Results and processes guide

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Results and processes guide

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Users of this handbook should refer to all relevant legislation, including the *Aged Care Act 1997, Australian Aged Care Quality Agency Act 2013* and the Quality Agency Principles 2013.

We are accredited by the International Society for Quality in Health Care as an international accrediting body.

This handbook informs our assessor training program which has also been accredited by ISQua.

Contents

INTRODUCTION

The *Aged Care Act 1997* requires approved providers of residential aged care homes to comply with the Accreditation Standards. It is the responsibility of providers to demonstrate their compliance with the Accreditation Standards and the role of assessors to assist them to do so.

The Accreditation Standards are set out in the Quality of Care Principles 2014 and comprise four Standards, four Principles and 44 expected outcomes. This document is intended to assist assessors in identifying and considering relevant results and processes. This information is then used by assessors in assessing the performance of residential aged care homes against the Accreditation Standards, however, it should be emphasised that it is not a prescription of everything that should be looked at during assessments. It has been developed to assist quality assessors to focus on the principles of Quality Agency assessments[1], in particular:

- continuous improvement
- focus on the care recipient
- being helpful
- evidence focus
- results focus
- systems and processes
- openness and transparency.

This revision reflects the Quality Agency's approach in supporting homes to demonstrate their compliance through measured results and is the result of regular review of professional guidelines and industry research and publications.

The *Results and processes guide* continues to be written in broad terms so as to be relevant to all sizes and types of residential aged care homes.

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[1] *Assessor handbook*

Results, and the manner in which they are demonstrated, will be unique to individual homes' responses to their care recipients' needs. This document has identified the key areas where we would expect to see positive outcomes in relation to the expected outcome but is not a definitive list. The home will adapt these processes to their own particular circumstances.

This document does not constitute a list of the steps to be taken by a residential aged care home to comply with the Accreditation Standards. The Quality of Care Principles 2014 make clear that each home can choose how to respond to its obligation to comply with the Accreditation Standards:

Section 11 of the Quality of Care Principles 2014 - Application of Accreditation Standards

(1) The Accreditation Standards are intended to provide a structured approach to the management of quality and represent clear statements of expected performance. They do not provide an instruction or recipe for satisfying expectations but, rather, opportunities to pursue quality in ways that best suit the characteristics of each individual residential care service and the needs of its care recipients. It is not expected that all residential care services should respond to a standard in the same way.

(2) The Accreditation Standards apply equally for the benefit of each care recipient being provided with care through a residential care service, irrespective of the care recipient's financial status, applicable fees and charges, amount of residential care subsidy payable, agreements entered into, or any other matter.

SECTION 1: CONSIDERATIONS ABOUT THE EXPECTED OUTCOMES

The Principle for each Standard

There are four Principles. One for each Standard. Each expected outcome should be considered in the context of its Principle.

The wording of the expected outcomes

The importance of the wording
It is important to focus on the expected outcomes as written in the legislation. In reading an expected outcome it is important to clarify:
- what the wording of the expected outcome includes
   and
- what the wording of the expected outcome does not include.

As an example, expected outcome 1.5 Planning and leadership says – *The organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service.*

This expected outcome requires the home to have documentation. It does not require demonstration of how the values, objectives etc are implemented, nor does it require a judgment about the quality of the content of such documentation.

The focus of each expected outcome
The expected outcomes vary in their focus. Some are clearly related to results for care recipients; others are concerned with results that are less directly related to care recipients; and others focus primarily on the

management systems and processes of the home.

Expected outcomes with a focus on results for care recipients
Some expected outcomes relate directly to results for care recipients. This is highlighted through the *explicit and direct reference* in the wording of the expected outcome to the care recipient, their needs, the services they receive, or the results provided for them. For example, expected outcome 2.8 Pain management requires that "all care recipients are as free as possible from pain".

For expected outcomes with a focus on results for care recipients, the outcome is that *tangible results for care recipients are being achieved*. This could include:
- information obtained from the care recipients/representatives, for example, discussions with care recipients, care recipient survey results or family/case conferences
   or
- information obtained by the home's staff about the care recipients, for example, on the care recipients' ongoing care and lifestyle needs, their current status in terms of care and lifestyle, or the effectiveness of various care and lifestyle services. This information could include, for instance, outcomes of clinical reviews and reassessment, or clinical indicators.

Information about the home's processes is also particularly important in the absence of tangible information about results for care recipients. It could include information which indicates:
- processes and systems are in place
- the processes and systems are effective.

Expected outcomes with a focus on other results

Some expected outcomes have a focus on results that are not as directly linked to results for care recipients. This is highlighted through the *explicit reference* to results to be achieved in the wording of the expected outcome. For example, expected outcome 1.3 Education and staff development requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

For these expected outcomes, the major outcome is that tangible results for the home or other stakeholders are being achieved as indicated by the wording of the expected outcome. This could include information which is obtained from staff and management or other stakeholders about the home and its results. As an example for expected outcome 1.3 Education and staff development, relevant information could include results of staff and management performance appraisals and competency assessments.

The home's internal processes that lead to results may also be considered. Information about the home's processes is particularly important in the absence of tangible information about results. It could include information which indicates:
- processes and systems are in place
- the processes and systems are effective.

Expected outcomes with a focus on systems and processes

The wording of four expected outcomes is clearly focused on the home's internal management processes and systems. This is highlighted through the *explicit reference* to processes and systems in the wording of the expected outcome. For example, expected outcome 1.2 Regulatory compliance requires that "the organisation's management has

systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines".

For expected outcomes concerning regulatory compliance, the major outcome is that the home has appropriate processes in place, for example:
- the processes and systems are clearly described
- there is information on these processes and systems available as necessary
- these processes and systems are implemented
- there is information about the results achieved.

Systems and processes

What is a system?

A system is the set of interrelated processes and organisational factors that together create the environment, services and results for care recipients, including:
- care recipients and their individual needs and preferences
- communication processes
- services and goods
- policies, procedures and practices
- staff roles, skills and responsibilities
- culture and style of the home
- mission, vision, values and plans of the home
- structure of the home and its environment
- legislative frameworks and regulations
- monitoring and continuous improvement processes.

Assessment of systems and how they impact on a home's performance against the Accreditation Standards involves consideration of this complex mix of factors.
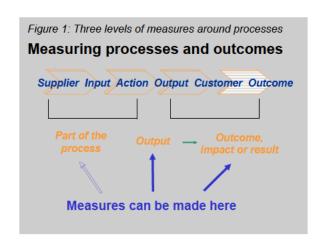
What is a process?

A process consists of steps, people and materials to get a particular job done. Processes create the results or products received by care recipients/representatives and other stakeholders. Providing medication and diversional therapy, providing meals and accommodation, and providing support are all examples of individual processes.

Demonstrating results

In order to demonstrate performance it is necessary to consider the approach taken by the home to achieve the expected outcome in a systematic and consistent way. Assessment therefore involves a *dual* process of determining whether the home has met the expected outcome and the extent to which this has been achieved. This latter point is important to indicate a strong and logical relationship between the home's activities and the consequent outcome or impact.

The process of determination gives equal importance to both results and processes. While results (where the expected outcome is results-focused) show compliance, processes ensure these results are achieved in a manner that gives confidence about the home's future performance.

Homes can measure results at various points in the lifespan of a program or activity. This means there may be different kinds of results at all three levels that is, process, output and outcome (result), as indicated in Figure 1.

Figure 1: Three levels of measures around processes

Measuring processes and outcomes

In many cases, as described in the preceding section, it is the *outcomes or results* of the processes that are more relevant to the expected outcome, that is, the effectiveness of the systems and processes in delivering results for care recipients/representatives or other stakeholders. We often refer to this as 'impact' on care recipients.

An example is expected outcome 2.14 Mobility, dexterity and rehabilitation requires "optimum levels of mobility and dexterity are achieved for all care recipients". This expected outcome is clearly more concerned with what is achieved for care recipients than with what process is followed.

The issue of effectiveness is the link between the processes and the results in relation to any expected outcome. Where the home has collected information and can use this to demonstrate results, effectiveness may be relatively easy to assess. Without this information, the home and the quality assessors will need other ways of assessing whether the processes described are effective.

It should be noted that processes do not always need to be formalised or documented in order for them to be effective and sustainable.

Looking at outcomes or impact for the care recipients

Each residential aged care home has a range of activities and processes that produce services or products for care recipients. How these services and products *impact* on the care recipients provides information about the outcome and results of the service. Outcomes and results are the end point; they represent the impact the service has.

