmation that they are consulted and informed in relation to the delivery of services relevant to their needs and preferences 	for ensuring residents are protected from harassment, retaliation, and victimisation <ul style="list-style-type: none"> • Management in regards to processes to ensure information is provided to residents, for example, to ensure residency agreements remain current and meet legislative requirements • Key personnel in regards to how the home ensures all residents' (including permanent and respite residents with cognitive/communication impairments, and/or from non-English speaking backgrounds) personal, civic, legal, and consumer rights 	<ul style="list-style-type: none"> • Charter of Residents' Rights and Responsibilities • Resident handbooks • Admission information packages • Newsletters • Brochures • Minutes • Training records • Enduring power of attorney and guardianship documents (where applicable) • Comments/complaints reports

Assessment Module 1

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			<p>are respected and maintained</p> <ul style="list-style-type: none"> • Staff in regards to attendance at education relating to (for example), resident security, advocacy services, protection of residents' rights and safety, and residents' rights and responsibilities • Management and staff in relation to the availability of independent sources of advice for residents/representatives • Management and staff in regards to the recording, monitoring and actioning of comments/complaints in a timely manner • Management in regards to the home's processes for identifying authorised 	

Assessment Module 1

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			representatives who make decisions on behalf of residents who are unable to make decisions for themselves	

Considerations

Continuous improvement

- Management demonstrates that results show improvements relating to the way in which the home manages resident security (of tenure and physical security).
- Staff and residents/representatives are assisted to actively contribute to the home's pursuit of continuous improvement in relation to resident security of tenure and their physical security.
- The home has monitoring systems in place to identify and therefore, where possible, prevent physical security and security of tenure issues from arising and recurring.
- There is a link between resident needs, preferences and feedback (and representative feedback), with the home's continuous improvement activities.
- Improvements include genuine process improvement activity as opposed to routine maintenance activity.
- Staff, and residents/representatives have knowledge of improvements and refurbishments in relation to the provision of a secure living environment.

The home assists residents to feel secure in their home

- Residents/representatives confirm they understand their rights and responsibilities. This could include knowing where this information may be accessed if required.
- The home regularly reviews the information provided to residents such as their residency agreements and information handbooks and ensures they remain current and meet legislative requirements.
- Management demonstrates that residents' security of tenure meets legislative requirements in keeping with the *Aged Care Principles* and *Aged Care Act 1997*.
- Residents/representatives and staff confirm that residents live, and staff work, in an environment free of harassment, retaliation and victimisation.
- Residents/representatives confirm that formal agreements are offered to residents that specify the rights and responsibilities of both the resident and the home.
- Residents/representatives confirm that residents are enabled to express their opinions about the home.
- Management demonstrates that the home ensures the privacy and confidentiality of residents' records and personal information.
- Management demonstrates that the home regularly reviews its practices in enabling residents/representatives to exercise choice and control including in relation to participation in decisions about residents' care and lifestyle, for example, staff practices are monitored and improved as appropriate.
- Staff and management have knowledge and skills relating to the protection of residents' safety and rights (including abuse and exploitation).

The home ensures that residents live in a safe and secure environment that enhances their quality of life and welfare

- Systems are in place to monitor, maintain and evaluate residents' security needs including through:
 - policies and procedures
 - safe and appropriate furnishings
 - the installation of security screens/doors where appropriate
 - fire detection systems
 - building certification (the score for Section 1 Safety of the inspection report indicates the home has passed the requirements and where necessary, is accompanied by reports of any subsequent inspections)

- the occurrence of independent fire safety inspections at regular intervals
- evacuation and night security procedures which include up-to-date resident mobility lists
- records of fire drills
- staff training records indicating initial and ongoing mandatory training
- maintenance records for external contractor checks of fire panels and fire equipment
- staffing levels which are adequate for emergency response particularly at night
- evacuation plans which are displayed, accurate and include assembly points
- emergency exits which are clearly marked and free from obstruction
- fire fighting equipment which is well maintained and regularly checked
- fire exit doors which swing in the direction of egress.
- Policies and procedures are in place to manage:
 - protection of residents' safety and rights
 - breaches of security
 - other emergencies including fire, evacuation of all residents, bomb threat, armed hold-ups etc.
 - residents/representatives, visitors, staff, and contractor access in and out of the home (this may include provision of a sign in/out book)
 - restraint if used
 - hazard and incident reporting mechanisms
 - the environment to ensure the security of those residents identified at high risk of wandering away from the home.
- If restraint it used, this has been assessed, authorised and administered at a minimum form and level required, and in accordance with strict safety standards.

Residents retain their personal, civic, legal and consumer rights

- Management demonstrates that residents/representatives are provided with appropriate information, at or before the time of entry that explains the conditions of tenure and residents' rights and responsibilities. For example:
 - there is appropriate documentation such as residency agreements and information booklets
 - residents/representatives are aware of all fees and charges, and the care and services available to them
 - there is accessibility of information for residents from non-English speaking backgrounds or with sensory deficits, for example, information is interpreted as needed by independent interpreters or provided in appropriate languages
 - there is availability of independent sources of advice, for example, from the Department of Health and Ageing, the Agency and resident advocacy groups
 - complaints are recorded, monitored, and acted upon in a timely manner
 - residents/representatives confirm they are aware of the avenues for comment and complaint and are able to comment and complain freely and without fear of reprisal
 - the home has a system for identifying relevant legislation, regulations and guidelines, and has mechanisms for monitoring compliance
 - the home identifies authorised representatives who make decisions on behalf of residents where they are unable to make decisions for themselves
 - residents/representatives are consulted and informed in relation to the delivery of services relevant to each resident's needs and preferences.

Assessment Module

3



The **Aged Care**
Standards and Accreditation Agency Ltd

Aspects

- Initial assessment and planning in relation to care and lifestyle, for instance, residents' specialised nursing care needs, pain management, palliative care needs, skin care management, continence management, behavioural management, mobility and dexterity needs, sensory losses and sleep management. Although not explicitly assessed, consideration should be given to independence, privacy and dignity, choice and decision making, cultural needs and other areas relating to health and personal care.
- Implementation of residents' care and lifestyle plans.
- Evaluation and re-assessment of residents' needs.
- Continuous improvement.

Process

The process followed is one of using care and lifestyle assessment and planning as a means of directing enquiry about the home's performance against the Accreditation Standards.

1. Ascertain process deployed at the home to assess and plan the care of residents.
2. Speak to at least 10% of residents or their representatives in relation to care and lifestyle.
3. Select a sample of documentation from the past six months (approximately 10%). Evaluate:
 - a) if residents are appropriately assessed for their care and lifestyle needs
 - b) if assessment includes consultation with the resident/representative and health care professionals as appropriate
 - c) appropriateness of actions carried out including in response to incidents and general care needs
 - d) timeliness of reassessment and evaluation
 - e) if staff have appropriate skills and knowledge to ensure the care and lifestyle needs of residents are met
 - f) how the home uses information on residents' care and lifestyle needs to monitor its own processes
4. Identify where information collected through this process impacts on the assessment of performance against the Standards.
5. Evaluate how the home complies with its responsibilities in relation to continuous improvement.

Consider implications for the following expected outcomes in particular

- 2.4-2.6, 2.8, 2.9, 2.11-2.14, 2.16-2.17
- resident lifestyle in general

Assessment Process

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
Initial assessment and planning in relation to care and lifestyle	<ul style="list-style-type: none"> Handover (note the manner in which information is discussed and the kinds of information discussed) Staff access to information on residents' needs Note any visiting doctors and allied health professionals 	<ul style="list-style-type: none"> Level and kinds of consultation during care planning processes Satisfaction with other health and related services including timeliness of referrals and follow-up actions 	<ul style="list-style-type: none"> Care staff in relation to care planning processes (this may include a key staff member followed by confirmation of process with other staff) Care staff in relation to consultation with residents and representatives during initial assessment and care planning Staff communication processes relating to all areas of resident care (may include interviews with other staff) 	<ul style="list-style-type: none"> Case conference information if available Assessments Care plans Progress notes Observation charts Incident forms Evidence of consultation with residents and/or representatives Doctor/allied health notes, assessments and correspondence Links between different forms of care documentation
Implementation of residents' care and resident lifestyle plans	<ul style="list-style-type: none"> Staff interactions with residents Staff practices Residents' grooming and general physical and emotional well-being 	<ul style="list-style-type: none"> Satisfaction with the level and manner in which care and services are provided (across all areas of health and personal care, and resident 	<ul style="list-style-type: none"> All staff regarding communication between staff (includes corroboration of process and opinion of functionality) Doctors and allied 	<ul style="list-style-type: none"> Care plans Progress notes Observation charts Incident forms Doctor/allied health notes, assessments and correspondence

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	<ul style="list-style-type: none"> • Odour • Noise levels and behavioural management • Mobility of residents • Living and working environment to ensure the privacy and dignity of residents is preserved, for instance, that information is not freely available, that continence aids and underwear are not left out in clear view and that care is provided in private • Call bell responses • Handover (note the manner in which information is discussed and the kinds of information discussed) • Staff access to information on residents' needs 	<ul style="list-style-type: none"> lifestyle issues) • Satisfaction with the communication regarding residents' needs and actions taken 	<ul style="list-style-type: none"> health professionals about the level of information provided to them and whether their instructions are carried out • All staff regarding their knowledge and skills for completing certain care and lifestyle tasks • All staff regarding their ability to complete tasks during their shifts and systems where tasks are not complete (handover, prioritisation, etc) 	<ul style="list-style-type: none"> • Lists of doctors and allied health professionals • Staff meeting minutes • Other communication information • Continuous improvement documentation used to monitor and action issues identified

Assessment Module 3

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	<ul style="list-style-type: none"> Residents' goods and equipment such as mobility aids, bed furnishings and personal items Availability, storage and condition of other stocks of equipment Note any special facilities for visiting doctors and allied health professionals 			
Evaluation and re-assessment of residents' needs	<ul style="list-style-type: none"> Handover (note the manner in which information is discussed and the kinds of information discussed) Staff access to information on residents' needs Note any visiting doctors and allied health professionals 	<ul style="list-style-type: none"> Level and kinds of consultation when changes in needs and preferences occur Timeliness of actions in response to requests 	<ul style="list-style-type: none"> Care staff in relation to consultation with residents and representatives during reassessment of residents' needs Care staff knowledge and understanding of residents' specific needs Care staff in regards to when a change in a resident's needs is noted including discussion on what triggers reassessment 	<ul style="list-style-type: none"> Case conference information if available Assessments Care plans Progress notes Observation charts Incident forms Evidence of consultation with residents and/or representatives Doctor/allied health notes, assessments and correspondence Appointment diary

Assessment Module 3

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			<p>and what information is considered during reassessment (for instance, progress notes, incident forms, monitoring charts, etc)</p> <ul style="list-style-type: none"> • Care staff about triggers for referrals to occur • Care staff about how information from doctors and allied health professionals is communicated to staff and transferred into care documentation such as care plans • Doctors and allied health professionals regarding how referrals are made 	<ul style="list-style-type: none"> • Links between different forms of care documentation
Continuous improvement	<ul style="list-style-type: none"> • Recent improvements to the care and lifestyle processes of the home 	<ul style="list-style-type: none"> • Confirmation of improvements to the care and lifestyle processes of the home • Confirmation of communication and consultation in regards 	<ul style="list-style-type: none"> • Confirmation of improvements to the care and lifestyle processes of the home • Confirmation of communication and consultation in regards 	<ul style="list-style-type: none"> • Evidence of the planning of improvements and consultation with residents, representatives and staff (for example,

Assessment Module 3

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
		to improvements	to improvements <ul style="list-style-type: none"> • Confirmation of processes used by the home including identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms 	minutes, newsletters, letters, etc.) <ul style="list-style-type: none"> • Evidence of monitoring mechanisms (for example, audit results, data trends, etc.)

Considerations

Initial assessment and planning

- The home ensures initial assessments of the residents' clinical care needs are conducted and documented by appropriate staff. This includes:
 - consultation with residents/representatives and others (medical and health professionals) about the residents' care needs and preferences
 - consultation which ensures an environment where residents feel enabled to reject a service and may include one-to-one consultations with residents/representatives about residents' needs, preferences and options, and/or other forums for communication such as resident meetings and committees
 - assessment on admission and at regular stages during the residents' stay.
- Care plans are documented and planned care requirements are communicated to the relevant staff. Care plans:
 - reflect the assessment and consultation described above
 - describe the resident's specific needs and preferences including for residents with communication or cognitive deficits
 - include any prescription or instructions by medical and health professionals
 - include any strategies for referrals to other health specialists
 - provide the required guidance to all appropriate staff which is, for example, is accessible and easy to understand
 - include validated risk assessment tools.
- Assessments conducted are aimed to achieve maximum independence, for example, there is:
 - identification of strategies to assist residents with mobility, communication and cognitive difficulties
 - consideration of independence in care planning
 - consideration of environmental issues.
- Pain assessments, including those residents with communication and/or cognitive deficits include:
 - determining and documenting the pain type, source, intensity, frequency, pattern, location, duration, and precipitating and relieving factors of pain
 - observing nonverbal and behavioural signs of pain, for example, facial grimacing, withdrawal, guarding, rubbing, limping, shifting of position, aggression, depression, moaning, crying, etc.
 - using alternative pain management approaches to medication interventions where appropriate.
- Residents/representatives' terminal wishes for residents are recorded and respected (this may include a living will).
- The environment facilitates access to toilets and assistance as required.
- Information on residents' continence needs includes:
 - establishment of voiding patterns and bowel function
 - level of toilet assistance required
 - required continence aids.
- The environment is assessed to determine how this should influence behavioural management practices and strategies.
- Behavioural management approaches identify causes or triggers to the behaviour and ways to avoid the behaviour.
- The home ensures falls risk assessment and falls prevention programs are in place which includes integration of mobility and dexterity exercise with activities of daily living.
- Care planning in relation to sensory loss includes assessment of:

- the use and type of aids, and their maintenance
- preferred communication strategies where appropriate
- the environment of the home and any safety hazards that may affect residents with sensory losses
- sensitivity to providing residents with sensory experiences to stimulate their sensory systems.
- Sleep management techniques include using alternative approaches to medication interventions where appropriate such as warm drinks, choice of sleeping times, choice of furnishings, etc.
- The environment during times when residents are sleeping is safe and peaceful, with staff able to assist where necessary.

Implementation of residents' care and resident lifestyle plans

- Residents and representatives confirm the appropriateness of the care they receive according to their needs and preferences.
- Care delivered by the care staff is consistent with the care plan.
- Care and other staff ensure adequate communication of residents' care needs and preferences.
- Care and lifestyle needs are met in a way in which they ensure the privacy, dignity and respect of residents. For example, they ensure:
 - residents have adequate personal space
 - communication between staff and residents takes place in a manner which promotes residents' individuality
 - provision of appropriate screens, and/or quiet spaces suitable for receiving guests
 - provision of secure storage of residents' confidential information
 - strategies for supporting personal care which protects the dignity, privacy and modesty of residents, for example, during bathing, grooming, going to the toilet and dressing
 - sufficient time is allowed for daily activities to avoid rushing residents.
- All staff have appropriate knowledge and access to current and correct information on regulatory requirements, professional standards and guidelines to be able to perform their roles effectively.
- Staff have appropriate qualifications relative to the tasks they perform.
- There are sufficient staff at all times to ensure residents' physical and mental health are promoted and achieved at the optimum level and that residents are assisted to retain their personal, civic, legal and consumer rights as well as achieve active control of their own lives.
- Equipment, supplies and materials to aid the resident in the terminal and other stages of their life are available for care and service delivery.
- The home regularly reviews its practices to ensure care and services are provided in an appropriate manner.

Evaluation and reassessment

See also initial assessment and planning.

- The home regularly evaluates and reviews the clinical care delivered.
- Referrals are managed:
 - there is accessibility of information about health professionals, treatment alternatives and complementary therapies for staff and residents/representatives to make informed choices
 - following assessment, the home maintains a written summary to be provided to the referrer and retained in the resident's file, summarising the case and the

- individual's needs, with recommendations for management and an intervention plan
- there are mechanisms for urgent referrals and provisions to reduce waiting times for service.
- If restraint is used, this need has been assessed, authorised and administered at a minimum form and level required, and in accordance with strict safety standards.

Continuous improvement

- Management demonstrates that results show improvements relating to the care and lifestyle of residents, and that the home is responsive to the needs of residents, representatives and other stakeholders.
- Residents, representatives and staff are assisted to actively contribute to the home's pursuit of continuous improvement in relation to the care and lifestyle of residents.
- The home's systems include performance information relative to the care and lifestyle of residents including identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms.
- Improvements include genuine process improvement activity as opposed to routine maintenance activity.

Assessment Module 4



The **Aged Care**
Standards and Accreditation Agency Ltd

Aspects

- Initial and ongoing assessment processes in relation to individual residents' medication administration.
- Staff and resident administration practices.
- Management of medication stocks.
- Identification and actioning of medication incidents and how information on individual incidents and trends of medication incidents feeds into the continuous improvement system to ensure medication processes are safe.

Process

The process followed is one using medication administration as a means of directing enquiry about the home's performance against the Accreditation Standards.

1. Ascertain processes deployed at the home to ensure the right resident receives the right medication in the right dose via the right route at the right time. This will involve reviewing the home's processes in relation to the residents' individual needs, staff skill levels, ordering procedures, storage, administration and incident reporting systems.
2. Speak to at least 10% of residents or their representatives and select a minimum of 10% of residents' medication charts and corresponding care plans and other documentation from the past six months. Also select a minimum of 10% of medication incident forms (if available) from the same period.
3. Evaluate if:
 - a) residents self-administering their medications have been appropriately assessed
 - b) all residents are regularly assessed for their medication needs
 - c) medications are authorised by doctors with clear instructions on the administration
 - d) medications provided on an necessary (PRN) basis are administered as such
 - e) the home has clear systems in place for the administration of nurse-initiated medications
 - f) medications are provided in accordance with the doctors' orders and are signed for after being administered by staff
 - g) where errors occur, medication incident forms are completed and actions are put in place to prevent recurrence
 - h) staff have appropriate skills and knowledge to complete the various medication administration tasks required at the home
 - i) medications are stored and disposed of appropriately
 - j) there are processes in place to allow for ordering of medications including in emergency and after hours situations.
4. Identify where information collected through this process impacts on the performance against the Standards.

Consider implications for the following expected outcomes in particular

- 1.6, 1.7 and 1.8
- 2.1, 2.2, 2.3, 2.4, 2.7 and other expected outcomes of Standard Two
- 3.9

Assessment Module 4

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
Initial and ongoing assessment processes in relation to medication administration		<ul style="list-style-type: none"> • Level of consultation in care planning process 	<ul style="list-style-type: none"> • Nursing and care staff regarding the assessment procedures for residents including residents self-administering • Nursing and care staff regarding the use of PRN (as necessary), including parameters for reporting excessive dosage requests, and nurse-initiated medications (assessment of residents) • Nursing and care staff regarding monitoring medications such as insulin and warfarin • Nursing, care and key staff on the actioning of information in doctor and pharmacy reviews 	<ul style="list-style-type: none"> • Assessments including for self-administering residents • Care plans • Progress notes • Medication charts including reviewing if charts are current and contain specific and clear instructions and photographs • Guidelines on the use of PRN and nurse-initiated medications • Chemical restraint charts (only if used at the home) • Treatment charts such as for wounds, pain and bowel management and blood sugar level monitoring • Evidence of doctor and pharmacy reviews including for nurse-initiated and PRN medications • Evidence of monitoring for medications relating to specialised nursing

Assessment Module 4

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
				care such as insulin and warfarin
Staff and resident administration practices	<ul style="list-style-type: none"> Medication round Availability of information relating to current legislative requirements and the home's policies and procedures 	<ul style="list-style-type: none"> Satisfaction with medication management including timeliness of medications and availability of option to self-administer Staff practices such as if staff observer residents take their medications 	<ul style="list-style-type: none"> Nursing and care staff regarding the processes to follow during a medication round Key staff in relation to the incorporation of regulatory requirements and professional guidelines Nursing and care staff in relation to education and competency assessments completed (frequency and scope) 	<ul style="list-style-type: none"> Policies and procedures Education/competency records Professional registrations of registered nurses (division one) and/or endorsed enrolled nurses (registered nurses division two) if applicable including for medications involved in specialised nursing care Medication charts (signing errors, etc.)
Management of medication stocks	<ul style="list-style-type: none"> Storage of creams, eye drops and ointments, including dates of opening Disposal of medications Storage of packaged medications Storage of medications for those residents self-administering Storage of emergency 	<ul style="list-style-type: none"> Satisfaction with availability of medication stocks 	<ul style="list-style-type: none"> Nursing and care staff regarding availability, storage and disposal of stocks Nursing and care staff regarding satisfaction with pharmacy services Pharmacist (if on site) regarding medication ordering procedures 	<ul style="list-style-type: none"> Medication ordering procedures and other documentation such as refrigerator temperatures, and records regarding drugs of addiction, emergency medications, etc. (if applicable) Records of medication disposal (if applicable) Pharmacy agreement

Assessment Module 4

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	medication kits (if applicable) <ul style="list-style-type: none"> • Storage of drugs of addiction 			
Identification and actioning of medication incidents and how information on individual incidents and trends of medication incidents feeds into the continuous improvement system to ensure medication processes are safe	<ul style="list-style-type: none"> • Availability of incident forms 	<ul style="list-style-type: none"> • Knowledge of any improvements to medication administration services 	<ul style="list-style-type: none"> • Care staff regarding medication incident reporting procedures • Knowledge of any improvements to medication administration services 	<ul style="list-style-type: none"> • Medication incident forms and data • Audit results and other links to continuous improvement processes including where issues have been identified • Staff meeting minutes for reference to medication issues • Medication advisory committee meeting minutes (if available) • Examples of improvements to medication administration services

Considerations

Initial and ongoing assessment processes

- The home ensures regular assessments of the residents' clinical care needs are conducted and documented by appropriate staff. This includes:
 - residents/representatives have access to information appropriate to their needs to assist them make decisions about residents' medication management needs
 - consultation with medical and health professionals about residents' care needs and preferences occurs
 - assessment on admission and at regular stages during each resident's stay occurs
 - the home reviews the care currently given and its effectiveness in meeting residents' needs and preferences.
- Care plans are documented and planned care requirements are communicated to the relevant staff. Care plans:
 - reflect the assessment and consultation described above
 - describe each resident's specific needs and preferences
 - include any prescription or instructions by medical and health professionals
 - include exploration of alternative approaches to medication interventions where appropriate
 - provide the required guidance to all appropriate staff, and this guidance is accessible and easy to understand.
- The home regularly evaluates and reviews the care delivered:
 - staff practices are monitored and improved where necessary
 - ongoing residents' care needs and preferences are identified.
- Regular evaluation and review of residents' medication needs and preferences undertaken by a pharmacist or medical officer occurs. This includes consideration of allergies and side effects (including medications such as diuretics, analgesics and medications which precipitate or exacerbate conditions or may cause risk of skin breakdown), current and previously-used prescription medication, over-the-counter medication and home remedies.
- If chemical restraint is used, this need has been assessed, authorised and administered at a minimum level required, and in accordance with strict safety standards.
- Safe and correct self-administration of medication by residents occurs including:
 - assessment of the resident's ability to self-administer (including cognitive ability, digital dexterity and sensory deficits)
 - education for residents to self-administer in a safe and correct manner
 - regular monitoring of residents self-administering
 - consultation with residents/representatives and others (medical and health professionals) about the self-administration.

Staff administration practices

- Residents and representatives confirm they are satisfied that residents' medication are managed safely and correctly.
- Information is made available to staff, and/or others so that practices conform to legislative and regulatory requirements (for example, in procedures).
- The home monitors such compliance.
- Competencies (knowledge, skills) and relevant education sessions are provided for roles in the home involving medication administration and processes affected by medication administration.
- The appropriate level of assistance and supervision is provided by nursing and/or care staff in assisting residents with their assessed medication administration needs.

- Safe and correct administration of medication to residents by staff occurs including:
 - the correct identification of residents
 - ensuring residents receive the correct medication, in the correct dose via the correct route and at the correct time for all medications, including those not packaged
 - monitoring the effects of medication, including monitoring PRN dosage within defined parameters and reporting requests outside the defined limits (for example, paracetamol).
- The home has processes for monitoring the use of medications requiring close review such as warfarin and insulin.
- The pattern of usage of aperients and suppositories within the home does not indicate bowel and other medications (such as those which may cause constipation) are being given in excess.

Management of medication stocks

- The home has systems in place to specify external services (in writing or otherwise) provided by the pharmacist and medication review services.
- The home processes in place for the safe and correct storage of medication:
 - the level of security of medications is appropriate for the medication and circumstances
 - there is correct and safe storage of medications for residents who self-administer.
- Proper recording and ordering of medication orders occurs, for example:
 - orders are current, legible, signed, dated, and have the dose and time recorded
 - urgent and out-of-hours orders catered are for.
- Appropriate disposal of medications including that of ceased, damaged and out-of-date medications occurs.

Identification and actioning of medication incidents and continuous improvement

- Regular evaluation and review of the medication management system occurs, including monitoring:
 - processes for reviewing residents' medication
 - medication ordering processes
 - the correctness of medications (including in blister packs) against medication records and orders
 - medication administration including for residents self-administering.
- Medication incidents are documented, reported and appropriately addressed.
- Management demonstrates that results show improvements relating to the way in which the home manages the medication administration practices including in relation to clinical care needs, preferences, staff knowledge and skills, training and competencies, staff practices and staff communication.
- Staff and residents are assisted to actively contribute to the home's pursuit of continuous improvement in relation to medication administration systems or health and personal care systems.
- The home's systems include performance information relative to the provision of medication administration services, including identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms.
- The home's monitoring systems include a review of the care currently given and its effectiveness in meeting residents' needs and preferences.
- Improvements occur, including genuine process improvement activity as opposed to routine maintenance activity.

Assessment Module

5



The **Aged Care**
Standards and Accreditation Agency Ltd

Aspects

- Identification and management of individual residents' specific infections. This includes assessment of residents' individual needs, including their susceptibility to infections, and evaluation of management strategies.
- Management and prevention of infections including outbreaks across the home as a whole. Includes reactive measures such as additional precautions, and preventive measures such as standard precautions.
- Implications of infections for quality of care and services. This includes how information gained from infections and trend analysis feeds into the continuous improvement system, achieving positive results for residents both individually and throughout the home, following a risk assessment approach.

Process

The process followed is one using infection and hygiene management processes as a means of directing enquiry about the home's performance against the Accreditation Standards.

1. Ascertain processes deployed at the home to ensure residents receive adequate hygiene. Also ascertain the processes used to prevent, monitor and manage infections. This will involve reviewing the home's processes in relation to the residents' individual needs, staff practices, and the home's monitoring system.
2. Select a minimum of six residents' documentation from the past six months. Also select infection data from the same period.
3. Evaluate:
 - a) if residents are appropriately assessed for their needs in general, with implications on hygiene and susceptibility to infections
 - b) if staff have appropriate skills and knowledge of infection management practices to complete tasks required at the home
 - c) where infections have occurred, what was done to review the ongoing care and services for the resident(s) and to prevent further spread throughout the home
 - d) environmental and equipment factors used to prevent infections
 - e) the review and use of information about infections in making the home function more safely and effectively.
4. Evaluate how the home complies with its responsibilities in relation to continuous improvement.
5. Identify where information collected through this process impacts on performance against the Standards.