Measuring impact may involve the care recipient directly, for example, measuring satisfaction, level of pain, or assessment of care and services. Alternatively, it may involve measurement about the care recipient from a home or professional perspective, for example, measures of care recipient clinical health or wellbeing, nutritional status, physiotherapy/ mobility assessments.

Using catering as an example, impact measures could relate to care recipient satisfaction or nutritional status. In terms of lifestyle issues, impact measures could include the care recipients' perception of the quality of various lifestyle programs and their overall sense of independence, activity and wellbeing, and how well the home meets their needs.

There is a variety of ways to gather this kind of information.[2]

Outputs from process

There is other information that homes and quality assessors may consider in relation to the home's processes and the expected outcomes. This can include measures which relate to the outputs of the process, that is, the products which are delivered to care recipients or other stakeholders.

In any process, say lifestyle programming, there will be things that must be right in order to get a good outcome. In this example, it may be that the activities relate to identified needs, the program is varied, the activities happen as scheduled and care recipients are able to attend. That is, if those things are done well, the impact for the care recipient should be positive (a good outcome or result). So a home may decide there are useful measures to be found, for example:

- how well the activities are aligned with the identified requests
- the number of care recipients who actually attend the programmed activities
- the percentage of times the activities are conducted as planned.

These sorts of measures indicate whether the home is on track and whether it is achieving the results required.

The processes themselves

Process measures evaluate how well a particular job is done. These measures are common, can be measured frequently and often form part of a quality assurance program. Process measures can tell the home, and the quality assessor, whether the process generally happens according to plan. These sorts of measures are less concerned with impact for care recipients and other results. Examples include:

- compliance with policies, procedures and protocols; this is very commonly measured through audits and trend data
- feedback from care recipients, representatives and other stakeholders
- staff skills and competency assessments.

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[2] *Assessor handbook*

In the lifestyle example above, compliance with lifestyle needs assessment and care planning procedures may be appropriate process measures.

It cannot be assumed that if processes are carried out as planned (or that process measures indicate this) the overall results for care recipients/representatives or other stakeholders will be positive in all cases. Process measures tell us whether the process is carried out as planned; results or outcome measures tell us whether the desired result and impact have been achieved.

SECTION 2: RE-VISITING THE EXPECTED OUTCOMES

The expected outcomes and the associated results and processes are presented in the following way for each expected outcome:
- the exact wording for the expected outcome
- the focus of the expected outcome
- the results and processes in relation to the expected outcome
- links to related expected outcomes.

The exact wording for the expected outcome
This is transcribed directly from the Quality of Care Principles 2014.

The focus of the expected outcome
This indicates whether the focus of the individual expected outcome is primarily on:
- results that must be achieved for care recipients; or
- other results that must be achieved; or
- the internal systems and processes of the home.

The results and processes in relation to the expected outcome
This section describes those things that a home might undertake and be able to demonstrate in relation to the expected outcome. This has been presented in two sections:
- results in relation to the expected outcome
- details about the processes a home might employ.

Links to related expected outcomes
Many processes interrelate in the management of a residential aged care home and the delivery of care and services to care recipients. Because of this, many expected outcomes relate to other expected outcomes within the same, and in different, Accreditation Standards. These related expected outcomes are noted at the end of each section. This is intended to serve as a prompt for thought and cross-checking, and not as an exhaustive list of possible relationships.

Standard One:
Management systems, staffing and organisational development

Intention:

This standard is intended to enhance the quality of performance under all Accreditation Standards, and should not be regarded as an end in itself. It provides opportunities for improvement in all aspects of service delivery and is pivotal to the achievement of overall quality.

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome 1.1 Continuous improvement

This expected outcome requires that:
The organisation actively pursues continuous improvement.

The focus of this expected outcome is **'results'**.

Results
- There are recent examples of improvement activities related to the systematic evaluation of, and feedback from, the services the home provides.
- Management demonstrates that results show improvements across the Accreditation Standards and in particular in management systems, staffing and organisational development. This includes responsiveness to the needs of care recipients/representatives and other stakeholders.
- Staff and care recipients are encouraged to contribute to the home's pursuit of continuous improvement, across the Accreditation Standards, in particular in relation to Standard One.

Note: *A home need not demonstrate improvement in each expected outcome but should be able to show that performance in each expected outcome is known and monitored.*

Processes
Consider:
- Is there a link between care recipient needs and preferences, care recipient/representative feedback, and the home's continuous improvement activities?
- Does the home have a framework that assists it to actively pursue continuous improvement throughout the Accreditation Standards, and in particular in this Standard? For example:

  – a framework that has multiple mechanisms for identifying areas of improvement and developing solutions
  – process for implementing change, monitoring and evaluating the effectiveness of improvements
  – processes for further refinement and inclusion in the home's systems as well as long term review processes
  – a self-assessment approach/method of measuring and reviewing performance in a regular fashion which includes data relating directly to care recipients
  – identification of improvement opportunities from this and other information
  – identification of key objectives of improvement activities
  – tracking and sustainable capture of opportunities for improvement to ensure they are not lost
  – identification of responsibilities for monitoring and improvement activities
  – mechanisms to ensure care recipients, representatives, staff and other stakeholders have active involvement in continuous improvement processes, for instance, through seeking their feedback, participation in implementing improvements, etc
  – methods to input lessons learnt to amend or adapt programs of improvement.
- Do staff have input into the home's continuous improvement activities?

- Are improvements implemented in a structured manner? For example:
  – improvements which include genuine process improvement activity, as opposed to routine maintenance activity
  – identification of key objectives of improvement activities
  – use of monitoring mechanisms which includes baseline information, key milestones/interim indicators and results
  – as a result of monitoring during implementation, ability to alter and improve new processes and activities to ensure maximum success
  – identification of results and their impact on key stakeholders (care recipients, representatives, staff, and other stakeholders)
  – feedback to care recipients, representatives, staff and other stakeholders as appropriate of improvements such as through provision of information to care recipients/representatives and specific training for staff
  – once evaluated, ongoing monitoring of new processes as part of the home's overall continuous improvement and monitoring systems.

Links to related expected outcomes

- *Expected outcomes 2.1, 3.1 and 4.1 Continuous improvement*
  The home may have an overarching quality management/improvement system that relates to all Accreditation Standards and encompasses continuous improvement in all expected outcomes. Due to the intention of Standard One, these continuous improvement processes would therefore largely be considered in expected outcome 1.1 Continuous

improvement. The focus on results of improvement activities relating to Standard One would also be expected to be assessed under 1.1 Continuous improvement.

- *Expected outcome 1.4 Comments and complaints*
  Information from the comments and complaints system would be expected to link to the home's improvement systems.

- *All other expected outcomes of Standard One*
  Performance in all expected outcomes should be monitored and, where appropriate, improved. Hence, the systems referred to in expected outcome 1.1 Continuous improvement may be active in improving performance across all other expected outcomes of Standard One, and major non-compliance in this, or other Accreditation Standards may indicate gaps in the continuous improvement system of the home.

Expected outcome 1.2 Regulatory compliance

This expected outcome requires that:
The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The focus of this expected outcome is **'processes and systems'**.

Results
- The home has a system for identifying relevant legislation, regulations and guidelines, and for monitoring compliance with these in relation to the Accreditation Standards, and specifically in Standard One.
- Management demonstrates the effectiveness of the system through examples of changes (if any) which have been recently implemented in any Accreditation Standard, and specifically in Standard One.
- Management demonstrates its compliance with other legislation and regulations, including through results of monitoring activities including other regulatory authority reports or independent expert reports in relation to the Accreditation Standards, and specifically in Standard One.
- There is a system in place to ensure care recipients and their representatives are informed of accreditation audits.
- There is a system in place to ensure all relevant individuals including volunteers have a current criminal record check which they have passed. (Refer to Accountability Principles 2014)

Processes
Consider:
- How does the home identify all relevant legislation, regulations,

professional standards and guidelines with which it must comply, relevant to Standard One?
- Do particular staff have clear responsibility for ensuring regulatory compliance?
- How is information made available to staff and others so that practices conform to legislative and regulatory requirements (for example, in procedures, training, correspondence, etc)?
- How does the home monitor such compliance?
- Are policies and procedures developed or modified as appropriate to ensure alignment?
- Does the home take action where it finds there is non-compliance with legislative and regulatory requirements?
- How does the home ensure care recipients and their representatives are informed of accreditation audits?
- How does the home ensure all relevant individuals have a current criminal record check which they have passed?