Consider implications for the following expected outcomes in particular

- 1.6, 1.7 and 1.8
- 2.1, 2.2, 2.3, 2.4, 2.7, 2.11, 2.12 and other expected outcomes of Standard Two
- 4.7 and other expected outcomes of Standard Four

Assessment Module 5

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
<p>Identification and management of individual residents' specific infections</p> <ul style="list-style-type: none"> This includes assessment of residents' individual needs, including their susceptibility to infections, and evaluation of management strategies 	<ul style="list-style-type: none"> Staff access to information about residents' individual care needs 	<ul style="list-style-type: none"> Satisfaction and process of consultation and communication of residents' needs and services provided Satisfaction and processes followed by the home in relation to the treatment of specific infections if the resident has had infections or is susceptible 	<ul style="list-style-type: none"> Care staff in relation to care planning processes including when a change in a resident's needs is noted Staff regarding actions taken in relation to specific residents with infections or susceptibility Management and staff regarding how the home communicates if residents have infections and the strategies to manage the infection 	<ul style="list-style-type: none"> Care plans, progress notes and doctors' notes in relation to residents with one-off and ongoing infections Evidence of prophylactic (preventative) measures especially for residents highly susceptible to specific infections Resident vaccination records
<p>Management and prevention of infections including outbreaks across the home as a whole</p> <ul style="list-style-type: none"> Includes reactive measures such as additional precautions, and preventive measures such as standard precautions 	<ul style="list-style-type: none"> Personal protective equipment and issuing practices Hand washing facilities and staff use Dressings and skin care products Clinical and personal care and medication equipment Cleaning equipment 	<ul style="list-style-type: none"> Satisfaction with the cleanliness of the living environment Observation of staff practices (hand washing, use of personal protective equipment, cleaning processes, etc.) 	<ul style="list-style-type: none"> Staff regarding their knowledge of standard precautions and catering, cleaning and laundry processes 	<ul style="list-style-type: none"> Policies and procedures relating to infection and hygiene management Staff vaccination records Education and orientation records Infection control competency assessments Pest control records

Assessment Module 5

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	<ul style="list-style-type: none"> • Cleanliness of equipment and the living and working environments • Storage of inventory and equipment especially that used directly by residents • Laundry procedures • Catering equipment and procedures • Sharps disposal • Waste management receptacles 			<ul style="list-style-type: none"> • Personal protective equipment ordering records • Infection surveillance data and reports
<p>Implications of infections for quality of care and services</p> <ul style="list-style-type: none"> • Includes how information gained from infections and trend analysis feeds into the continuous improvement system, achieving positive results for residents both individually and throughout the home, following a risk assessment approach 	<ul style="list-style-type: none"> • Availability of information about infection control measures 	<ul style="list-style-type: none"> • In relation to the home's processes during any outbreaks that may have occurred in the home 	<ul style="list-style-type: none"> • Key staff regarding where additional information is sought during an outbreak • Key staff regarding the coordination of outbreak management strategies that have been/would be taken by the home • Key staff in regards to investigation and other actions undertaken by the home when any infection (not just as 	<ul style="list-style-type: none"> • Infection control management plans (if applicable) • Information from external sources (such as Departments of Health) on specific infections and infection control measures • Audit and inspection results and follow-up actions including from external authorities, for example, food safety • Hazard reporting

Assessment Module 5

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			<p>an outbreak) is identified</p> <ul style="list-style-type: none"> • Staff about the hazard and infection reporting systems • Staff in relation to what procedures were followed if an outbreak has occurred 	<p>mechanisms including risk assessments where appropriate</p> <ul style="list-style-type: none"> • Information gained on outbreak management if available, including any information relating to additional precautions • Infection records including trend analysis and follow-up actions • Education records and meeting minutes (especially where an outbreak has occurred) • Other documentation such as notices specific to outbreaks if they have occurred • Information on improvement initiatives implemented in response to deficits or learning from infection outbreaks at the home

Considerations

Identification and management of individual residents' infections

- Residents and representatives confirm satisfaction with the way in which care is provided including in relation to the management of residents' infections and care of hygiene.
- The home ensures regular assessments of the residents' clinical care needs, including in relation to current infections, susceptibility to infections and prevention of infections in general, through sound hygiene practices conducted and documented by appropriate staff. This includes:
 - consultation with residents/representatives and others (medical officers) about the residents' care needs and preferences, including risks
 - identification of residents at risk of infections
 - reassessment of residents' needs as a result of individual infections and where trends arise
 - when planned reassessment occurs, consideration of any infections and how they relate to various areas of residents' care
 - mechanisms for urgent referrals
 - assessment of the environment for hazards and possible causes of infection transmission.
- The home has processes in place to ensure residents are vaccinated according to their wishes and any recommendations from their medical officers.

Management and prevention of infections including outbreaks across the home

- There is a central point of responsibility for the infection control program.
- The home has access to information on current community outbreaks and how to control the spread of specific infections.
- The home identifies all relevant legislation, regulations, professional standards and guidelines that it must comply with relevant to infection and hygiene management.
- Staff practice is consistent with Australian government infection control guidelines.
- Information is made available to staff, and/or others so that practices conform to legislative and regulatory requirements (for example, in procedures).
- The home provides appropriate induction and ongoing training for staff about the principles and practices of infection control.
- The following should be present and effective:
 - a risk assessment to identify potential sources of infection/cross infection
 - prevention strategies to minimise the incidence of infection in all areas of the home, including processes and facilities for the implementation of standard precautions.
- The home has preventive measures including standard precautions in place. These include:
 - processes and facilities for hand-washing
 - processes and facilities for cleaning
 - processes and facilities used in carrying out clinical and personal care tasks including the disinfecting and sterilising of equipment
 - processes and facilities for laundry items
 - processes and facilities for ensuring food hygiene
 - pest control measures
 - vaccination programs for staff
 - containment of sharps, contaminated waste and blood spills.

Implications of infections for quality of care and services

- The home has hazard identification systems in place which are responsive to infection control issues.
- It is expected that any incidents of infections would be fed, where appropriate, into the home's continuous improvement system. That is, infection analysis may be one avenue of identifying improvement opportunities. This might involve:
 - collating and analysing infection rates and information from other monitoring mechanisms
 - reviewing actions in response to trends
 - identifying improvement outcomes and their impact on residents
 - monitoring that the home's documented procedures are followed
 - ensuring staff are appropriately educated.
- The home regularly monitors and reviews its program and its effectiveness. For example, the home:
 - has an infection surveillance program demonstrated to be effective in identifying, containing and preventing infection
 - has an infection surveillance program which includes the collection and analysis of resident infection information
 - monitors and reviews staff practices
 - identifies infection control issues
 - implements improved practices, processes and/or facilities
 - ensures residents' clinical care issues are actioned and evaluated.
- The home has ready access to information on outbreak management and where outbreaks have occurred, has reacted appropriately such as by providing education, implementing additional precautions, reporting as necessary to the appropriate authorities, and adjusting staffing levels and routines.

Assessment Module

6



The **Aged Care**
Standards and Accreditation Agency Ltd

Aspects

- Continuous improvement. The home is proactive in providing a safe and comfortable physical environment with improvements being made in consultation with residents, representatives and staff.
- Identification, prevention, correction and monitoring of a safe environment. The home monitors, prevents and controls hazards within the physical environment.
- Residents' individual needs are met to ensure the promotion of independence and quality of life. This includes a risk management approach.

Process

The process followed is one using environmental management and control processes as a means of directing enquiry about the home's performance against the Accreditation Standards.

1. Ascertain processes deployed at the home to ensure various elements of maintaining a safe physical environment are achieved. This includes processes used to prevent, monitor and manage hazards and maintain comfort, and involves reviewing the home's processes in relation to the residents' individual needs, staff practices, and the home's monitoring systems.
2. Speak to at least 10% of residents or their representatives in relation to the physical environment. If necessary, corroborate information provided through review of care planning documentation.
3. Evaluate:
 - a) if the home has systems in place to prevent and react to safety incidents and identified hazards as they occur
 - b) if the environment is safe and comfortable, meeting the individual needs of all residents (risk management approach applied where relevant)
 - c) if staff have appropriate skills and knowledge in order to maintain a safe and comfortable living and working environment
 - d) review and use of information about the environment in making the home function more safely and effectively
 - e) if the home is proactive in its approach to continuous improvement of the physical environment.
4. Identify where information collected through this process impacts on the performance against the Standards.

Consider implications for the following expected outcomes in particular

- 1.7 and 1.9
- expected outcomes relating to health and personal care, for instance, 2.12 – 2.14, 2.16 and 2.17
- 3.5 – 3.6
- 4.4 – 4.8

Assessment Module 6

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
<p>Continuous improvement</p> <ul style="list-style-type: none"> The home is proactive in providing a safe and comfortable physical environment with improvements being made in consultation with residents, representatives and staff 	<ul style="list-style-type: none"> Recent improvements to the physical environment 	<ul style="list-style-type: none"> Confirmation of improvements to the physical environment Confirmation of communication and consultation in regards to improvements 	<ul style="list-style-type: none"> Confirmation of improvements to the physical environment Confirmation of communication and consultation in regards to improvements Confirmation of processes used by the home including identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms 	<ul style="list-style-type: none"> Evidence of the planning of improvements and consultation with residents, representatives and staff (for example, minutes, newsletters, letters, etc.) Evidence of monitoring mechanisms (for example, audit results, data trends, etc.)
<p>Identification, prevention, correction and monitoring of a safe environment</p> <ul style="list-style-type: none"> The home monitors, prevents and controls hazards within the physical environment 	<ul style="list-style-type: none"> Staff access to forms, policies and procedures, emergency documentation and information relating to the physical environment The storage, condition and accessibility of all inventory and 	<ul style="list-style-type: none"> Satisfaction with the cleaning and laundry services Satisfaction with any external services (including maintenance and hospitality services) Satisfaction with external areas Satisfaction with 	<ul style="list-style-type: none"> Satisfaction with equipment/building maintenance systems, safety and comfort of the physical environment, and cleaning and laundry services Access to information and equipment such as policies and 	<ul style="list-style-type: none"> Policies and procedures External audit results including from regulatory authorities for example on certification, fire safety (such as annual compliance certificates) and occupational health

Assessment Module 6

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	<p>equipment relating to the physical environment</p> <ul style="list-style-type: none"> • Staff use of equipment • Chemical storage • Material safety data sheets • Lifting/transferring equipment • Egress routes and equipment (including lighting) • Evacuation kits • Security systems • General lighting • Odour • Cleanliness • Internal temperatures and control • Noise levels • Inside and outside living areas • Staff practices in relation to the physical environment 	<p>internal temperatures, odour, noise levels, ability to personalise living environment</p> <ul style="list-style-type: none"> • Understanding of processes to follow when they identify a hazard (including in relation to maintenance) • Understanding of processes to follow when the fire alarm sounds • Understanding of security systems (in-out book, etc.) inasmuch as they relate directly to them • Perception of the security of the environment including of an evening 	<p>procedures, emergency kits, and forms</p> <ul style="list-style-type: none"> • Knowledge of hazard and incident reporting systems, fire safety procedures, security procedures and maintenance reporting systems • Satisfaction with availability of inventory and equipment and understanding of processes to follow if supplies are deficient • Satisfaction with any external services (including maintenance and hospitality services) • Attendance at education sessions (including fire drills) relating to the physical environment • Knowledge of cleaning processes (including 	<p>and safety</p> <ul style="list-style-type: none"> • Environmental safety systems such as hazard identification documentation, risk assessments, internal audit results, meeting minutes and resident accident/incident forms and data • Corrective and preventive maintenance records • Fire safety documentation • Security documentation such as resident in/out registers and lock-up procedures (if available) • Refurbishment records (if available) • Cleaning charts • Lost clothing documentation • Education records relating to the

Assessment Module 6

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			additional, high and special cleaning) <ul style="list-style-type: none"> • Knowledge of laundry processes including methods utilised to prevent lost items • Feedback regarding certification results and other external audits if available (key staff) 	environment <ul style="list-style-type: none"> • Equipment replacement information, for example, asset registers if available • External service information (contracts, quality records, etc.)
Residents' individual needs are met to ensure the promotion of independence and quality of life <ul style="list-style-type: none"> • This includes a risk management approach 	<ul style="list-style-type: none"> • Resident access to toilets • Resident access to mobility aids and ease of mobilising (including observation of clutter) • Noise levels (including in relation to encouraging comfort and behavioural management) • Security for residents inclined to wander • Appropriate stimulation of senses • Residents' personal areas (for example, personalised) 	<ul style="list-style-type: none"> • Perception of how the environment impacts on the behavioural management needs of the resident and other residents (for example, residents regularly trying to open the door and calling out) • Access to equipment as necessary and staff (including during transfers) to assist with activities and maintain independence (for example, access to call bells, toilets, etc.) • Ability to mobilise 	<ul style="list-style-type: none"> • Knowledge of environmental safeguards used to promote residents' privacy and dignity • Knowledge of processes used to promote residents' independence • Knowledge of methods used to ensure the environment is conducive to behavioural management • Knowledge of processes used to promote mobilising 	<ul style="list-style-type: none"> • Information on resident's individual independence, privacy, dignity and care needs insofar as they relate to the physical environment • Assessments, care plans and progress notes

Assessment Module 6

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	<p>environment, personalised furnishings and bed coverings to assist with sleep, etc.)</p> <ul style="list-style-type: none"> • Access to call bells and items to promote independence or seek assistance • Internal and external areas for the promotion of privacy and dignity and appropriateness of activities • Staff practices insofar as they promote resident privacy and dignity 	<p>including access to aids and level of clutter in the home</p> <ul style="list-style-type: none"> • Perception of how the physical environment promotes sensory stimulation • Perception of how the physical environment promotes natural sleep (noise levels, furnishings, etc.) • Satisfaction with the standard of privacy and dignity provided by staff, for example, during visits with friends and during personal care tasks 	<p>(including access to egress routes and equipment as appropriate)</p> <ul style="list-style-type: none"> • Knowledge of methods used to promote sensory stimulation • Methods used to ensure the environment promotes natural sleep 	

Considerations

Continuous improvement

- Management demonstrates that results show improvements relating to the living and working environments and their responsiveness to the needs of residents/representatives and stakeholders.
- Staff and residents are assisted to actively contribute to the home's pursuit of continuous improvement in relation to the physical environment.
- The home's systems include performance information relative to the living and working environments including identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms.
- Improvements include genuine process improvement activity as opposed to routine maintenance activity.

Identification, prevention, correction and monitoring of a safe environment

- The home has a system for identifying relevant legislation, regulations and guidelines, and has mechanisms for monitoring compliance in relation to the physical environment.
- Management demonstrates its compliance with other legislation, regulations, through other regulatory authority reports or independent expert reports in relation to the living and working environments.
- The home ensures staff and management have the required knowledge and skills in relation to the physical environment. This includes ensuring education is planned and provided as appropriate, for example, emergency evacuation, manual handling, chemical substance management, and cleaning and maintenance processes.
- Management demonstrates the home has established procedures for maintaining a safe living and working environment.
- The home's environment reflects the safety and comfort needs of residents. This includes:
 - safe access to clean and well-maintained communal, private, dining and outdoor areas
 - sufficient and appropriate furniture
 - comfortable internal temperature and ventilation
 - comfortable level of noise
 - a secure internal and external environment.
- The home has a system to regularly monitor and improve health and safety. This includes regular assessment and reporting of risk, potential and actual hazards, and accidents and incidents relating to the physical environment.
- Residents/representatives confirm that appropriate goods and equipment are provided by the home and are available for the delivery of services to meet residents' individual needs.
- The home assesses what goods and equipment residents, management and/or staff need for quality service delivery. Where possible and appropriate, this involves consultation with the relevant stakeholders. These would include goods and equipment for:
 - routine and specialised health and personal care
 - resident lifestyle
 - catering
 - housekeeping and cleaning
 - other management systems of the home.
- Inventory and equipment is stored appropriately to avoid damage to the items, or hazards to residents and staff, whilst ensuring accessibility.

- The home reviews and maintains stocks of goods and equipment, for example:
 - new equipment is assessed for suitability and staff understand correct procedures for usage
 - all equipment owned by the home or brought in by residents is tested and tagged as appropriate
 - inappropriate or unsuitable goods and equipment are replaced.
- The home has preventive (including building works such as painting) and corrective maintenance programs in place, including in case of emergency.
- Residents and staff confirm where appropriate their satisfaction with the quality of services that are sourced externally in relation to the physical environment. This includes (as appropriate) external maintenance, gardening and hospitality services.
- The home specifies the level of quality of the external services to be provided (in writing or otherwise) and monitors and evaluates their performance.
- The relevant staff know and understand procedures relating to the physical environment. This includes:
 - location of resident lists used in event of an evacuation
 - understanding of the fire, emergency and evacuation plans and various procedures in relation to the physical environment and their role and responsibilities
 - understanding of how to report an incident or hazard
 - ability to safely and effectively use the fire, security, emergency, lifting and other equipment for its intended purpose.
- Residents/representatives know what they should do on hearing an alarm.
- Evacuation kits contain appropriate equipment and information including details of residents' transferring requirements and any other special needs.
- Emergency exits are clearly marked, free from obstruction, well-lit, secure and large enough to facilitate transfer of residents and staff in the event of an evacuation.
- The home has a certification inspection report (insofar as it relates to fire) against the 1999 certification instrument and reports of subsequent actions (if applicable).
- Approved professionals carry out independent fire inspection reports including action taken in relation to recommendations.
- Residents and representatives report cleaning and laundry services are carried at a high standard which enhances residents' quality of life.
- There are processes in place to ensure routine and additional cleaning (high and special cleaning) occurs, including for equipment.
- Staff are reactive to remedial cleaning requirements such as in relation to spills and soiled linen.
- The home is as free of odour as possible.
- There are processes in place to ensure residents' clothing is not lost or damaged.

Resident independence and direct needs

- Residents and representatives confirm they are satisfied the home ensures a safe and comfortable environment according to their needs and preferences.
- Each resident has ready access to toilets and assistance as required.
- The living environment influences each resident's behavioural needs in a positive way.
- The living environment is safe and comfortable for residents with sensory losses.
- The living environment is sensitive to providing residents with sensory experiences to stimulate their sensory systems.
- Residents are promoted to achieve natural sleep through a homelike and comfortable environment.



- Independence of all residents is encouraged and maximised including in relation to mobilising (access to equipment, free of clutter, access to egress routes as appropriate, etc.) and access to call bells and other facilities.
- The living environment supports residents' rights to privacy, dignity and confidentiality through ensuring:
 - residents have adequate personal space
 - provision of private and quiet spaces suitable for receiving guests
 - residents' individual areas are personalised according to their wishes
 - strategies for ensuring personal care protects the dignity, privacy and modesty of residents (for example, environmental safeguards used during bathing, grooming and assistance with going to the toilet)
 - communication between staff and residents takes place in a manner which promotes residents' individuality and privacy
 - provision of secure storage of residents' confidential information.

Assessment Module

7



The **Aged Care**
Standards and Accreditation Agency Ltd

Aspects

- Continuous improvement.
- Initial and ongoing assessment of needs and preferences in relation to the home's provision of nutrition, hydration, oral and dental services.
- Referrals.
- Actioning.

Process

The process followed is one using the provision of nutrition, hydration, oral and dental services as a means of directing enquiry about the home's performance against the Accreditation Standards.

1. Ascertain processes deployed at the home for ensuring the provision of nutrition, hydration oral and dental services.
2. Review the home's processes for ensuring residents receive adequate nourishment and hydration, and oral and dental care in accordance with their needs and preferences.
3. Speak to at least 10% of residents or their representatives and review at least 10% of residents' records.
4. Evaluate if:
 - a) residents are appropriately assessed for their care and lifestyle needs
 - b) assessment includes consultation with the resident/representative and health care professionals as appropriate
 - c) actions carried out are appropriate including in response to referrals and general care needs
 - d) reassessment and evaluation is timely
 - e) staff have appropriate skills and knowledge to ensure the care and lifestyle needs of residents are met
 - f) the home uses information on residents' care and lifestyle needs to monitor its own processes.
5. Identify where information collected through this process impacts on the performance against the Standards.

Consider implications for the following expected outcomes in particular

- 2.1, 2.3, 2.4, 2.5, 2.6, 2.10 and 2.15
- 3.5, 3.6, 3.8 and 3.9
- 4.7 and 4.8

Assessment Module 7

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
Continuous improvement		<ul style="list-style-type: none"> Knowledge of any improvements to food services and the provision of fluids, nourishment and oral care 	<ul style="list-style-type: none"> Knowledge of any improvements to food services and the provision of fluids, nourishment and oral care 	<ul style="list-style-type: none"> Examples of improvements to food services, and the provision of fluids, nourishment and oral care Monitoring records for ensuring residents receive adequate nourishment and hydration, and oral and dental care Monitoring records for ensuring food safety and dental infection control processes (hand washing, etc.)
Initial and ongoing assessment of needs and preferences	<ul style="list-style-type: none"> Staff interactions with residents for example, in relation to communicating menu options Displayed menus Access to weighing equipment 	<ul style="list-style-type: none"> Level and kinds of consultation regarding residents' individual dietary and dental needs including when changes in needs occur Access to specialists including dieticians, speech pathologists, dentists and stoma 	<ul style="list-style-type: none"> Care staff in relation to care planning processes and identification of residents' individual needs and preferences (for meals, drinks, oral and dental care) including the use of aids and cultural preferences 	<ul style="list-style-type: none"> Assessments Care plans Progress notes Fluid and nutrition charts Weight charts Evidence of oral and dental checks Evidence of consultation with residents and/or

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
		<p>therapists</p> <ul style="list-style-type: none"> Level and kinds of consultation regarding residents' individual meal preferences both in terms of current menu options, and in reviewing the menu in general 	<ul style="list-style-type: none"> Care staff in relation to when a change in a resident's needs is noted Care and catering staff in relation to consultation with residents and representatives during menu reviews and opportunities for resident/representative input on an ongoing basis Care staff in relation to monitoring the food and fluid intake of residents Care staff in relation to resident choice of oral and dental hygiene Care and catering staff in relation to menu review for nutritional status Care and catering staff regarding communication 	<p>representatives on individual residents' needs</p> <ul style="list-style-type: none"> Evidence of consultation with residents and/or representatives on menus (surveys, meeting minutes, etc.) Dietary requirements/preference documentation and displayed information (for example whiteboards) in the kitchen Menus Evidence of menu reviews by allied health professionals Comments and complaints in relation to food services and oral and dental needs including survey results and meeting minutes

Assessment Module 7

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			processes between care and catering staff	
Referrals	<ul style="list-style-type: none"> Note any visiting doctors or allied health professionals in relation to nutrition and hydration (including for PEG tubes) or oral and dental care 	<ul style="list-style-type: none"> Where applicable, satisfaction with referrals regarding residents' nutrition and hydration, or oral and dental care 	<ul style="list-style-type: none"> Care staff in relation to triggers for referrals to occur Care staff in relation to how information from doctors and allied health professionals is communicated to staff including staff in the kitchen, and is transferred into care and catering documentation Doctors and allied health professionals regarding how referrals are made Doctors and allied health professionals regarding the level of information provided to them and whether their instructions are carried out 	<ul style="list-style-type: none"> Progress notes Care plans Doctors/allied health professionals (such as dietitians, nutritionists, speech pathologists, dentists, occupational therapists and stoma therapists) notes, assessments and correspondence including in relation to dexterity aids Appointment diary List of doctors and allied health professionals
Actioning	<ul style="list-style-type: none"> Residents' general appearance for 	<ul style="list-style-type: none"> Satisfaction with the level and manner in 	<ul style="list-style-type: none"> Care staff in relation to assisting specific 	<ul style="list-style-type: none"> Meal temperature records

Assessment Module 7

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	<p>observations of dehydration, malnutrition and poor oral hygiene</p> <ul style="list-style-type: none"> • Dining areas • Staff interactions with residents, especially when assisting at meal-time • System for serving meals, for instance, if all residents receive their meals at the same time • Availability of aids such as plates for visually-impaired residents, and modified cutlery • Presentation of meals including pureed meals • Availability of nutritional supplements including those administered via a PEG tube • Availability of specialised nursing equipment in relation 	<p>which meals are provided in accordance with residents' specific needs including in relation to cultural needs, nutritional requirements, presentation, temperatures, variety of menu, choice of meal, sufficiency of quantities, access to drinks and staff assistance</p> <ul style="list-style-type: none"> • Satisfaction with the way in which the needs of residents with PEG tubes are met • Satisfaction with the way in which residents' oral and dental needs are met including frequency of care, encouragement of independence and choice 	<p>residents with meals and oral and dental care</p> <ul style="list-style-type: none"> • Care staff in relation to ensuring residents receive appropriate levels of food and fluids • Care staff in relation to ensuring residents receive oral and dental care appropriate to their needs • Catering staff in regards to ensuring meals are provided in accordance with food safety guidelines and according to resident preferences 	<ul style="list-style-type: none"> • Care plans • Charts • Assessments • Progress notes • Doctors and allied health professionals' records • Training records in relation to food services, fluids, PEG tubes and oral care

Assessment Module 7

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	<p>to PEG tubes</p> <ul style="list-style-type: none"> • Availability of oral and dental hygiene products • Availability of drinks such as water coolers (if applicable), facilities in residents' rooms and regular drink rounds • Where offered by the home to the team, the taste and temperature of the food 			

Considerations

Continuous improvement

- Management demonstrates that results show improvements relating to the way in which the home manages the provision of meals, fluids, oral and dental care services including, in relation to clinical care needs, preferences, enhancement of residents' lives, staff knowledge and skills, training and competencies, staff practices and staff communication.
- Staff and residents are assisted to actively contribute to the home's pursuit of continuous improvement in relation to staffing management systems.
- The home's systems include performance information relative to the provision of meals, fluids, oral and dental care services, including identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms.
- The home's monitoring systems include a review of the care currently given and its effectiveness in meeting residents' needs and preferences.
- Improvements, including genuine process improvement activity as opposed to routine maintenance activity.

Initial and ongoing assessment of needs and preferences

- Residents and representatives have access to information appropriate to their needs to assist them to make decisions about their care and lifestyle.
- The home ensures assessments of each resident's nutrition and hydration, oral and dental needs are conducted and communicated as per the general care process during admission and at regular stages during the resident's stay. For example, the home ensures the identification of each resident's specific needs and preferences:
 - there are choices about services available
 - there is a systematic approach to assessing needs that involves appropriate professionals and a multidisciplinary approach
 - there is consideration of any cultural, religious and personal dietary preferences
 - there is identification of residents' dexterity in relation to eating and drinking, and conducting oral care tasks
 - specific directions for assisting with meals or oral care are identified
 - food allergies are identified
 - texture, consistency and volume of foods and fluids are identified
 - residents' general health and body weight are monitored
 - residents' fluid intake is monitored
 - the form in which medication should be administered is identified
 - the effects of medication are monitored
 - the integrity, texture and hydration of residents' skin are monitored
 - swallowing difficulties are identified and monitored
 - oral dental health checks are performed as necessary
 - there are details about daily care of teeth, mouth and dentures as appropriate
 - there are details of dental and oral care appointments.
- The home ensures regular assessments of residents' needs and preferences are conducted and communicated, for example:
 - residents and representatives are informed of the food services offered
 - residents and representatives and staff can provide feedback about residents' needs on the services provided and the manner of their provision

- the home plans the catering services to be provided in line with resident assessment and consultation, including in relation to nutritional status, choice, quality and quantity.

Referrals

- Residents and representatives confirm that residents are referred to appropriate specialists as needed and preferred.
- The home ensures regular assessments of the residents' needs and preferences for referral to health specialists are conducted and communicated, for example:
 - consultation occurs with residents/representatives and others (medical and health professionals) about residents' needs and preferences
 - assessments are conducted during admission and at regular stages during each resident's stay
 - mechanisms are in place for urgent referrals and provisions to reduce waiting times for service
 - information about health professionals is accessible for staff and residents/representatives to make informed choices
 - referrals are planned, documented and consistent with assessed needs and preferences
 - following assessment, the home maintains a written summary to be provided to the referrer and retained in the resident's file, summarising the case and the individual's needs, with recommendations for management and an intervention plan.
- The nutritional suitability of the diet and menu is reviewed by appropriate specialists.

Actioning

- Residents and representatives confirm their participation in decisions about the services they receive in relation to food, drinks, oral and dental care and that they are able to exercise choice and control appropriate to their needs and preferences.
- Residents and representatives confirm they are satisfied with the home's approach to meeting residents' nutrition and hydration needs and associated support needs including for residents receiving assistance and for residents with PEG tubes or modified diets.
- Residents and representatives confirm the effectiveness of the home's food services in meeting residents' needs and preferences including cultural preferences.
- Residents and representatives confirm they are satisfied with the home's approach to managing residents' oral and dental care.
- Information is made available to staff, and/or others so that practices conform to legislative and regulatory requirements, for example, in procedures, and effective exchange of information on the home's processes and specific residents' needs occurs.
- Staff have access to and use of accurate information to assist with the development of residents' assessments, care and lifestyle plans to ensure delivery of appropriate care to residents.
- There is effective communication between departments of the home, for instance, between care and catering staff.
- Competencies (knowledge, skills) are set out for all roles in the home relating to the provision of meals, fluids, oral and dental care services.
- Staff and management have the required knowledge and skills:

- management encourages staff to take personal responsibility for their professional development
- management provides information to support the education of staff
- education is planned and provided relevant to the provision of meals, fluids, oral and dental care services.
- The home specifies the level of quality of the external services to be provided (in writing or otherwise).
- Performance against external catering services and quality is routinely evaluated and deficiencies are addressed.
- Needs for assistance and assistive devices are responded to.
- Sufficient time is allowed for daily activities to avoid rushing residents.
- Residents receiving assistance with meals and oral care are treated with dignity.
- Appropriate resources are available and used in a manner in which independence is encouraged. These include aids and adequate staffing to assist residents with meals, drinks, oral and dental care.
- Meals and fluids are provided which encourage general health, for instance, they promote skin integrity and continence (bladder and bowel) management.
- Specialised nursing care (such as PEG tubes) is delivered consistent with the specialised nursing care plan by appropriately qualified nursing staff.
- Meals are prepared in a manner which stimulates olfactory sensation.
- All meals are received in a timely manner and presented well including for residents with modified diets and those receiving assistance.
- Residents receiving assistance with meals are provided meals which are of an appropriate temperature.
- Food services are provided in accordance with health and hygiene standards, in particular infection control requirements.
- Processes are in place to ensure residents' dentures and oral and dental care products are provided to the correct resident.
- Oral and dental care services are provided in accordance with health and hygiene standards, in particular infection control requirements.