Note: *Quality assessors assess compliance against the Accreditation Standards, but are not in a position to assess compliance against other legislative frameworks. Rather, it is their role to assess that the home itself undertakes this task. However, if assessors are made aware of instances where a home does not comply with specific regulations, they should discuss with the provider where the systems may have failed and consider if the home does not comply with expected outcome 1.2 Regulatory compliance.*

Links to related expected outcomes

- *Expected outcomes 2.2, 3.2 and 4.2 Regulatory compliance*
  The home may have an overarching system used to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Due to the intention of Standard One, these processes would therefore largely be considered in expected outcome 1.2 Regulatory compliance. However, the focus of results of regulatory compliance within Standard One would also be expected to be assessed under 1.2 Regulatory compliance.

- *Expected outcome 1.6 Human resource management*
  Homes should be able to demonstrate how they monitor the professional registrations of staff to ensure tasks are carried out by qualified individuals. Homes should also be able to demonstrate how they ensure all staff and other relevant individuals have passed criminal record checks in accordance with requirements as set out in the Accountability Principles 1998 and Records Principles 2014.

- *All other expected outcomes of Standard One*
  Compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to management systems, staffing and organisational development should be monitored by the home. Hence, major non-compliance in this, or other Accreditation Standards may indicate gaps in the regulatory systems of the home.

Expected outcome 1.3 Education and staff development

This expected outcome requires that:
Management and staff have appropriate knowledge and skills to perform their roles effectively.

The focus of this expected outcome is **'results'**.

Results
- Management demonstrates management and staff have the knowledge and skills required for effective performance in relation to the Accreditation Standards, and in particular, in relation to management systems, staffing and organisational development.
- The performance of the home against other expected outcomes of the Accreditation Standards and in particular in Standard One is satisfactory.

Processes
Consider:
- Are competencies (knowledge, skills) set out where appropriate in relation to all Accreditation Standards, in particular in relation to Standard One?
- Do staff selection criteria and recruitment processes incorporate required skills and knowledge?
- How does the home satisfy itself that staff and management of all disciplines and shifts have the required knowledge and skills?
  For instance:
  – How does management monitor the ongoing skills and knowledge needs of its staff and management team?
  – How does management encourage staff to take personal responsibility for their professional development?
  – How does management provide information to support the education of staff?

– How does management communicate each position's required knowledge, skills and tasks to staff?
- How are education and training needs planned in relation to the Accreditation Standards and in particular in Standard One?
- How is education planned and provided relevant to Standard One, for example, board of governance, responsibilities under the *Aged Care Act 1997*, comments and complaints processes, human resource management, and maintenance and equipment?
- Are sufficient facilities (including location, time and written resources as necessary) available to ensure effectiveness of education sessions?
- Does the home consider the effectiveness of each session (may include form of training, time of training, level of participation, satisfaction, etc)?

Links to related expected outcomes
- *Expected outcomes 2.3, 3.3 and 4.3 Education and staff development*
  The home may have an overarching education and staff development system that relates to all Accreditation Standards and encompasses all expected outcomes. Due to the intention of Standard One, these processes would therefore largely be considered in expected outcome 1.3 Education and staff development. However, the focus on knowledge and skills relating to Standard One would also be expected to be assessed under 1.3 Education and staff development.

- *Expected outcome 1.6 Human resource management*
  Homes are required under this expected outcome to demonstrate "there are appropriately skilled and qualified staff…" Where deficiencies are identified in 1.6 Human resource management, assessors should therefore review the home's systems in relation to expected outcomes 1.3, 2.3, 3.3 and 4.3 Education and staff development.
- *All other expected outcomes of Standard One*
  The skills and knowledge of management and staff should be monitored in relation to all roles. Hence, major non-compliance in this, or other Accreditation Standards may indicate gaps in the education and staff development systems of the home.

Expected outcome 1.4 Comments and complaints

This expected outcome requires that:
Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms.

The focus of this expected outcome is **'results for care recipients'**.

Results
- The home has a complaints mechanism that is accessible to care recipients/representatives and other interested parties which also makes available external complaints mechanisms.
- All care recipients/representatives and others report they are aware of internal and external complaints processes and how to use them.
- care recipients/representatives and others are satisfied they have access to the complaints processes without fear of retribution.
- Management demonstrates it monitors the effectiveness of the complaints mechanism.

Processes
Consider:
- How does the home inform care recipients, representatives and others about their access to internal and external complaints mechanisms (for example, brochures, handbooks, advocates, posters, one-on-one discussions, newsletters, meetings)?
Consideration should be given to individuals:
  – from non-English speaking backgrounds
  – with special needs
  – with cognitive or communication difficulties
  – with limited dexterity
  – with limited mobility and therefore impaired access to forms, suggestion boxes, etc

  – who are unable to attend the home due to distance (representatives, etc).
- Do staff of the home provide information to care recipients/representatives about the way to make a comment or complaint?
- Do care recipients, representatives and other interested parties indicate familiarity and access to the comments and complaints mechanisms including access which:
  – ensures confidentiality and anonymity where necessary or desired
  – ensures evaluation and discussion of the resolution with the complainant
  – prevents retribution?
- How does the home manage complaints when received in writing or verbally?
- How does the home manage complaints which are made informally to staff?
- How does the home maintain care recipient privacy and confidentiality throughout the complaint process?
- How does the home review the effectiveness of its complaints mechanisms in providing access for care recipients, representatives and others, including those with cognitive or communication difficulties or special needs?
- How does information regarding complaints flow into the continuous improvement system?

Links to related expected outcomes
- *Expected outcomes 1.1, 2.1, 3.1 and 4.1 Continuous improvement* It is expected that comments and complaints would be fed, where appropriate, into the home's continuous improvement system.

That is, the comments and complaints system may be one avenue of identifying improvement opportunities. This might involve:
– collating and analysing comments and complaints
– review of complaint resolution
– communication with the complainant regarding the complaint and the outcomes
– monitoring the effectiveness of any changes arising.

- *Expected outcome 3.9 Choice and decision-making*
  This expected outcome requires "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

- *Expected outcome 3.10 Care recipient security of tenure and responsibilities*
  This expected outcome requires "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities" (including a right to complain without fear of retribution).

- *All other expected outcomes*
  Comments and complaints would be one source of information that would drive improvement in any of the expected outcomes of the Accreditation Standards. Therefore, any complaint in one or more expected outcome may indicate non-compliance depending on the nature of the issue/s. Elements of expected outcome 1.4 Comments and complaints are also encompassed in the Charter of care recipients' rights and responsibilities.[3]

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[3] User Rights Principles 2014 – See expected outcome 3.10 Resident security of tenure and responsibilities

Expected outcome 1.5 Planning and leadership

This expected outcome requires that:
The organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service.

The focus of this expected outcome is **'results'**.

Results
- Management has consistently documented the home's vision, values, philosophy and objectives.
- Management has consistently documented the home's commitment to quality throughout the home.
- All such documents have consistent content.

Processes
Consider:
- How does the home ensure the home's vision, values, philosophy, objectives and commitment to quality are documented in relation to:
    – care recipient-only information (for example, handbooks, orientation information, etc)
    – staff-only information (for example, handbooks, orientation information, policies and procedures, etc)
    – information for stakeholders in general (for example, on display in the home, in brochures, etc)?

Expected outcome 1.6 Human resource management

This expected outcome requires that:
There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives.

The focus of this expected outcome is **'results'**.

Results
- Management demonstrates the numbers and types of staff are appropriate to ensure services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives.
- Management demonstrates it has a system to ensure identified types and numbers of staff are maintained at all times, including replacements for leave and absentees.
- Management and staff confirm the adequacy of the number of staff at the home.
- Management, staff, care recipients and representatives confirm the adequacy of staff skills at the home.
- Care recipients and representatives are satisfied with the responsiveness of staff and adequacy of care.
- Management has a mechanism to review staff numbers and skill mixes in relation to changes in the mix of care recipient needs and preferences.

Processes
Consider:
- How does the home monitor the ongoing staffing levels and skill mixes for all shifts? For example, does this process take into account:
  – Care recipient needs

  – 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
  – identification of trends (complaints, incidents, etc)
  – building layout
  – care recipient feedback?
- How does the home ensure adequate coverage of all positions at all relevant times including during staff absentees?
- How does the home recruit staff to reflect the identified skills and qualifications for staff?
- How does the home monitor the qualifications of staff?
- How does the home ensure all relevant staff have a current criminal record check which they have passed?
- How does the home ensure new or temporary staff are able to fulfil the requirements of their roles?
- How does the home communicate with staff the requirements of their individual positions, including any relevant processes of the home?
- How does the home monitor and maintain the skills of staff?

Links to related expected outcomes
- *Expected outcomes 1.2, 2.2, 3.2 and 4.2 Regulatory compliance* Homes should be able to demonstrate how they monitor the professional registrations of staff to ensure tasks are carried out by qualified individuals. Homes should also be able to demonstrate how they ensure all relevant individuals, including volunteers have passed criminal record checks in accordance with requirements as set out in the

Accountability Principles 2014 and Records Principles 2014.

- *Expected outcomes 1.3, 2.3, 3.3 and 4.3 Education and staff development*
  The development and maintenance of appropriate staff skills and knowledge are addressed in the third expected outcome of each Standard. Where deficiencies are identified in 1.3, 2.3, 3.3 or 4.3 Education and staff development, assessors should review the home's systems in relation to expected outcome 1.6 Human resource management.

- *Expected outcome 1.5 Planning and leadership*
  The organisation's philosophy and objectives are documented under this expected outcome.

- *Expected outcome 2.5 Specialised nursing care needs*
  This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

- *All other expected outcomes*
  The sufficiency and appropriateness of staffing and staff skills at the home in all expected outcomes impacts on the performance of the home. Therefore, non-compliance in one or many expected outcomes may indicate gaps in the home's human resource management systems.

Expected outcome 1.7
Inventory and equipment

This expected outcome requires that:
Stocks of appropriate goods and equipment for quality service delivery are available.

The focus of this expected outcome is **'results'**.

Results
- Management demonstrates it has suitable goods and equipment appropriate for the delivery of services.
- Care recipients/representatives confirm appropriate goods and equipment are provided by the home and are available for the delivery of services to meet care recipients' needs.
- The home has evidence of the safety, working order and useability of appropriate goods and equipment.

Processes
Consider:
- How does the home assess what goods and equipment care recipients, management and staff need for quality service delivery? Where appropriate, this involves consultation with relevant stakeholders. This would include goods and equipment for:
  – routine and specialised health and personal care
  – care recipient lifestyle
  – catering
  – housekeeping and cleaning
  – maintenance processes
  – emergency and risk management (for example, care recipient and staff safety)
  – other management systems of the home.
- How does the home ensure the effectiveness of the home's storage and ordering processes including consideration of the

need for rotation and replacement of goods on expiry?
- How does the home review and maintain stocks of goods and equipment, for example:
  – How is equipment monitored to ensure it remains appropriate for quality service delivery?
  – How are stock levels monitored to ensure sufficient stock is available?
  – How are inappropriate or unsuitable goods and equipment repaired or replaced?
  – How is regular cleaning of equipment ensured?
- Is inventory and equipment stored appropriately to ensure accessibility and prevent damage?
- How does the home ensure the suitability of new equipment, including staff understanding and skills for appropriate use?

Links to related expected outcomes
- *Expected outcomes 1.2, 2.2, 3.2 and 4.2 Regulatory compliance*
  Certain stocks, for example, medical supplies and chemicals and their handling are the subject of other legislation, regulatory requirements, professional standards and guidelines.
- *Expected outcomes 1.3, 2.3, 3.3 and 4.3 Education and staff development*
  It is expected that where appropriate, staff are suitably trained in the proper and safe use and storage of equipment and goods.
- *Expected outcome 1.9 External services*
  Where inventory and equipment is supplied or maintained by external services, the systems demonstrated in expected outcome 1.9 External services may have an impact on this expected outcome.

All other expected outcomes
Individual expected outcomes may identify equipment and goods required for care recipients' health and personal care, lifestyle and environmental needs and preferences. Other expected outcomes may also require consideration of equipment and goods necessary for the routine operation of the home and its management systems. Therefore, non-compliance in one or many expected outcomes may indicate gaps in the inventory and equipment systems of the home.

Expected outcome 1.8 Information systems

This expected outcome requires that:
Effective information management systems are in place.

The focus of this expected outcome is **'results'**.

Results
- All stakeholders as appropriate have access to current information on the processes and general activities and events of the home.
- Management and staff have access to accurate and appropriate information to help them perform their roles including in relation to management systems, health and personal care, care recipient lifestyle, and the maintenance of a safe environment.
- Care recipients/representatives have access to information appropriate to their needs to assist them make decisions about care recipients' care and lifestyle.
- Information is stored appropriately for its purpose and in accordance with any legislative requirements. Information is retrievable in a timely manner suitable for its use. Confidential material is stored securely.

Processes
Consider:
- How does the home ensure care recipients, representatives and other stakeholders are aware of specific information relevant to them, as well as the general activities and events of the home?
- How does the home identify and use key information and measures required to meet the needs of stakeholders of the home? Key information should be:
  – routinely collected and recorded

  – made accessible to designated staff
  – developed to meet reporting requirements of the home
  – kept confidential where appropriate, including secure storage.
- Are the home's procedures for the storage and management of information effective? This should include:
  – the maintenance of security and confidentiality
  – the appropriate archiving of information
  – the appropriate destruction of documentation
  – back-up of computerised information.
- How does management communicate processes to staff to ensure they are able to collect, access, analyse and use the information as needed?
- How does the home review its information management system? This includes:
  – review of guidelines such as policies and procedures
  – review of the information needs of the staff, management, care recipients/representatives and other stakeholders
  – review of staff practices including in relation to the use of tools, equipment (including computers as appropriate), and methods of facilitating effective information management systems
  – review of effectiveness.
- How does the home ensure legislative reporting requirements are met, for example in relation to:
  – notifiable infections
  – care recipient assaults
  – absconding care recipients
  – change in key personnel?

Links to related expected outcomes

- *Expected outcomes 1.1, 2.1, 3.1 and 4.1 Continuous improvement and expected outcome 1.4 Comments and complaints*
  The use of information to identify and drive improvement would be linked to the expected outcomes via the home's systems and processes for improvement.

- *Expected outcomes 1.3, 2.3, 3.3 and 4.3 Education and staff development*
  In order for staff to perform their roles effectively, they should have knowledge and information relating to the home's current processes.

- *Expected outcome 2.4 Clinical care and other expected outcomes of Standard Two*
  In order to ensure "care recipients receive appropriate clinical care", and other expected outcomes relating to the health and personal care needs and preferences of care recipients are met, the home needs to ensure effective information management systems are in place.

- *All other expected outcomes*
  The effectiveness of information management systems in all expected outcomes impacts on the performance of the home. Therefore, non-compliance in one or many expected outcomes may indicate gaps in the home's information systems.

Detail on records which must be kept

Homes are required to keep records about many things under various legislation. The Records Principles 2014 set out the minimum requirements.

Expected outcome 1.9 External services

This expected outcome requires that:
All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals.

The focus of this expected outcome is **'results'**.

Results
- Management demonstrates external services are provided at a standard that meets the home's needs and quality goals, and therefore care recipients' needs.
- Care recipients/representatives and staff confirm where appropriate their satisfaction with externally-sourced services.
- The home's performance against related expected outcomes indicates a satisfactory standard of service by external providers.

Processes
Consider:
- How does the home identify those services to be provided by external providers?
- How does the home specify such external services (in writing or otherwise)?
- How does the home specify the level of quality of the external services to be provided (in writing or otherwise)?
- How does the home ensure all relevant individuals have a current criminal record check which they have passed?
- How is performance routinely evaluated and how are deficiencies addressed? This includes seeking feedback from care recipients, representatives, staff and other stakeholders as appropriate.
- How does the home review the services required from, and the quality goals for, external service

providers in response to changes in the residential care home's needs?

Links to related expected outcomes
- *All other expected outcomes*
  The performance of any expected outcome which utilises external services (such as suppliers or maintenance, staffing, health or hospitality services) is affected by the standard of that external service. Therefore, non-compliance in one or many expected outcomes may indicate gaps in the home's systems of external service provision.

Standard Two:
Health and personal care

Principle:
Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

Expected outcome 2.1 Continuous improvement

This expected outcome requires that:
The organisation actively pursues continuous improvement.

The focus of this expected outcome is **'results'**.

Results
- There are recent examples of improvement activities related to the systematic evaluation of, and feedback from, the services the home provides.
- Management demonstrates that results show improvements in health and personal care. This includes responsiveness to the needs of care recipients/representatives and other stakeholders.
- Staff and care recipients are encouraged to contribute to the home's pursuit of continuous improvement in relation to Standard Two.