Assessment Module

8



The **Aged Care**
Standards and Accreditation Agency Ltd

Aspects

- Continuous improvement. The home is proactive in ensuring staffing levels and skills are sufficient to provide services at a high standard and that improvements are made in consultation with residents, representatives and staff.
- Monitoring and identification of staffing levels. Staffing levels are monitored at the home to ensure consistency with the needs of individual residents and any regulatory requirements.
- Monitoring of staff qualifications and skills. Staff qualifications and skills are at a standard which ensures residents' individual needs are met and the physical environment is safe and comfortable.

Process

The process followed is one using staffing management systems as a means of directing enquiry about the home's performance against the Accreditation Standards.

1. Ascertain processes deployed at the home to ensure staffing levels and skills are appropriate. This includes processes used to recruit staff, review staffing levels and skill mixes, replace staff unable to attend shifts, review knowledge and skills, and ensure adequate training and communication including for relief staff and during orientation. It involves reviewing the home's processes in relation to the residents' individual needs, staff practices, and the home's monitoring systems.
2. Speak to at least 10% of residents or their representatives in relation to key aspects of care delivery. If necessary, corroborate information provided through review of care planning documentation.
3. Evaluate if:
 - a) the home has systems in place to review staffing levels and skills
 - b) the home's staffing management systems ensure residents' individual needs are met
 - c) staff have appropriate skills and knowledge in order to meet the specific needs of residents and maintain a safe and comfortable homelike environment
 - d) adequate staff communication approaches are utilised by the home
 - e) the home is proactive in its approach to staffing management systems.
4. Identify where information collected through this process impacts on the performance against the Standards.

Consider implications for the following expected outcomes in particular

- 1.1 – 1.3, 1.6, 1.8 and 2.5
- all expected outcomes concerning aspects of care and service, especially those relating directly to resident care and lifestyle

Assessment Module 8

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
<p>Continuous improvement</p> <ul style="list-style-type: none"> The home is proactive in ensuring staffing levels and skills are sufficient to provide services at a high standard and that improvements are made in consultation with residents, representatives and staff 	<ul style="list-style-type: none"> Recent improvements to the staffing management systems of the home 	<ul style="list-style-type: none"> Confirmation of improvements to the staffing management systems (new shifts, new staff, etc.) Confirmation of communication and consultation in regards to improvements 	<ul style="list-style-type: none"> Confirmation of improvements to the staffing management systems of the home Confirmation of communication and consultation in regards to improvements Confirmation of processes used by the home including identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms 	<ul style="list-style-type: none"> Evidence of the planning of improvements and consultation with residents, representatives and staff (for example, minutes, newsletters, letters, etc.) Evidence of monitoring mechanisms (for example, audit results, data trends, etc.)
<p>Monitoring and identification of staffing levels</p> <ul style="list-style-type: none"> Staffing levels are monitored at the home to ensure consistency with the needs of individual residents and any regulatory requirements 	<ul style="list-style-type: none"> Resident profile (mix of high and low care residents) Timeliness of assistance to residents Interactions with residents (including the manner of staff and responsiveness to residents' needs) 	<ul style="list-style-type: none"> Satisfaction with all areas of care and service including during evenings and weekends Opinion of responsiveness of staff Ability to make choices about care, lifestyle and service needs 	<ul style="list-style-type: none"> Processes for establishing and monitoring sufficient staffing levels including evenings, weekends, handover, and all disciplines (interviews with key staff) Changes to the roster (interviews with key 	<ul style="list-style-type: none"> Policies and procedures Meeting minutes, newsletters, etc. to show communication of changes to staffing with residents and staff Rosters Information on relief

Assessment Module 8

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	<ul style="list-style-type: none"> Residents' appearance (grooming, dress, restlessness, etc.) Residents' challenging behaviours (such as restlessness and calling out) Leisure activities Appropriateness of tasks undertaken by staff to their role Occupational health and safety practices Other staff practices General upkeep of home Building size and layout Access and types of equipment which may affect staffing levels 	<p>including hygiene, waking and retiring routines</p>	<p>staff and staff in general</p> <ul style="list-style-type: none"> Processes involved in organising relief arrangements (sick, annual leave, etc.) for all clinical and non-clinical areas (interviews with key staff) Processes for reviewing duty lists Processes involved in ensuring residents' choices relating to care, lifestyle and services including hygiene, waking and retiring routines Ability to complete tasks during each shift Processes to follow when additional resources are required to provide care for residents 	<p>arrangements (casual staffing levels, etc.)</p> <ul style="list-style-type: none"> Duty lists Comments and complaints about staffing levels Incident trend data Shower lists Handover reports
Monitoring of staff qualifications and skills	<ul style="list-style-type: none"> Residents' appearance (skin, grooming, 	<ul style="list-style-type: none"> Satisfaction with all areas of care and 	<ul style="list-style-type: none"> Satisfaction with and processes involved in 	<ul style="list-style-type: none"> Policies and procedures,

Assessment Module 8

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
<ul style="list-style-type: none"> Staff qualifications and skills are at a standard which ensures residents' individual needs are met and the physical environment is safe and comfortable 	<p>restlessness, etc.)</p> <ul style="list-style-type: none"> Interactions with residents (including the manner of staff and responsiveness to residents' needs) Leisure activities Occupational health and safety practices General upkeep of home Other staff practices (for example, provision and refilling of drinks, assistance with meals) Staff access to forms, policies and procedures, and information on their duties Staff access to other information required to complete their duties including documentation and handovers 	<p>service</p> <ul style="list-style-type: none"> Opinion of staff ability to complete tasks (including in a manner which promotes residents' health and well-being, as well as their rights) Satisfaction with the way in which the home manages relief staff (for example, do they adversely affect the provision of care and services) 	<p>communication (including for relief staff)</p> <ul style="list-style-type: none"> Access to documentation required for completing their roles including handbooks, care documentation, policies and procedures, job descriptions, duty lists, etc. Processes involved in recruitment (interviews with key staff) Process for monitoring staff qualifications and conducting criminal record checks (interviews with key staff) Processes for reviewing job descriptions (interviews with key staff) Process for, and 	<p>handbooks, etc.</p> <ul style="list-style-type: none"> Recruitment documentation Professional registrations and criminal record checks Job descriptions Orientation records Education records Competency records Performance appraisals

Assessment Module 8

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			completion of, competency assessments, performance appraisals and design of education calendar including monitoring for attendance at compulsory sessions (interviews with key staff) <ul style="list-style-type: none"> • Staff opinion of the ability of casual staff to understand and apply the home's processes 	

Considerations

Continuous improvement

- Management demonstrates that results show improvements relating to the way in which the home manages staffing management systems including, in relation to staffing levels, staffing types, staff credentials, leadership, staff knowledge and skills, training and competencies, and staff communication.
- Staff and residents are assisted to actively contribute to the home's pursuit of continuous improvement in relation to staffing management systems.
- The home's systems include performance information relative to staffing management systems, including identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms.
- Improvements, including genuine process improvement activity as opposed to routine maintenance activity.

Monitoring and identification of staffing levels

- The provision of care and services in all aspects of the home is provided at a high standard.
- Residents are satisfied with the responsiveness of staff and the adequacy and appropriateness of care.
- Management and staff confirm the adequacy of the number and skills of staff at the home.
- Management demonstrates it has a system to ensure that identified types and numbers of staff are maintained at all times, including replacements for leave and absentees for all positions within the home.
- Management has a mechanism to review staff numbers and skill mixes in relation to changes in the mix of resident needs and preferences. This may include:
 - identification of the services required
 - any specialist services to be delivered in clinical and non-clinical areas
 - supervision requirements
 - workload considerations including rostering and relief staff requirements.
- Staffing levels are consistent with regulatory requirements where appropriate.
- Staff conduct tasks in accordance with their designated role as per their job description, for instance, activities staff mostly conduct activities, as opposed to mainly assisting with personal care tasks.
- Sufficient time is allowed for daily activities to avoid rushing residents.
- Staffing levels are designed in such a way that residents are encouraged to exercise choice and control over their lifestyles, and to exercise independence.
- Staffing (or access to services) ensures residents who communicate in a language not predominant in the home, can communicate their needs and have social interaction.

Monitoring of staff qualifications and skills

- The provision of care and services in all aspects of the home is provided at a high standard.
- Staff have access to and use accurate and appropriate information to help them perform their roles, including information pertaining to the specific needs of residents, policies and procedures, job specifications and regulatory requirements.
- Staff selection criteria and recruitment processes incorporate evaluation of required skills and knowledge.
- There is initial and as appropriate, ongoing monitoring of staff qualifications and criminal records.

- Competencies (knowledge, skills) are set out for all roles in the home.
- The home ensures staff and management have the required knowledge and skills, for example through:
 - encouraging staff to take personal responsibility for their professional development
 - providing information to support the education of staff
 - monitoring practices of all staff, including relief staff.
- Education and training needs are reviewed on a regular basis in relation to all roles.
- Education (including informal) is planned and provided for all staff and management, including board of governance, responsibilities under the Aged Care Act 1997, nursing and care related issues, issues relating to personal, civic, legal and consumer rights, and maintaining a safe and comfortable physical environment.
- Staff, including relief staff, receive an orientation to the home and are able to fulfil the requirements of their role.
- Specialised nursing care is delivered consistent with residents' identified needs and the requirements set out in Schedule 1 Specified care and services for residential care services of the Quality of Care Principles 1997.
- All tasks are carried out in a manner which promotes the personal, civic, legal and consumer rights of each resident.
- Staff practices promote a safe working environment.

Assessment Module

9



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Aspects

- Access. This includes: access for all residents and representatives including those with sensory loss, dexterity deficiencies, language barriers and unable to access formal systems (for instance, residents with limited mobility or representatives who are interstate; this list is not exhaustive); assurance of confidentiality and anonymity as appropriate and requested; access without fear of retribution; access without influence and persuasion from others; and residents, representatives, staff and other parties such as external visitors to the home.
- Use of formal and informal systems.
- Continuous improvement. Includes connection to the broader continuous improvement system to ensure genuine improvements are made and issues are unlikely to recur.

Process

The process followed is one using comments, complaints and suggestions as a means of directing enquiry about the home's performance against the Accreditation Standards.

1. Ascertain processes deployed at the home for capturing comments, complaints and suggestions. This includes informal mechanisms.
2. Review the home's processes for ensuring access for all residents and representatives, and for actioning the issues identified.
3. Where trends are identified in comments and complaints or suggestions, review these areas of care and service to ensure the issue has been thoroughly resolved and any other issues have been prevented and/or resolved also. Where trends are not identified, select a sample of issues. Issues may be raised in documentation such as official complaints and meeting minutes, or during interviews with residents, representatives or staff members.
4. Speak to at least 10% of residents or their representatives in relation to all aspects of care delivery. Where concerns are raised but not recorded or addressed by the home, establish the reasons for the gap and review areas of care or service to establish if there are further issues.
5. Evaluate if:
 - a) all comments, complaints and suggestions are captured and then adequately investigated by the home
 - b) all comments, complaints and suggestions are properly resolved, evaluated and communicated as appropriate
 - c) analysis occurs for trends in comments, complaints and suggestions
 - d) issues raised are systemic of wider problems within the home
 - e) the home is proactive in preventing recurrence of issues by feeding comments, complaints and suggestions into its continuous improvement system.
6. Identify where information collected through this process impacts on the performance against the Standards.

Consider implications for the following expected outcomes in particular

- 1.1, 1.4, 1.8 and 3.9
- all expected outcomes affected by issues identified in comments, complaints or suggestions

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
<p>Access</p> <ul style="list-style-type: none"> includes access for all residents and representatives including those with sensory loss, dexterity deficiencies, language barriers and unable to access formal systems (for instance, residents with limited mobility or representatives who are interstate; this list is not exhaustive) includes assurance of confidentiality and anonymity as appropriate and requested includes access without fear of retribution includes access without influence and persuasion from others includes residents, representatives, staff and other parties such 	<ul style="list-style-type: none"> Access to forms Access to internal and external mechanism contact details such as through brochures, posters, handbooks, information on noticeboards, etc. Access to information on advocacy services Access to suggestion boxes Access to staff including approachability of staff/resident rapport 	<ul style="list-style-type: none"> Perceived access to internal complaints mechanisms (including informal mechanisms) Perceived ease when using the complaints system Knowledge of formal systems Knowledge of external complaints mechanisms and advocacy services Knowledge of and access to information on resident rights Willingness to raise issues within the home (including at meetings) 	<ul style="list-style-type: none"> Processes for informing residents and representatives of internal and external complaints mechanisms and advocacy services both during entry to the home and on an ongoing basis Processes for facilitating access for residents with limited English, literacy skills, or who have a disability such as poor dexterity or vision Processes for informing staff of complaints mechanisms Staff and other interested parties such as doctors, external services, etc. (if available) in relation to their own perceived access to complaints 	<ul style="list-style-type: none"> Handbooks, agreements, newsletters, etc. explaining comments and complaints processes and resident rights Documented complaints to ascertain if they take into account residents who cannot write (completed by another person) and residents from CALD backgrounds Resident and representative attendance at meetings Confidentiality and anonymity (if desired) of complaints processes Numbers and types of complaints

Assessment Module 9

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
as external visitors to the home			mechanisms <ul style="list-style-type: none"> Willingness to raise issues within the home 	
Use of formal and informal systems	<ul style="list-style-type: none"> Location of complaints forms and lodgement boxes 	<ul style="list-style-type: none"> Knowledge of the formal and informal internal processes Reasons if formal systems are not used Satisfaction with actions as a result of complaints Satisfaction with timeliness and communication of outcomes of complaints 	<ul style="list-style-type: none"> Knowledge of formal and informal internal processes for residents, representatives and staff Reasons if they do not choose to use formal systems Processes for what to do when they receive an informal complaint Satisfaction with actions as a result of complaints Satisfaction with timeliness and communication of outcomes of complaints Description of actions taken with regards to specific complaints (interviews with key staff) 	<ul style="list-style-type: none"> Documented comments and complaints Resident survey results including follow-up of individual issues Resident meeting minutes with a focus on ensuring items are actioned and evaluated Staff meeting minutes insofar as they relate directly to the care and services of residents Staff survey results Education records on comments and complaints handling

Assessment Module 9

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			<ul style="list-style-type: none"> Description of methods used to evaluate actions (interviews with key staff) 	
<p>Continuous improvement</p> <ul style="list-style-type: none"> Includes connection to the broader continuous improvement system to ensure genuine improvements are made and issues are unlikely to recur 	<ul style="list-style-type: none"> Observation of improvements as a result of complaints, comments and suggestions 	<ul style="list-style-type: none"> Confirmation of improvements to the home (which the team has identified as being initiated due to a complaint or suggestion) 	<ul style="list-style-type: none"> Description of methods used to evaluate actions taken (interviews with key staff) Description of trend analysis (interviews with key staff) Description of how all comments, complaints and suggestions feed into the continuous improvement system (interviews with key staff) Confirmation of improvements to the home (which the team has identified as being initiated due to a complaint) Information on processes used to prevent and monitor 	<ul style="list-style-type: none"> Documented actions and evaluations Trends of complaints in minutes, forms, surveys, graphs, etc. Links between mechanisms, for example, the same issues being raised through multiple mechanisms Documentation linking a complaint to the broader continuous improvement system if available, for example, an action plan, a focused audit, etc. Evidence that the home has put actions in place which will prevent recurrence Evidence of monitoring for recurrence of

Assessment Module 9

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			recurrence of the concern(s) <ul style="list-style-type: none"> • Information showing the home evaluates the level of access to complaints mechanisms 	issues <ul style="list-style-type: none"> • Information showing the home evaluates the level of access to complaints mechanisms

Considerations

Access

- All residents/representatives and/or others report that they are aware of internal and external complaints processes and how to use them.
- Residents/representatives and/or others are satisfied that they have access to the complaints processes.
- The home informs and regularly reminds residents, representatives and others about their access to internal and external complaints mechanisms (for example, through brochures, resident handbooks, advocates, posters, one-to-one discussions, meetings); consideration is given to all people including those:
 - from culturally and linguistically diverse backgrounds
 - with special needs
 - with cognitive difficulties
 - with communication difficulties including those residents unable to write.
- The home has systems in place to manage complaints when received in writing or verbally.
- The home maintains resident privacy and confidentiality throughout the complaint process.
- Residents/representatives have access to information appropriate to their needs to assist them make decisions about their care and lifestyle and understand their rights and responsibilities.
- The home has identified authorised representatives to make decisions on behalf of residents who are unable to act for themselves.
- There are appropriate forums, methods and an environment provided that encourage the residents to consider and make choices. This includes an environment where residents feel enabled to reject a service or say “no” without fear of retribution.
- Management ensures residents are protected from harassment, retaliation and victimisation.

Use of formal and informal systems

- Staff have knowledge and skills for managing suggestions and complaints.
- Education and training needs are reviewed on a regular basis in relation to complaints management.
- Staff have access to current information on the home’s complaints management processes.
- The home has systems for reviewing the effectiveness of actions put in place in response to complaints and suggestions.
- The home communicates to relevant individuals outcomes of investigations and actions as a result of complaints and suggestions.

Continuous Improvement

- Staff and residents are assisted to contribute to the home’s pursuit of continuous improvement in relation to the Accreditation Standards as a result of complaints and suggestion management processes.
- There is a link between resident needs, preferences and feedback, (and representative feedback), with the home’s continuous improvement activities.
- The home has monitoring systems in place to identify and therefore, where possible, prevent issues from arising and recurring.
- Management demonstrates it can measure the effectiveness of the complaints mechanism.

Assessment Module 9



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- The home reviews effectiveness of its complaints mechanisms in providing access for residents, representatives and others, including those with cognitive or communication difficulties and/or special needs.
- Management communicates processes to staff to ensure they are able to collect, access, analyse and use the information as needed.
- Areas of care and service reviewed do not have systemic problems and matters identified through complaints and suggestions have resulted in improvements.

Assessment Module 10



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Aspects

- Initial and ongoing processes for assessment and care planning in relation to residents' needs and preferences.
- Independent lifestyle support processes.
- Actioning and evaluation processes.
- Continuous improvement.

Process

The process followed is one using independent lifestyle support as a means of directing enquiry about the home's performance against the Accreditation Standards.

1. Ascertain processes deployed at the home to ensure residents receive support to achieve an independent lifestyle. Consideration of processes to include residents' support for residents' physical, intellectual, emotional, cultural, social and financial independence.
2. Review the home's processes in relation to identifying residents' individual support needs for maintaining an independent lifestyle.
3. Speak to at least 10% of residents or their representatives and review samples of residents' care documentation. Examples of care documentation for review include: assessments, care planning documents, progress note reports, evidence of residents' participation in leisure activity programs, and other related documentation.
4. Evaluate if:
 - a) residents are appropriately assessed for their independent lifestyles including consideration of residents' needs which includes: cultural, linguistic and spiritual diversity, leisure interests and activities, mobility and dexterity, activities of daily living, behavioural management, cognitive levels, sensory loss support, environmental safety, decision making, and equipment supplies
 - b) assessment includes consultation with the resident/representative and health care professionals as appropriate
 - c) actions carried out are appropriate including in response to referrals and general care needs
 - d) reassessment and evaluation is timely
 - e) staff have appropriate skills and knowledge to ensure the independent lifestyle support needs of residents are met
 - f) the home uses information on residents' needs to monitor the appropriateness of the home's processes.
5. Identify where information collected through this process impacts on the performance against the Accreditation Standards.

Consider implications for the following expected outcomes in particular

- 1.7
- 2.13, 2.14 and 2.16
- expected outcomes of Standard Three
- 4.4

Assessment Module 10

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
Initial and ongoing processes for assessment and care planning in relation to residents' needs and preferences	<ul style="list-style-type: none"> Staff access to information on residents' needs, for example, access to residents' care and lifestyle documentation, staff handover (note the manner in which information is discussed and the kinds of information discussed) Note any visiting doctors and allied health professionals 	<ul style="list-style-type: none"> Level and kinds of consultation regarding residents' individual lifestyle needs, choices and preferences including when changes in needs occur Satisfaction with opportunities for input into the identification of lifestyle needs and care planning Access to appropriate health professionals, for example, counsellor, physiotherapist, podiatrist, occupational therapist, etc. 	<ul style="list-style-type: none"> Staff in relation to consultation with residents and representatives during initial assessment and care planning Management, care and activity staff in relation to when a change in a resident's needs is noted Care and activity staff in relation to resident choice and decision making, including discussion of examples of choices available within the home Staff communication processes relating to resident lifestyle care areas 	<ul style="list-style-type: none"> Assessments, care plans and progress notes Evidence of consultation with residents and/or representatives on individual resident's needs Evidence of information provided for residents to inform them of lifestyle options, for example, newsletters, displayed information, resident handbook, etc. Evidence of leisure activity programs provided to meet residents' individual needs and preferences
Independent lifestyle support processes	<ul style="list-style-type: none"> Residents participating in leisure activities and other independent activities Leisure activity 	<ul style="list-style-type: none"> Satisfaction with the level and manner in which residents are supported to maintain maximum 	<ul style="list-style-type: none"> All staff regarding communication between staff, for example, handover, meetings, 	<ul style="list-style-type: none"> Assessments, care plans and progress notes Evidence of consultation with

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	<p>programs on display</p> <ul style="list-style-type: none"> • Facilities to support residents' independent lifestyles • Residents receiving emotional support • Items (ornaments, books, etc.) relating to the cultural, linguistic and spiritual needs of residents 	<p>independence (includes discussion of privacy and dignity)</p> <ul style="list-style-type: none"> • Satisfaction with participation in decisions about residents' independent lifestyles • Satisfaction and examples of how the home promotes financial independence • Resident representative access (visiting hours, visiting areas, etc.) • Satisfaction with the emotional support provided to residents on entering the home and on an ongoing basis • Satisfaction with the way in which residents' cultural needs (including linguistic) are met • Satisfaction with the 	<p>communication books, etc.</p> <ul style="list-style-type: none"> • All staff regarding their knowledge and skills for completing certain lifestyle tasks and maintaining the rights of residents • All staff regarding how the home encourages financial independence • All staff regarding how the home ensures new residents adjust to their new home • All staff regarding specific emotional needs (including possible causes of distress such as significant days, specific memories, etc.) for individual residents • All staff regarding techniques used to provide emotional support to residents 	<p>residents and/or representatives for example, case conferences, surveys, meeting minutes, etc.</p> <ul style="list-style-type: none"> • Examples of referrals to specialists and counsellors for emotional support • Leisure activity programs and related documentation • Information on cultural and spiritual care and services such as cultural days, communication aids/services for CALD residents, religious/spiritual services, meal preferences, palliative care needs, etc.

Assessment Module 10

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
		<p>way in which residents' spiritual needs are met</p>	<ul style="list-style-type: none"> All staff regarding how the home ensures access to culturally and linguistically appropriate services (including meals, communication, activities, palliative care and spiritual services) 	
Actioning and evaluation processes	<ul style="list-style-type: none"> Staff interactions with residents Staff practices insofar as they promote and support residents' independence Representatives, community groups, volunteers, etc. visiting the home Access and availability of equipment (such as mobility aids, call bells, personal items, etc.) to promote independence or ability to seek assistance Residents mobilising 	<ul style="list-style-type: none"> Satisfaction with the home's approach to supporting residents' needs Satisfaction with the effectiveness of the home's leisure activity programs in meeting residents' needs and preferences Satisfaction with the home's support to maintain friendships and participate in the life of the community within and outside the home Satisfaction with the 	<ul style="list-style-type: none"> Management in relation to monitoring staff practices Management and staff in relation to specific residents' needs All staff in relation to ensuring residents receive appropriate levels of support for maintaining their independence Recreational activity staff in regards to ensuring residents are provided with leisure interests according to resident preferences 	<ul style="list-style-type: none"> Assessments, care plans and progress notes Documented evaluations, for example, surveys, audits, leisure activity program reviews, etc.

Assessment Module 10

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	independently <ul style="list-style-type: none"> • Residents communicating with other residents, staff, visitors, etc. 	home's processes for ensuring the resident can communicate effectively	<ul style="list-style-type: none"> • Provision of education programs for care and activity staff 	
Continuous improvement	<ul style="list-style-type: none"> • Recent improvements to resident lifestyle, for example, equipment, improved outings, improved communication enabling decision making, new innovative programs or activities, etc. • Other recent improvements, for example, to the physical environment 	<ul style="list-style-type: none"> • Knowledge and confirmation of improvements in relation to resident lifestyle and the physical environment • Satisfaction with communication and consultation in regards to improvements • Satisfaction with the responsiveness to suggestions for improvements and the feedback provided 	<ul style="list-style-type: none"> • All staff in relation to improvements in relation to resident lifestyle • All staff in relation to improvements to the physical environment • All staff in relation to communication and consultation regarding improvements • All staff in relation to processes used by the home including identification of issues for improvement, researching solutions, taking action and evaluation processes 	<ul style="list-style-type: none"> • Evidence of the planning of improvements and consultation with residents, representatives and staff (for example, surveys, minutes, newsletters, letters, etc.) • Evidence of monitoring mechanisms (for example, audit results, data trends, etc.) • Examples of improvements

Considerations

Initial and ongoing processes for assessment and care planning in relation to residents' needs and preferences

- Residents/representatives have access to information appropriate to their needs to assist them to make decisions about each resident's independent lifestyle.
- The home ensures initial and ongoing assessments and care planning of each resident's independent lifestyle support needs are conducted and documented. Processes include:
 - assessments on entry to the home and at regular stages during the resident's stay are completed at appropriate intervals by appropriate staff
 - regular consultation with residents/representatives and others (for example, management, leisure activity staff) in all aspects of decision-making (assessment, planning, and evaluation) regarding each resident's needs
 - consultation with residents/representatives and others (including medical and health professionals) about the resident's care needs and preferences (for example, emotional support needs, cultural and spiritual needs, self administration of medications, mobility aid needs, behavioural management and risk taking activities)
 - consideration of any barriers to each resident's participation in activities, for example, cognitive or communication problems
 - consideration of specific cultural or spiritual needs
 - consultation including ensuring an environment where residents feel enabled to reject a service and may include one-to-one consultations with residents/representatives about their needs, preferences and options, and/or other forums for communication such as resident meetings and committees.
- The home ensures the assessment of each resident's needs is conducted to support them to achieve an independent lifestyle. For example, the home ensures:
 - identification of what independent lifestyle means in different aspects of each resident's life, for example, physical, intellectual, emotional, cultural, social and financial
 - assessments conducted are aimed to achieve maximum independence for residents
 - regular assessment of each resident's preferences for leisure interests and activities of interest to them
 - consideration of past and current cultural, religious and spiritual practices (such as in relation to activities, meals and treatment approaches)
 - identification of individual residents' support needs, for example, access to choice and decision making processes, newspapers, mail, televisions, telephones, radios, motorised scooters, transport, etc.
 - identification of each resident's history, current situation and any other considerations for adjustment to the home
 - identification of any significant events, for example, a family crisis, death in the home, anniversaries, etc. which may cause distress to the resident
 - identification of existing friendships and community activities
 - assessment of sensory needs of residents when promoting independence (for example, those with vision, hearing, communication needs)
 - assessment of behavioural management needs when promoting independence, for example, alternatives to restraint or consideration of the level and type of restraint provided
 - identification of each resident's individual civic support needs, for example, voting

- identification of environmental and equipment needs, for example, provision of a safe environment, strategies to assist mobility and dexterity, dietary assistive devices, etc.
- consultation about any risks associated with activities.
- Care plans are documented and planned care requirements are effectively communicated to relevant staff. Care plans:
 - reflect the assessment and consultation described above
 - include consideration of independence in care planning
 - include consideration of environmental issues
 - describe the resident's specific needs and preferences including, for residents with communication or cognitive deficits
 - include any instructions by medical and health professionals
 - provide the required guidance to all appropriate staff (for example, they are accessible and easy to understand)
 - include validated risk assessment tools.