Note: *A home need not demonstrate improvement in each expected outcome but should be able to show that performance in each expected outcome is known and monitored.*

Processes
Consider:
- The home may have an overarching quality management/improvement system that relates to all Accreditation Standards and encompasses continuous improvement in all expected outcomes. Due to the intention of Standard One, these continuous improvement processes would therefore largely be considered in expected outcome 1.1 Continuous improvement. However, the focus on results of improvement activities relating to Standard Two would be expected to be assessed under 2.1 Continuous improvement. For detail on the areas to consider in relation to process, see expected outcome 1.1 Continuous improvement.

Links to related expected outcomes
- *Expected outcomes 1.1, 3.1 and 4.1 Continuous improvement* Consider the performance in all continuous improvement expected outcomes and, if there are any issues, if they also relate to 2.1 Continuous improvement.
- *All expected outcomes of Standard Two* Performance in all expected outcomes should be monitored and, where appropriate, improved. Hence, the systems referred to in expected outcome 2.1 Continuous improvement may be active in improving performance across all other expected outcomes of Standard Two, and major non-compliance in this Standard may indicate gaps in the continuous improvement systems relating to health and personal care.

Expected outcome 2.2 Regulatory compliance

This expected outcome requires that:
The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about health and personal care.

The focus of this expected outcome is **'processes and systems'**.

Results
- The home has a system for identifying relevant legislation, regulations and guidelines, and for monitoring compliance with these in relation to Standard Two.
- Management demonstrates the effectiveness of the system through examples of changes (if any) which have been recently implemented in relation to Standard Two.
- Management demonstrates its compliance with other legislation and regulations, including through results of monitoring activities including other regulatory authority reports or independent expert reports in relation to Standard Two.

Processes
Consider:
- The home may have an overarching system used to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Due to the intention of Standard One, these processes would therefore largely be considered in expected outcome 1.2 Regulatory compliance. However, the focus of results of regulatory compliance within Standard Two would be

expected to be assessed under 2.2 Regulatory compliance.
- How does the home ensure information on professional clinical guidelines and evidence-based practice is communicated and available to care staff?

Note: *Quality assessors assess compliance against the Accreditation Standards but are not in a position to assess compliance against other legislative frameworks. Rather, it is their role to assess that the home itself undertakes this task. However, if assessors are made aware of instances where a home does not comply with specific regulations, then they should discuss with the provider where the systems may have failed and consider if the home does not comply with expected outcome 2.2 Regulatory compliance.*

Links to related expected outcomes
- *Expected outcomes 1.2, 3.2 and 4.2 Regulatory compliance*
- *Expected outcomes 2.4 Clinical care and 2.5 Specialised nursing care needs*
  Specific care planning activities and care tasks must be carried out by a qualified person as per the Quality of Care Principles 2014.*
- *Expected outcome 2.7 Medication management*
  There are various laws and guidelines which govern medication management practices. While assessors do not assess compliance with such requirements, the home should be able to demonstrate how its processes are in accordance with relevant protocols and are hence 'correct'.

- *Expected outcome 2.13
  Behavioural management*
  There are laws regarding reporting
  requirements for absconding care
  recipients. The home should be
  able to demonstrate how its
  processes are in accordance with
  relevant protocols.
- *All other expected outcomes of
  Standard Two*
  Compliance with all relevant
  legislation, regulatory
  requirements, professional
  standards and guidelines in
  relation to health and personal
  care should be monitored by the
  home. Hence, major non-
  compliance in this Standard may
  indicate gaps in the regulatory
  compliance systems of the home.

Expected outcome 2.3 Education and staff development

This expected outcome requires that:
Management and staff have appropriate knowledge and skills to perform their roles effectively.

The focus of this expected outcome is **'results'**.

Results
- Management demonstrates management and staff have the knowledge and skills required for effective performance in relation to health and personal care.
- The performance of the home against other expected outcomes in Standard Two is satisfactory.

Processes
Consider:
- The home may have an overarching education and staff development system that relates to all Accreditation Standards and encompasses all expected outcomes. Due to the intention of Standard One, these processes would therefore largely be considered in expected outcome 1.3 Education and staff development. However, the focus on knowledge and skills relating to Standard Two would also be expected to be assessed under 2.3 Education and staff development.

Links to related expected outcomes
- *Expected outcomes 1.3, 3.3 and 4.3 Education and staff development*
- *Expected outcome 1.6 Human resource management*
  Homes are required under this expected outcome to demonstrate "there are appropriately skilled and qualified staff…" Where deficiencies are identified in 1.6 Human resource management, assessors should therefore review the home's systems in relation to

expected outcomes 1.3, 2.3, 3.3 and 4.3 Education and staff development.

- *All other expected outcomes of Standard Two*
  The skills and knowledge of management and staff should be monitored in relation to all roles. Hence, major non-compliance in this Standard may indicate gaps in the education and staff development systems of the home relating to health and personal care.

Expected outcome 2.4 Clinical care

This expected outcome requires that:
Care recipients receive appropriate clinical care.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates care recipients receive the care which is appropriate to their needs and preferences.
- Care recipients/representatives confirm the appropriateness of the care they receive according to their needs and preferences.
- The performance of the home corresponds with the achievement of other expected outcomes in Standard Two.

Processes
Consider:
- How does the home ensure regular assessments of the care recipients' clinical care needs are conducted and documented by appropriate staff? This should include:
  - planning and evaluation by appropriately qualified staff
  - use of validated assessments, observation charts and risk assessment tools
  - regular consultation with care recipients/representatives and others (medical officers and health professionals) about the care needs and preferences
  - assessment when the care recipient first moves into the home and at regular stages during each care recipient's stay
  - identification of those care recipients at risk of poor clinical health
  - review of the care currently given and its effectiveness in
  -

meeting care recipients' needs and preferences.
- Are the care and needs of understood by care recipients or their representatives?
- How are care plans documented and care requirements communicated to the relevant staff? Do care plans:
  - reflect the assessment and consultation described above
  - describe care recipients' specific needs and preferences
  - include any prescription or instructions by medical officers and health professionals
  - provide the required guidance to all appropriate staff (for example, instructions are accessible and easy to understand)
  - use an evidence-based care approach?
- Are treating medical officers informed of significant changes to individual care needs?
- Does adequate communication between the home and external health professionals (including medical officers) relating to each care recipient's individual needs occur such as during hospital transfers and discharges?
- Is clinical care delivered by staff consistent with the care plan?
- Does the home regularly evaluate, monitor and review the clinical care delivered? Are:
  - staff practices monitored and practices improved where necessary including in relation to the use of assessment tools, equipment, and methods of facilitating clinical care
  - assessment tools monitored for effectiveness and appropriateness

– ongoing care recipients' clinical care needs and preferences identified including through more frequent monitoring as necessary
– care recipients' clinical care incidents documented and appropriately addressed (for example, skin tears, falls, infections)
– care recipients' clinical problems addressed and reviewed by appropriate medical officers and health professionals?

Links to related expected outcomes

- *Expected outcome 2.1 Continuous improvement*
  Use of information such as incidents, falls, skin tears and challenging behaviours of care recipients may be used by the home to identify opportunities for improvement in relation to health and personal care.
- *Other expected outcomes of Standard Two*
  Performance in all expected outcomes relating to health and personal care should be monitored and reflect that appropriate clinical care is being provided to care recipients. Therefore, failure in one or many expected outcomes relating to health and personal care may indicate gaps with the home's clinical care systems.
- *Expected outcomes 3.6 Privacy and dignity and 3.9 Choice and decision-making, and other expected outcomes of Standard Three.*
  The provision of clinical care would be expected to be provided in consideration of care recipients' preferences, their rights to privacy and dignity, and other rights as specified in Standard Three. Aspects of expected outcome 2.4 Clinical care are also encompassed in the Charter of

care recipients' rights and responsibilities[4].

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[4] User Rights Principles 2014 – See expected outcome 3.10 Resident security of tenure and responsibilities

Expected outcome 2.5 Specialised nursing care needs

This expected outcome requires that:
Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates care recipients' specialised nursing care needs are identified and met by appropriately qualified staff.
- Assessed needs for specialised nursing care are met in the prescribed manner pertaining to clinical requirements.
- Care recipients/representatives confirm the appropriateness of the specialised care they receive according to needs and preferences.