Independent lifestyle support processes

- Systems are in place to inform residents/representatives of independent lifestyle activities available, including residents with cognitive impairment and sensory losses. For example, the leisure activities are well advertised, such as, through noticeboards, resident handbooks, verbal reminders, newsletters, meetings, etc.
- Independent lifestyle is encouraged, supported and maximised for all residents.
- The home plans for each resident's support for independent lifestyle. For example, through:
 - encouraging participation in activities within or outside the home, including appropriate support strategies such as provision of activities including physical, mental, social and/or spiritual activities as appropriate
 - strategies to overcome any barriers to each resident's independence and involvement within or outside the home
 - staff assistance to participate in activities of daily living
 - sufficient time being allowed for daily activities to avoid rushing residents
 - access to leisure interests and activities throughout the week as appropriate for each resident's needs and preferences
 - a varied program of leisure activities encompassing the needs and preferences of residents (including group activity programs or one-to-one activities)
 - the facilitation of bus outings or other activities outside the home as appropriate
 - ensuring residents receive additional support during the settling-in period, and are provided with sufficient information (including an orientation) at and/or prior to this time
 - ensuring residents have access to external emotional support such as through friends and family, professional counsellors, and spiritual support (priests, chaplains, etc.) as appropriate
 - the provision of community activities, celebrations and meals appropriate to their cultural preferences
 - independent lifestyle support which complements and assists other care areas, for example, behavioural management, cognitive impairment and sensory loss needs
 - sensitivity to the specific needs of residents with dementia and their families, for example, through emotional support, referral to support groups, etc.
 - strategies to assist residents with mobility, communication and cognitive difficulties including in meeting their culturally and linguistically diverse needs

- encouragement of relatives and friends to be part of the life of the resident
- access to community visitors
- support strategies for attending activities outside the home, for example, any support functions required, such as, assistance with transport, access to taxis, community transport, ensuring appropriate membership fees are paid, etc.
- strategies to assist residents with choice and decision making, for example, input into care planning, appropriate information provided, participation in resident meetings, etc.
- the assessment of restraint (if used), including authorisation of restraint and administration at a minimum form and level required, and in accordance with strict safety standards
- the assessment of alternatives to restraint
- the identification of authorised representatives (including guardianship and power of attorney information) to make decisions on behalf of residents who are unable to act for themselves including access to advocacy services
- processes to ensure financial independence where appropriate
- processes for residents who choose to participate in risk taking activities.
- The living environment supports residents' independent lifestyle through ensuring:
 - resident safety, for instance, resident areas are free of clutter and well-lit
 - access to egress routes as appropriate
 - access to call bells
 - residents have adequate personal space
 - provision of private and quiet spaces suitable for receiving guests
 - residents' individual areas are personalised according to their wishes
 - each resident has ready access to toilets and aids to maintain independence as required, for example, raised toilet seats, hand rails, etc.
 - facilities for leisure activity programs
 - the living environment influences each resident's behavioural needs in a positive way, for instance, the environment is conducive to using minimal restraint for residents
 - the living environment is sensitive to the needs of residents with sensory losses.
- Appropriate resources are available and used in a manner which encourages independence:
 - residents' individual equipment needs are met to ensure the promotion of independence and quality of life, for instance, mobility aids, transferring aids, and dietary assistive devices
 - consideration is given to the maintenance of aids
 - there is access to items of residents' choice, for example, radios, televisions, telephones and newspapers
 - there is availability of suitable equipment for leisure activities.

Actioning and evaluation processes

- Residents/representatives confirm the appropriateness of the care residents receive according to their needs and preferences in relation to independent lifestyle support needs.
- Care and other staff have access to and use accurate information to ensure delivery of appropriate care for residents' independent lifestyle support needs and preferences.
- The home regularly evaluates and reviews the approach taken to ensure the independent lifestyle support provided meets each resident's needs and preferences. For example:

- the effectiveness of current strategies is assessed, for instance, care plans are evaluated at regular intervals and as necessary
- care plans accurately reflect each resident's needs and preferences
- staff practices and staffing levels are monitored and improved as appropriate
- residents are reassessed when the need is identified, for example, if their condition deteriorates
- residents' independent lifestyle needs are met
- the effectiveness of the processes in place are evaluated, for example, through questionnaires, surveys, audits, individual discussions and resident meetings.
- The home demonstrates it is aware of each resident's leisure interests and activity needs and that this provides input into leisure planning and programming.
- The home demonstrates that its processes are effective in encouraging and supporting residents to participate in a wide range of interests and activities that are of interest to them. Examples of this may include monitoring resident attendance at activities, the evaluation of activities provided and regular reviews of activity programs.
- Staff and management have the required knowledge and skills:
 - management provides information to support the education of staff
 - education is planned and provided to ensure staff have appropriate knowledge and skills to support residents' independent lifestyles
 - staff have appropriate qualifications relative to the tasks they perform.
- There are sufficient staff at all times to ensure residents' independence is maintained at the optimum level and that residents are supported to retain their personal, civic, legal and consumer rights as well as achieve active control of their own lives.
- All staff have appropriate knowledge and access to current and correct information on the home's processes, regulatory requirements, professional standards and guidelines to be able to perform their roles effectively.

Continuous improvement

- The home's systems include performance information relative to processes to support residents' independent lifestyle. This includes the review of services to maximise independence, friendships and participation for each resident and to determine effectiveness in meeting the needs of the residents.
- Staff and residents/representatives are assisted to actively contribute to the home's pursuit of continuous improvement.
- Management demonstrates that results show improvements relating to the way in which the home manages the provision of residents' independent lifestyle support including in relation to care needs, preferences, enhancement of residents' lives, staff knowledge and skills, staff practices and relevant communication systems.
- The home's monitoring systems include a review of the independent lifestyle support processes currently used and their effectiveness in meeting residents' needs and preferences.
- Improvements occur, including genuine process improvement activity as opposed to routine maintenance activity.

Assessment Module 11



The **Aged Care**
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Aspects

- Monitoring processes and opportunities for improvement. Includes review of tools used to monitor compliance with the Standards.
- Actioning and implementing improvements across all four Accreditation Standards, including: links to the provision of care and services for residents; resolution of gaps in systems as well as continuous improvement projects and activities; a prioritisation approach; a planned approach (including research of possible actions) according to set goals, agreed measurement criteria and timeframes; and sustainability of improvements.
- Evaluation and monitoring of improvement activities. Includes where necessary, evolution of improvement activities.
- Feedback and involvement of stakeholders such as residents, representatives and staff members.
- Implications about improvement activities on the quality of care and services.

Process

The process followed is one of using the home's improvement and system control processes as means of directing enquiry about the home's performance against the Accreditation Standards.

1. Ascertain processes deployed at the home for identifying opportunities for improvement and monitoring compliance with the Accreditation Standards.
2. Review all results of monitoring processes for the past six months.
3. Select a sample of at least two improvements per Accreditation Standard from the past year. Evaluate:
 - a) how the area of improvement was identified (through discussion with other homes, research, consultation with residents, representatives, staff, etc.)
 - b) how the area of improvement was prioritised
 - c) the appropriateness of the improvement project to the home's needs
 - d) how the project was planned (goals set, responsibilities, etc.)
 - e) how outcomes of the project are monitored and evaluated
 - f) if outcomes are sustainable
 - g) if outcomes link to the provision of care and services for residents
 - h) if staff have appropriate skills and knowledge to understand and use the home's improvement and system control processes and to assist residents to have input into these processes.
4. Speak to at least 10% of residents or their representatives and discuss their ability to contribute suggestions to the home, if they are aware of continuous improvement activities occurring in the home, and if they are regularly consulted regarding the services the resident receives.
5. Identify where information collected through this process impacts on the performance against the Standards.

Consider implications for the following expected outcomes in particular

- 1.1 – 1.4 and 1.8
- 2.1
- 3.1 and 3.9
- 4.1
- all expected outcomes concerning aspects of care and service not being closely monitored or where improvement activities are inappropriate or insufficient

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
<p>Monitoring processes and opportunities for improvement</p> <ul style="list-style-type: none"> Includes review of tools used to monitor compliance with the Standards 	<ul style="list-style-type: none"> Availability of forms (suggestion/complaints forms, incident/hazard forms, etc.) Suggestion box Brochures and flyers about comments and complaints processes, quality system, etc. Availability of places for residents, representatives, staff and other stakeholders to discuss confidential matters such as complaints 	<ul style="list-style-type: none"> Perceived access to comments and complaints systems (including anonymity, confidentiality and ease of using the system) Willingness to raise issues and make suggestions Level of participation in monitoring processes (surveys, etc.) 	<ul style="list-style-type: none"> Key staff regarding the home's processes for informing residents, representatives and other stakeholders of ways to participate in the home's improvement and system control processes Key staff regarding the selection of areas to monitor Key staff regarding the identification of legislative change Key staff regarding the review of monitoring tools Staff, management and approved provider representatives regarding the provision of education on the home's improvement and system control processes Staff, management 	<ul style="list-style-type: none"> Policies and procedures relevant to the home's improvement and system control processes Education records Suggestion forms/ improvement logs, etc. Audit and survey schedules and results (including benchmarking results and results conducted by government agencies and external consultants) Trend data (comments and complaints, infections, falls, staff absenteeism, etc.) Relevant meeting minutes (evidence of planning and prioritising activities for significant improvements) Memoranda

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			<p>and approved provider representatives in relation to their understanding of the home's improvement and system control processes and level of participation</p> <ul style="list-style-type: none"> • Staff in regards to level of participation in monitoring processes (surveys, complaints, etc.) • Staff regarding encouragement to residents and representatives to participate in the home's improvement and system control processes • Staff regarding willingness to raise issues and make suggestions 	<ul style="list-style-type: none"> • Newsletters • Reports on monitoring results (where available) • Monthly reports (where available) • Evidence of research (where available) • Evidence of networking (where available) • Examples of reviews of monitoring tools (where available) and review of the home's overall improvement and system control system
Actioning and implementing improvements across all	<ul style="list-style-type: none"> • Residents participating or benefiting from improvements 	<ul style="list-style-type: none"> • Examples of improvement activities currently being 	<ul style="list-style-type: none"> • Key staff regarding the prioritisation of improvements 	<ul style="list-style-type: none"> • Plans for continuous improvement • Strategic/business

Assessment Module 11

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
<p>four Accreditation Standards, including:</p> <ul style="list-style-type: none"> • Links to the provision of care and services for residents • Resolution of gaps in systems as well as continuous improvement projects and activities • A prioritisation approach • A planned approach (including research of possible actions) according to set goals, agreed measurement criteria and timeframes • Sustainability of improvements 	<p>implemented</p> <ul style="list-style-type: none"> • Examples of improvements (living environment, equipment, staff practices, etc.) • Displayed vision, values, philosophy, objectives and commitment to quality 	<p>implemented</p>	<ul style="list-style-type: none"> • Key staff regarding the planning of improvements including goals, allocation of responsibility, timeframes, progress monitoring and evaluation methods • Key staff regarding steps taken to ensure the sustainability of individual improvement activities • Key staff regarding processes for communicating new processes to ensure sustainability • Staff, management and approved provider representatives regarding examples of improvements • Staff, management and approved provider representatives regarding actions 	<p>plans (where available)</p> <ul style="list-style-type: none"> • Action plans (where available) • Reports on improvement activities • Meeting minutes • Newsletters • Improvement logs and registers (where available)

Assessment Module 11

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			<p>taken by the home to address identified weaknesses/problems</p> <ul style="list-style-type: none"> • Staff regarding their knowledge of overall directions of the organisation (such as through a mission or vision statement) and access to relevant plans/plans for continuous improvement 	
<p>Evaluation and monitoring of improvement activities</p> <ul style="list-style-type: none"> • Includes where necessary, evolution of improvement activities 		<ul style="list-style-type: none"> • Level of consultation regarding improvement activities 	<ul style="list-style-type: none"> • Key staff regarding how the monitoring of new processes (including those as a result of improvement activities) are incorporated into existing monitoring systems • Staff regarding evolution of improvement activities 	<ul style="list-style-type: none"> • Meeting minutes • Reports • Follow-up data and results of monitoring/evaluation activities
<p>Feedback and involvement of stakeholders such as</p>	<ul style="list-style-type: none"> • Continuous improvement information 	<ul style="list-style-type: none"> • Knowledge of results of monitoring activities • Knowledge and 	<ul style="list-style-type: none"> • Key staff regarding the home's processes for informing residents, 	<ul style="list-style-type: none"> • Meeting minutes • Newsletters • Reports

Assessment Module 11

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
residents, representatives and staff members	<p>(improvement activities, monitoring results, meeting minutes, newsletters, etc.) on noticeboards or in other accessible locations</p> <ul style="list-style-type: none"> Confidentiality/ anonymity of individual survey respondents in displayed results 	<p>satisfaction with improvement outcomes (examples of improvements)</p> <ul style="list-style-type: none"> Satisfaction with the home's communication processes including during and after the implementation of improvement activities 	<p>representatives and other stakeholders of the progress and end result of improvement activities</p> <ul style="list-style-type: none"> Key staff regarding how the home gains feedback and input on the outcomes of improvement activities from residents, representatives, staff members and other stakeholders Staff regarding satisfaction with the home's communication processes including during and after the implementation of improvement activities 	
Implications about improvement activities on the quality of care and services	<ul style="list-style-type: none"> Staff practices Staff interactions with residents The living and working environments 	<ul style="list-style-type: none"> Satisfaction with the care and services provided at the home 	<ul style="list-style-type: none"> Staff, management and approved provider representatives regarding actions taken by the home to address identified weaknesses/problems 	

Considerations

Monitoring processes and opportunities for improvement

- The home has a framework which assists it to actively pursue continuous improvement. This includes:
 - a self-assessment approach/methods of measuring and reviewing performance
 - ongoing review to ensure the changing needs and preferences of residents and representatives continue to be met
 - identification of improvement opportunities from this and other information
 - identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms
 - review of the appropriateness of selected monitoring processes (including tools)
 - appropriate samples of people, documents and observed practices
 - review and follow-up, including information and data gathering on the home's performance.
- The home's framework is used in cyclical and regular fashions.
- The home's monitoring processes are sustainable.
- Residents and representatives have access to information appropriate to their needs to assist them to make decisions about their care and lifestyle, including being able to contribute to the home's systems for improvement and system control. This includes:
 - a complaints mechanism that is accessible to residents, representatives and other interested parties
 - assurance of confidentiality and anonymity of comments and complaints
 - review of the effectiveness of mechanisms for providing access to participation in decisions to residents, representatives and others, including those with cognitive or communication difficulties and/or special needs.
- The home has a system for identifying relevant legislation, regulations and guidelines (including evidence-based information), and has mechanisms for monitoring compliance. Information on legislative changes and best practice guidelines is used to improve service provision to residents.
- Staff have access to and use of accurate information to assist them to contribute to the home's processes for improvement and system control. This includes communication and training processes.
- While improvements are being implemented, other areas are still functioning and continue to be monitored.

Actioning and implementing improvements

- The home has a framework which assists it to actively pursue continuous improvement. This includes identification of key objectives of improvement activities.
- Improvements include genuine process improvement activity as opposed to routine maintenance activity.
- Actions are appropriate and made in a timely fashion.
- Improvement activities fit into the home's overall clinical governance and general planning processes.
- The home's processes for the selection of improvement activities include:
 - a process of prioritisation of activities
 - a planned approach including setting goals, measurement criteria and timeframes
 - designation of responsibility for the execution of improvement activities.