Processes
Consider:
- How does the home ensure regular assessments of each care recipient's specialised nursing care needs are conducted and documented by appropriately qualified nursing staff? For example, how does the home ensure:
  - consultation with care recipients/representatives and others (medical officers and health professionals) about specialised nursing care needs and preferences
  - initial assessments are conducted by a registered nurse or other suitably qualified person
  - ongoing assessments are conducted including as care recipients' needs change
  - assessment of the specialised care currently given and its effectiveness in meeting care

recipients' needs and preferences?
- How is the care recipient's medical officer involved in determining what specialised nursing care is required?
- Are specialised nursing care plans documented as needed, and do they:
  - reflect the assessment and consultation described above
  - describe the care recipient's specific needs and preferences
  - include any specialised equipment or resources
  - include any prescription or instructions by medical officers and health professionals
  - include strategies for referrals to health specialists?
- How does the home identify who should provide the specialised service?
- Are specific nursing care plans accessible to all appropriate staff and easy to understand?
- Is specialised nursing care delivered consistent with the specialised nursing care plan by appropriately qualified nursing staff (including external health care providers)? This includes:
  - nursing staff have appropriate qualifications relative to the tasks they perform
  - nursing staff have the ability to undertake assessments, develop plans, deliver care, identify problems and undertake evaluations and reviews.
- How does the home regularly evaluate and review the specialised nursing care delivered to determine its effectiveness in meeting each care recipient's needs? For example, are:
  - staff practices monitored including in relation to the use of assessment tools,

equipment, and methods of facilitating specialised nursing care
– ongoing specialised nursing care needs and preferences identified
– specialised nursing care incidents documented and appropriately addressed
– care recipients' clinical problems addressed and reviewed by appropriate medical officers and health professionals
– assessment tools monitored for effectiveness and appropriateness?

Links to related expected outcomes

- *Expected outcome 1.6 Human resource management*
  This expected outcome requires "there are appropriately skilled and qualified staff…"
- *Expected outcomes of Standard Two*
  Various expected outcomes relating to health and personal care may involve the provision of specialised nursing care.
  Therefore, failure in one or many expected outcomes in Standard Two may indicate gaps in the home's systems for meeting specialised nursing care needs.

Detail on specialised nursing care needs

Registered nurses or other relevant health practitioners are responsible for the assessment and planning of care for a care recipient. Registered nurses or other relevant health practitioners may be assisted in this by other personnel subject to those personnel being properly trained and being supervised and directed by a registered nurse or other relevant health practitioner. Examples of assistance include making

observations, carrying out measurements and compiling information used by a registered nurse to assess residents' needs.

Expected outcome 2.6 Other health and related services

This expected outcome requires that:
Care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Referrals are arranged for appropriate health specialists in accordance with assessed needs and preferences.
- Management can demonstrate care recipients are promptly referred to specialists as needed and as preferred.
- care recipients/representatives confirm care recipients are referred to appropriate specialists as needed and as preferred.

Processes
Consider:
- How does the home ensure regular assessments of each care recipient's needs and preferences for referral to health specialists (for example, general practitioners, gerontologists, specialist doctors, physiotherapists, occupational therapists, diversional therapists, podiatrists and hospital services) are conducted and communicated? Does this include:
  - consultation with care recipients/representatives and others (medical officers and health professionals) about the needs and preferences
  - assessments when the care recipient first moves into the home and at regular stages during the care recipient's stay
  - mechanisms for urgent referrals and provisions to reduce waiting times for service

  - accessibility of information about health professionals, treatment alternatives and complementary therapies for staff, care recipients/representatives to make informed choices?
- Are referrals planned, documented and consistent with the assessed needs and preferences?
- How are care recipients' needs and preferences communicated to health specialists including on admission to hospital?
- Following review by an appropriate health specialist or hospital admission, does the home maintain records on the visit and incorporate any instructions and other care recipient information in care planning documentation? How is this then communicated to staff?
- How does the home regularly evaluate and review referrals to health specialists in accordance with the care recipient's needs and preferences? For example:
  - Are staff practices monitored including in relation to the use of assessment tools and methods of facilitating referrals to appropriate health specialists?
  - Are referral mechanisms monitored for effectiveness and appropriateness?

Links to related expected outcomes
- *Expected outcomes of Standard Two*
  Various expected outcomes relating to health and personal care may involve referral to other health and related services. Therefore, non-compliance in one or many expected outcomes in Standard Two may indicate gaps in the home's referral systems.

Expected outcome 2.7 Medication management

This expected outcome requires that:
Care recipients' medication is managed safely and correctly.

The focus of this expected outcome is **'results for care recipients'**.

Results

- Management demonstrates care recipients' medication is managed safely and correctly.
- Management can demonstrate staff compliance with the medication management system.
- Management can demonstrate the medication management system is safe, according to relevant legislation, regulatory requirements, professional standards and guidelines.
- Care recipients/representatives confirm they are satisfied that medication is managed safely and correctly.

Processes

Consider:

- Are policies and procedures documented and made available to staff?
- How are staff practices developed and monitored to ensure understanding and compliance with processes and procedures? For example, are quality assurance audits conducted and reviewed, and does supervision of staff occur including in relation to the use of assessment tools, equipment, and methods of managing medication?
- How does the home ensure regular evaluation and review of care recipients' medication needs and preferences as undertaken by a pharmacist or medical officer? For example, does this include consideration of:
  – allergies
  –

- each care recipient's cognitive ability
- each care recipient's pain management needs
- each care recipient's swallowing and other physical abilities
- medication side effects including polypharmacy effects
- monitoring of doses which may need to be regularly adjusted (for example, psychotropic medications, warfarin and insulin)?
- Are medication side effects reported to the care recipient's medical officer? For example, are staff aware of follow-up actions and protocols as a result of adverse drug reactions and adverse pathology results?
- Is there proper recording and ordering of medication orders? For example, are:
  – orders reviewed for appropriateness
  – orders current, legible, signed and dated, with the dose and time prescribed
  – medications ordered using a secure communication system
  – urgent and out-of-hours orders catered for?
- Does the storage of medication include:
  – a level of security of medications appropriate for the medication and circumstances
  – refrigeration of medications as appropriate
  – dating of opened medications as appropriate (creams, ointments, etc)
  – correct and safe storage of medications for care recipients who self-administer?

- Does administration of medications to care recipients by staff include:
  – the correct identification of care recipients
  – administration record entries which do not contain alterations or erasure of drugs of dependence (as prohibited by law)
  – documented methods of alteration and administration and any equipment used to alter medication (for example, for the crushing of the medication)
  – ensuring care recipients receive the correct medication, in the correct dose via the correct route and at the correct time
  – assessment of the skills and knowledge of all staff administering medications
  – administering of medication in a manner which promotes care recipients' rights?
- Does self-administration of medications by care recipients include:
  – assessment of the care recipient's ability to self-administer
  – education for the care recipient to self-administer in a safe and correct manner
  – regular monitoring of the care recipient self-administering
  – consultation with care recipients/representatives and others (medical officers and health professionals) about the self-administration?
- Do nurse-initiated medications and PRN[5] medications include indications of:
  – reason for administration
  – maximum dosages

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[5] Pro Re Nata – as necessary or as required

  – route of administration and any other administration instructions
  – authorisations by each care recipient's doctor?
- How does the home ensure regular evaluation and review of the medication management system including:
  – processes for reviewing care recipients' medications (including the use of PRN, psychotropic medications, drug interactions, and the use of nurse-initiated medications as appropriate)
  – regular review/use of multidisciplinary teams where possible
  – medication ordering processes, including emergency supplies
  – correctness of medications against medication records and orders
  – medication administration processes including for care recipients who self-administer
  – monitoring of the effectiveness and appropriateness of assessment tools?
- Does the home respond to actual or potential adverse drug events, significant adverse drugs reactions, and medication errors? For example, how does the home ensure medication incidents are documented, reported and appropriately addressed?
- How does the home ensure appropriate disposal of medications including that of ceased, contaminated, damaged and out-of-date medications?

Links to related expected outcomes
- *Expected outcome 1.7 Inventory and equipment*
  Problems with the ordering, storage and disposal of medications may indicate gaps in expected outcome 1.7 Inventory and equipment.

- *Expected outcome 2.1 Continuous improvement*
Medication management data (which may include prevalence of medication errors or use of psychotropic medications) may be used by the home to identify opportunities for improvement within the home in relation to medication management and linked expected outcomes.

- *Expected outcome 2.2 Regulatory compliance*
There are various state and territory laws and guidelines which govern medication management practices. While assessors do not assess compliance with such requirements, the home should be able to demonstrate how its processes are in accordance with relevant protocols and are hence 'correct'.

- *Other expected outcomes of Standard Two*
Various expected outcomes relating to health and personal care may involve the administration of medication. Therefore, identification of gaps within these expected outcomes (for example, relating to pain management, continence management, behavioural management or sleep) may indicate subsequent gaps in the home's systems relating to medication management and vice versa.

Expected outcome 2.8 Pain management

This expected outcome requires that:
All care recipients are as free as possible from pain.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates its pain management approach ensures all care recipients are as free as possible from pain.
- Care recipients/representatives confirm they are satisfied with how care recipients' pain is managed.

Processes
Consider:
- How does the home ensure regular assessments of the needs and preferences regarding pain are conducted and documented for all care recipients including those with communication or cognitive deficits? This includes:
  - determining and documenting the pain type, source, intensity, frequency, pattern, location, duration, and precipitating and relieving factors of pain
  - conducting skin, nutritional and general medical assessments to identify risk factors
  - consideration of when pain is worst
  - consideration of other physical aspects such as those pertaining to the musculoskeletal system and physical function in general
  - consideration of psychological function
  - review of medications, including prescription medication, over-the-counter medication and home remedies
  - pain control methods which have previously been effective

  - observation of nonverbal and behavioural signs of pain (for example, facial grimacing, withdrawal, guarding, rubbing, limping, shifting of position, aggression, depression, moaning, crying etc)
  - consultation with appropriate health specialists as appropriate.
- How is pain management planning conducted, documented, communicated and linked with other care? For instance, does the home take into account care recipients at risk of experiencing pain and when this is likely to occur (for example, care recipients receiving palliative care, care recipients who report pain after visits with family, etc)?
- How are care recipients' medical officers involved in pain identification and management?
- Are alternative approaches to medication interventions, including a balance of therapies, explored where appropriate?
- Do plans:
  - take account of assessment and consultation
  - describe the care recipient's specific needs and preferences
  - include any prescription or instructions by medical officers and health professionals
  - give appropriate guidance to staff?
- Are pain management interventions delivered to the care recipient consistent with the planning?
- How does the home evaluate the effectiveness of each intervention each time it is administered including for care recipients with communication or cognitive deficits?

- How does the home regularly evaluate and review its pain management system to determine its effectiveness in meeting the needs of the care recipients? This includes:
  – staff access to information on the home's pain management approaches
  – monitoring staff practices including in relation to the use of assessment tools, equipment, and methods of facilitating pain management
  – consulting individual care recipients/representatives and others (medical officers and health professionals) about individual pain management needs and preferences, the strategies implemented and their effect
  – monitoring assessment tools for effectiveness and appropriateness.

Links to related expected outcomes

- *Expected outcome 1.7 Inventory and equipment*
  It is expected that appropriate equipment and supplies are accessible for the management of pain. This may include heat packs, analgesia, aromatherapy, relaxation tapes.
- *Expected outcome 2.5 Specialised nursing care needs*
  Complex pain management is considered a specialised nursing care need.
- *Expected outcome 2.7 Medication management*
  Medication may be used to treat many forms of pain. However, the effectiveness and appropriateness of this intervention should be evaluated to ensure it is the most appropriate intervention.
- *Expected outcome 2.9 Palliative care*
  Pain management would be expected to play a large part in

the provision of care to most terminally ill care recipients.
- *Expected outcomes 2.13 Behavioural management and 3.4 Emotional support*
  The presence of pain may indicate other factors such as those relating to the need for increased emotional support or management of challenging behaviours. This may also work vice versa whereby the presence of challenging behaviours and distress may indicate the presence of pain. Many signs of pain may be described as 'challenging behaviours', therefore it is important to question the causes of these behaviours.
- *Other expected outcomes of Standard Two*
  Various expected outcomes relating to health and personal care may involve the management of pain. Likewise, the presence of pain may indicate gaps in other systems, for instance, in relation to continence management or the promotion of natural sleep patterns.

Expected outcome 2.9 Palliative care

This expected outcome requires that:
The comfort and dignity of terminally ill care recipients is maintained.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates practices of the home maintain the comfort and dignity of terminally ill care recipients.
- Care recipients/representatives confirm the home's practices maintain terminally-ill care recipients' comfort and dignity.

Processes
Consider:
- How does the home ensure palliative care assessments are conducted and communicated as part of an ongoing documented assessment of the care recipients' health status? This includes:
  - consultation with care recipients/representatives and others (medical officers and health professionals) about palliative care needs and preferences including the care recipient's specific physical, emotional, cultural, and spiritual needs
  - consultation with family and friends regarding the care environment and their role in the care recipient's care
  - care recipients/representatives' terminal wishes are recorded and respected (this may include a living will).
- How are palliative care plans developed and communicated to the relevant staff as per the general care process? This should include:
  - development of a multidisciplinary approach,

including complementary therapies as appropriate with effective referral mechanisms ensuring continuity of care
  - provision of emotional and spiritual support to care recipients
  - specialised equipment, supplies and materials to aid the care recipient in the terminal stages of life.
- How does the home ensure palliative care is delivered consistent with the planning?
- Does the home have access to:
  - a specialist palliative care provider
  - an interdisciplinary team
  - an out-of-hours service in case of death?
- How does the home regularly evaluate and review the palliative care system to determine its effectiveness in meeting the needs of care recipients. For example, are:
  - staff educated about the principles, objectives and practices of palliative care
  - staff practices monitored including in relation to the use of assessment tools, equipment, and methods of facilitating the comfort and dignity of terminally ill care recipients
  - individual care recipients/representatives and others (medical officers and health professionals) consulted about the care recipient's individual ongoing needs and how effectively they are being met
  - assessment tools monitored for effectiveness and appropriateness?

Links to related expected outcomes

- *Expected outcome 1.7 Inventory and equipment*
  It is expected that all appropriate equipment and supplies are accessible as and when required to aid the care recipient in the terminal stage of care.

- *Expected outcome 2.5 Specialised nursing care needs*
  Some aspects of palliative care may be considered specialised nursing care needs.

- *Expected outcome 2.8 Pain management*
  Pain management would be expected to play a large part in the provision of care for most terminally ill care recipients.

- *Other expected outcomes of Standard Two*
  Various expected outcomes relating to health and personal care are involved in the palliative care of a terminally ill care recipient. The focus of care for care recipients who are terminally ill may also change, for instance, oral and skin care may have a different focus, and processes or techniques may be employed by staff at the home to ensure this new focus is effective in maintaining the comfort and dignity.

- *Expected outcomes 3.4 Emotional support and 3.8 Cultural and spiritual life*
  Additional emotional support and cultural and spiritual care may be required for some terminally ill care recipients.

- *Expected outcome 3.6 Privacy and dignity*
  This expected outcome requires that "each care recipient's right to privacy, dignity and confidentiality is recognised and respected".

Expected outcome 2.10 Nutrition and hydration

This expected outcome requires that:
Care recipients receive adequate nourishment and hydration.

The focus of this expected outcome is **'results for care recipients'**.

Results

- Management demonstrates its care recipients receive adequate nutrition and hydration.
- Care recipients/representatives confirm they are satisfied with the home's approach to meeting care recipients' nutrition, hydration and associated support needs.

Processes

Consider:

- How does the home ensure regular assessments of each care recipient's nutrition and hydration needs are conducted and communicated as per the general care process? For example, does the home ensure the identification of each care recipient's specific needs and preferences which might include:
  - a systematic approach to assessing needs that involves appropriate professionals and a multidisciplinary approach
  - awareness of any cultural, religious and personal dietary preferences
  - identification of any food allergies
  - monitoring of general health and body weight
  - identification of poor appetite
  - identification of poor thirst sensation
  - identification of care recipients at risk of developing malnutrition and dehydration
  - monitoring of fluid intake
  - monitoring of the effects of medication
  - monitoring of skin integrity,

texture and hydration state
  - monitoring of swallowing difficulties
  - increased monitoring of care recipients at risk of poor nutrition or hydration including during illness and increased activity that may require additional energy supplements
  - increased monitoring of care recipients at risk of poor nutrition due to receiving a vitamised diet or thickened fluids
  - response to needs for assistance and assistive devices?
- Does the home encourage independence and dignity during meal times and when drinking?
- How are nutrition and hydration plans developed and communicated to the relevant staff as per the general care process? For example:
  - Is there a multidisciplinary approach involving appropriate professionals as required?
  - Is each care recipient's independence promoted?
  - Are oral and dental health checks performed as necessary?
  - Are specific directions for eating and drinking recorded, including any special aids and staff assistance?
  - Are texture and consistency of foods and fluids considered?
  - Do medication instructions take into account care recipients' nutritional and fluid needs as appropriate?
  - Does specific communication with the kitchen and dining staff occur as appropriate?
  - Does the home demonstrate strategies to identify and treat risk factors and causes of

malnutrition and dehydration in care recipients?