- The methods used for the implementation of improvement activities as well as the nature of the activities themselves, ensure sustainability of results.

Evaluation and monitoring of improvement activities

- The home has a framework which assists it to actively pursue continuous improvement. This includes:
 - identification of improvement outcomes and their impact on key stakeholders (residents/representatives, relatives and staff amongst others)
 - implementation of improvement activities are focused on achieving better outcomes for residents including directly and indirectly
 - implementation of programs demonstrates evolving and lessons learnt to amend or adapt programs of improvement.
- Relevant stakeholders (including residents and representatives) are consulted throughout the implementation of the improvement activity, including during the evaluation and monitoring phase, to ensure the appropriateness of the result in meeting residents' needs.
- Where an improvement activity has been deemed successful, the ongoing evaluation and monitoring of this area of service provision is incorporated into the home's broader monitoring system.

Feedback and involvement of stakeholders

- The home's framework for improvement and system control includes provision of support mechanisms to ensure key stakeholders have active involvement in maximising outcomes. This includes:
 - providing facility and sufficient information to make suggestions and comments (including regarding non-conformances) on processes and outcomes
 - ensuring confidentiality and anonymity of comments and complaints
 - being involved in evaluations where appropriate
 - being informed of improvement activities at various stages including at the conclusion of an improvement activity.
- Management and other members of the home's governing bodies are aware of key improvements and issues occurring in the home.

Implications about improvement activities on the quality of care and services

- Information provided via the home's processes for improvement and system control indicates:
 - the home is successfully monitoring its performance against the Accreditation Standards
 - issues identified are resolved in a sustainable and timely manner.
- Staff understanding of any new processes is sufficient to prevent new problems from existing in the future, and previous problems from recurring.

Assessment Module 12



The **Aged Care**
Standards and Accreditation Agency Ltd

Aspects

- Initial and ongoing assessment and planning of needs and preferences in relation to the home's provision of pain management and palliative care services. This includes an effective referral system to health specialists and religious representatives/counselling support services.
- Actioning of appropriate responses and implementation of residents' care plans to address residents' ongoing needs and preferences.
- Evaluation and reassessment of residents' needs.
- Continuous improvement. Includes connection to broader continuous improvement system to ensure genuine improvements are made and issues are unlikely to recur.

Process

The process followed is one of using the provision of pain management and palliative care services as a means of directing enquiry about the home's performance against the Accreditation Standards.

1. Ascertain processes deployed at the home for ensuring the provision of pain management and palliative care services.
2. Review the home's processes for ensuring the provision of pain management and palliative care services.
3. Speak to at least 10% of residents or their representatives and review at least 10% of residents' records, including a sample of deceased residents' files.
4. Evaluate if:
 - a) residents are appropriately assessed for their pain management and palliative care needs
 - b) assessment includes consultation with the resident/representative and health care professionals as appropriate
 - c) actions carried out are appropriate, including in response to referrals and general care needs
 - d) reassessment and evaluation is timely
 - e) staff have appropriate skills and knowledge to ensure the care and lifestyle needs of residents are met
 - f) the home uses information on residents' care and lifestyle needs to monitor its own processes.
5. Identify where information collected through this process impacts on the performance against the Standards.

Consider implications for the following expected outcomes in particular

- 1.6 and 1.7
- 2.1, 2.3-2.9, 2.13 and 2.17
- 3.4, 3.6, 3.8 and 3.9

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
<p>Initial and ongoing assessment and planning of needs and preferences</p> <ul style="list-style-type: none"> This includes an effective referral system to health specialists and religious representatives/ counselling support services 	<ul style="list-style-type: none"> Handover (note the manner in which information is discussed and the kinds of information discussed) Staff interactions with residents/ representatives Staff access to information on residents' needs Note any visiting doctors, allied health professionals and religious representative/ counselling support services in relation to palliative care and pain management 	<ul style="list-style-type: none"> Level and kinds of consultation regarding residents' individual pain and palliative care needs and preferences including physical, emotional, cultural, and spiritual needs and when changes in needs occur Where applicable, satisfaction with access to other health and specialist services including timeliness of referrals and follow-up actions Where applicable, satisfaction with access to religious representatives/ counselling support services 	<ul style="list-style-type: none"> Care staff in relation to consultation with residents and representatives during initial assessment and care planning Care staff in relation to care planning processes and identification of residents' individual emotional, cultural and spiritual needs and preferences in relation to palliative care and pain management Care staff in relation to care planning processes and identification of residents' individual needs and preferences in relation to pharmacological, non-pharmacological and alternative therapy management of pain Staff communication 	<ul style="list-style-type: none"> Case conference information if available Assessments Care plans Pain monitoring tools Observation charts Medication charts Progress notes Evidence of consultation with residents and/or representatives on individual residents' needs and preferences Evidence that individual terminal wishes are recorded Where applicable, evidence of consultation with religious representatives or community support groups Doctors/allied health professionals/ specialists' notes,

Assessment Module 12

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			<p>processes relating to all areas of resident care (may include interviews with other staff)</p> <ul style="list-style-type: none"> • Care staff in relation to triggers for referrals to occur • Care staff in relation to how information from doctors, allied health professionals and religious representatives/ counselling services is communicated to staff and is transferred into care documentation • Doctors, allied health professionals and religious representatives/ counselling services regarding how referrals are made • Doctors, allied health professionals and religious 	<p>assessments and correspondence in relation to pain and palliative care management</p> <ul style="list-style-type: none"> • Appointment diary • Referrals to doctors, allied health professionals, religious representatives/ counselling and community support groups

Assessment Module 12

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			representatives/ counselling services regarding the level of information provided to them and whether their instructions are carried out	
Actioning of appropriate responses and implementation of residents' care plans to address residents' ongoing needs and preferences	<ul style="list-style-type: none"> • Residents' general appearance in relation to comfort and emotional well-being • Staff interactions with residents • Availability of specialised nursing equipment in relation to palliative care • Availability of aids and equipment in relation to pain management • Living and working environment to ensure the privacy and dignity of residents is preserved, for instance, that information is not freely available and care is 	<ul style="list-style-type: none"> • Satisfaction with the home's approach to managing residents' pain needs and assistance to be as free from pain as possible • Satisfaction with the home's approach to managing residents' palliative care needs including physical, emotional, cultural and spiritual support needs and ensuring residents' comfort and dignity is maintained • Representative satisfaction with visitation access to the home and resident to 	<ul style="list-style-type: none"> • Care staff in relation to assisting specific residents' access to cultural, spiritual and emotional support • Care staff in relation to ensuring residents receive care appropriate to their needs • All staff regarding communication between staff • If available, doctors, allied health professionals, religious representatives/ counselling services about the level of information provided to them and whether their 	<ul style="list-style-type: none"> • Care plans • Progress notes • Case conference information if available • Observation charts • Medication charts • Doctor/allied health/religious representatives/ counselling services' notes and correspondence • Doctors and allied health professionals' records • Appointment diary • Staff meeting minutes • Other communication information, for example, communication books

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	<p>provided in private</p> <ul style="list-style-type: none"> • Call bell responses • Handover (note the manner in which information is discussed and the kinds of information discussed) • Staff access to information on residents' needs • Note any special facilities for visiting families/friends • Availability of appropriately qualified staff to attend to resident specialised care needs 	<p>provide emotional and end of life support</p> <ul style="list-style-type: none"> • Satisfaction with the level and manner in which care and services are provided (across all areas of health and personal care, and resident lifestyle issues) • Confirmation of participation in decisions about residents' pain and palliative care management 	<p>instructions are carried out</p> <ul style="list-style-type: none"> • All staff regarding their knowledge and skills for completing certain care and lifestyle tasks • All staff regarding their ability to complete tasks during their shifts and time available to provide support to residents and families/friends • Confirmation of education in relation to grief and loss and access to counselling support services if required 	<ul style="list-style-type: none"> • Continuous improvement documentation used to monitor and action issues identified • Training records in relation to pain and palliative care
Evaluation and reassessment of residents' needs	<ul style="list-style-type: none"> • Handover (note the manner in which information is discussed and the kinds of information discussed) • Staff access to information on residents' needs 	<ul style="list-style-type: none"> • Level and kinds of consultation when changes in needs and preferences occur (timeliness of actions in response to requests) 	<ul style="list-style-type: none"> • Care staff in relation to consultation with residents and representatives during reassessment of residents' needs • Care staff knowledge and understanding of residents' specific 	<ul style="list-style-type: none"> • Case conference information if available • Assessments • Care plans • Progress notes • Observation charts • Medication charts • Evidence of consultation with

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
	<ul style="list-style-type: none"> Note any visiting doctors, allied health professionals, religious representatives and counselling services 		<p>needs and effective strategies</p> <ul style="list-style-type: none"> Care staff in regards to when a change in a resident's needs is noted including discussion on what triggers reassessment and what information is considered during reassessment (for instance, progress notes, monitoring charts, etc.) Care staff about triggers for referrals to occur Care staff about how information from doctors, allied health professionals, religious representatives and counselling services is communicated to staff and transferred into care documentation such as care plans If available, doctors 	<p>residents and/or representatives</p> <ul style="list-style-type: none"> Doctors, allied health notes, religious representatives and counselling services' assessments and correspondence Appointment diary (links between different forms of care documentation) Other communication information, for example, thankyou cards etc.

Assessment Module 12

Assessment Process	Use information from the following to assist in assessing the home's compliance or non-compliance			
Aspects	Observation	Resident/representative Interviews	Staff Interviews	Documentation
			and allied health professionals regarding how referrals are made	
<p>Continuous improvement</p> <ul style="list-style-type: none"> Includes connection to broader continuous improvement system to ensure genuine improvements are made and issues are unlikely to recur 	<ul style="list-style-type: none"> Recent improvements to the living environment and equipment/supplies 	<ul style="list-style-type: none"> Confirmation of improvements in pain management strategies and practices to maintain the comfort and dignity of terminally ill residents Confirmation of communication and consultation in regards to improvements 	<ul style="list-style-type: none"> Confirmation of improvements in pain management strategies and practices to maintain the comfort and dignity of terminally ill residents Confirmation of communication and consultation in regards to improvements Confirmation of processes used by the home including identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms 	<ul style="list-style-type: none"> Evidence of the planning of improvements and consultation with residents, representatives and staff Evidence of monitoring mechanisms (for example, audit results, surveys, etc.)

Considerations

Initial and ongoing assessment and planning of needs and preferences

- The home ensures initial and regular assessments of all residents' needs and preferences regarding pain management and palliative care needs are conducted and documented by appropriate staff. This includes:
 - consultation with residents/representatives and others (medical and health professionals) about pain and palliative care needs and preferences including the resident's specific physical, emotional, cultural, and spiritual needs
 - observing nonverbal and behavioural signs of pain (for example, facial grimacing, withdrawal, guarding, rubbing, limping, shifting of position, aggression, depression, moaning, crying, etc.)
 - determining and documenting the pain type, source, intensity, frequency, pattern, location, duration, and precipitating and relieving factors of pain
 - review of medications, including current and previously-used prescription medication, over-the-counter medication and home remedies
 - pain control methods that have previously been effective
 - identification of relevant referrals to specialists and allied health professionals if required
 - consultation with family and friends regarding the care environment and their role in the resident's care
 - residents/representatives' terminal wishes are recorded (this may include a living will).
- Pain and palliative care plans are developed, communicated to the relevant staff and linked with other care. Care plans:
 - reflect the assessment and consultation described above
 - describe the resident's specific needs and preferences
 - incorporate a multidisciplinary approach with complementary therapies as appropriate and include instructions by medical and/or health professionals
 - include provision of emotional and spiritual support to residents, family and care givers
 - include specialised equipment, supplies and materials to aid the resident in the terminal stage of life
 - include alternative approaches to medication interventions where appropriate
 - provide the required guidance to all appropriate staff and this guidance is accessible and easy to understand.
- Referrals are managed:
 - there is accessibility of information about health professionals, treatment alternatives and complementary therapies for staff and residents/representatives to make informed choices
 - following assessment, the home maintains a written summary to be provided to the referrer and retained in the resident's file, summarising the case and the individual's needs, with recommendations for management and an intervention plan
 - there are mechanisms for urgent referrals and provisions to reduce waiting times for service.

Actioning

- Care delivered by staff is consistent with the care plan.
- Residents/representatives confirm their participation in decisions about residents' pain and palliative care management and that they are able to exercise choice and control appropriate to their needs and preferences.

- Residents/representatives confirm they are satisfied with the home's approach to managing residents' pain needs.
- Residents/representatives confirm they are satisfied with the home's approach to managing residents' palliative care needs including physical, emotional, cultural and spiritual support needs and that residents' comfort and dignity is maintained.
- There is effective communication between departments of the home, for instance, between care and lifestyle staff.
- Relevant referrals and consultations with health specialists and religious representatives are conducted.
- Staff have access to and use of accurate information to assist with the development of residents' assessments, care and lifestyle plans to ensure delivery of appropriate care to residents.
- Staff and management have the required knowledge and skills:
 - management encourages staff to take personal responsibility for their professional development
 - management provides information to support the education of staff
 - education is planned and provided relevant to the provision of palliative care services including clinical care and emotional support.
- Competencies (knowledge, skills) are set out for use of specialised nursing care, specialised equipment, supplies and materials to aid the resident in the terminal stage of life.
- Equipment, supplies and materials to aid residents' pain management and in the terminal and other stages of their life are available for care and service delivery.
- Sufficient time is allowed for daily activities to avoid rushing residents.
- Residents/representatives' terminal wishes are respected.

Evaluation and reassessment

- The home regularly evaluates and reviews its pain management and palliative care systems to determine their effectiveness in meeting the needs of residents. This includes:
 - staff education about the principles, objectives and practices of palliative care
 - monitoring of staff practice
 - consultation with individual residents/representatives and others (medical and health professionals) about residents' individual pain management needs and preferences, ongoing palliative needs and how effectively they are being met.

Continuous improvement

- Management demonstrates that results show improvements relating to the home's approach to residents' pain management and practices to maintain the comfort and dignity of terminally ill residents including, in relation to clinical care needs, preferences, enhancement of residents' lives, staff knowledge and skills, training and competencies, staff practices and staff communication.
- Staff and residents are assisted to actively contribute to the home's pursuit of continuous improvement in relation to pain and palliative care management approaches.
- The home's system includes performance information relative to residents' pain management and practices to maintain the comfort and dignity of terminally ill residents including identification of baseline information, outputs, key milestones or interim indicators and monitoring mechanisms.
- Improvements have occurred, including genuine process improvement activity as opposed to routine maintenance activity.