- Are changes in eating patterns or results such as weight loss reported to care recipients' medical officers?
- Are nutrition and hydration provided consistent with the planning? For example, does this include the provision of:
  – food and fluids of appropriate nutritional balance, texture, and volume
  – appropriate resources to assist care recipients' intake, for example, feeding devices (including PEGs), staff assistance
  – an environment which promotes and enhances the care recipients' nutrition and hydration, for example, meal aroma from the kitchen, calm meal times, recognisable dining spaces, accessible meals and drinks?
- How does the home regularly evaluate and review the management of nutrition and hydration to determine effectiveness in meeting the needs of the care recipients? For example:
  – Are results monitored including in relation to the use of assessment tools, equipment, and methods of facilitating adequate nourishment and hydration?
  – Are staff practices monitored and improved as appropriate?
  – Is there regular consultation with care recipients/representatives and others (for example, medical officers, dieticians and speech pathologists) about nutrition and hydration needs and preferences, the strategies implemented and their effect?

  – Is the nutritional suitability of the diet and menu reviewed by appropriate specialists?
  – Are assessment tools monitored for effectiveness and appropriateness?

Links to related expected outcomes

- *Expected outcome 1.7 Inventory and equipment*
  Equipment, for example, weigh scales, should be calibrated frequently, to ensure accurate measurements.
- *Expected outcome 2.5 Specialised nursing care needs*
  The insertion, care and maintenance of tubes including nasogastric tubes, as well as assistance for care recipients with dysphagia are considered specialised nursing care needs.
- *Expected outcome 2.6 Other health and related services*
  Homes should be able to demonstrate care recipients have been referred to doctors and appropriate health specialists as necessary in relation to, for example, dehydration, swallowing difficulties, poor nutrition intake and poor dexterity which in turn hinders eating.
- *Expected outcome 2.15 Oral and dental care*
  The oral and dental care of care recipients may affect their ability to receive adequate nourishment and hydration.
- *Other expected outcomes of Standard Two*
  Various expected outcomes relating to health and personal care may involve the management of care recipients' nutrition and hydration. Likewise, malnutrition or dehydration may indicate gaps in other systems, for instance, in relation to skin care. The use of meals to stimulate the senses should also be considered by the home.

- *Expected outcomes of Standard Three*
  Various expected outcomes relating to care recipient lifestyle may affect the nutrition and hydration of care recipients, for instance, cultural and other preferences of care recipients should be considered, as should the provision of meals in a dignified manner which promotes care recipients' independence and emotional support needs which may impact appetite.
- *Expected outcome 4.8 Catering, cleaning and laundry services*
  This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Expected outcome 2.11 Skin care

This expected outcome requires that:
Care recipients' skin integrity is consistent with their general health.

The focus of this expected outcome is **'results for care recipients'**.

Results

- Management demonstrates its practices maintain care recipients' skin integrity consistent with their general health.
- Care recipients/representatives confirm they are satisfied with the care provided in relation to care recipients' skin integrity.

Processes
Consider:

- How does the home ensure regular assessments of skin integrity are conducted and communicated as per the general care process? For example, is there:
  – identification of care recipients at risk of impairment to skin integrity, such as care recipients with diabetes, mobility problems, medications, amputations and incontinence and those prone to pressure areas
  – identification of care recipients' specific needs and preferences, including wound management, nail and hair care?
- How are skin care plans developed and conducted as per the general care process and communicated to relevant persons? For example, are there:
  – specific directions for maintaining and improving skin integrity, for example, skin hygiene, maintaining mobility, positioning, pressure reducing resources and equipment, massage, emollients, nutrition and hydration, protective clothing and rugs
  – processes in place to reposition the care recipient as frequently as required and to assess care recipients with each position change
  – regular skin status assessments of individuals at risk of developing a pressure sore
  – referrals to relevant professionals as required?
- Is the skin care delivered consistent with skin care planning?
- Is there access to staff who are skilled to identify skin integrity problems, perform assessments and provide skin care including wound management?
- How does the home regularly evaluate and review the effectiveness of the skin care delivered in meeting care recipients' needs? For example:
  – Are staff practices monitored and improved as appropriate including in relation to the use of assessment tools, equipment, and methods of facilitating care recipients' skin integrity?
  – Are care recipients' skin integrity incidents noted, documented and appropriately addressed (including assessment of underlying causes), for example, skin tears, wounds, rashes?
  – Is there regular consultation with care recipients/ representatives and others (medical officers and health professionals) about skin care needs and preferences, the skin care given and its effect, including changes in skin integrity such as wounds?

– Are assessment tools monitored for effectiveness and appropriateness?

be safe so as not to result in falls-related skin tears.

Links to related expected outcomes

- *Expected outcome 1.7 Inventory and equipment*
  It is expected that all goods and equipment required to assist in the maintenance and improvement of care recipients' skin care are readily available as necessary, for example, booties, rugs, protective clothing, oils, emollients.

- *Expected outcome 2.1 Continuous improvement*
  Information on rates of skin tears would be expected to inform the home's processes for continuous improvement.

- *Expected outcome 2.5 Specialised nursing care needs*
  Complex wound management including wounds caused by stomas is considered a specialised nursing care need.

- *Other expected outcomes of Standard Two*
  Various expected outcomes relating to health and personal care may involve the management of care recipients' skin integrity, for instance, in relation to the management of diabetes. Likewise, poor skin integrity may indicate gaps in other systems, for instance, in relation to pain management, palliative care, hydration and continence management.

- *Expected outcomes of Standard Three*
  Poor and inappropriate skin care may affect the provision of other care recipients' rights such as in relation to privacy and dignity.

- *Expected outcome 4.4 Living environment*
  The living environment may result in skin tears for example by the presence of rough surfaces. As falls may often lead to skin tears, the living environment should also

Expected outcome 2.12 Continence management

This expected outcome requires that:
Care recipients' continence is managed effectively.

The focus of this expected outcome is **'results for care recipients'**.

Results

- Management demonstrates the home's continence management practices are effective in meeting care recipients' needs.
- Care recipients/representatives confirm care recipients' continence needs are being met.

Processes

Consider:

- How does the home ensure regular faecal and urinary continence assessments are conducted and used as per the general care process. For example, does the home ensure:
  - consultation with care recipients/representatives and others (for example, medical officers, continence nurse advisers, stoma therapists) about continence needs and preferences
  - a detailed history including symptoms is completed
  - a detailed history of possible triggers and conditions which may affect continence (for example, dementia, multiple sclerosis, stroke, asthma)
  - review of existing medication to determine if certain drugs precipitate or exacerbate the condition, for example, diuretics and analgesics
  - fluid intake
  - assessment of the environment for location, access to toilets and assistance as required
  - the establishment of voiding patterns and bowel function

  - the level of independence and toilet assistance required is assessed
  - details of required continence aids are recorded?
- How are faecal and urinary continence management plans developed and communicated to the relevant persons as per the general care process? For example, are there:
  - strategies for maintaining or restoring care recipients' continence where possible
  - strategies for maintaining skin integrity for care recipients with intractable incontinence?
- Are faecal and urinary continence management consistent with plans and assessed needs?
- Does the home ensure each care recipient's privacy when going to the toilet?
- How does the home regularly evaluate and review faecal and urinary continence management to determine their effectiveness in meeting the needs of the care recipients? For example:
  - Are staff practices monitored and improved as appropriate including in relation to the use of assessment tools, equipment, and methods of facilitating continence management?
  - Is there consultation regarding the care recipients' continence needs and the effectiveness of the care?
  - Does the home collect and review data to monitor urinary tract and other infections which may affect continence such as gastroenteritis?
  - Are assessment tools monitored for effectiveness and appropriateness?

Links to related expected outcomes

- *Expected outcome 1.7 Inventory and equipment*
  It is expected that appropriate equipment and supplies are accessible for continence management for example, toilet and continence aids.

- *Expected outcome 2.5 Specialised nursing care needs*
  Establishment and review of a catheter care program including the insertion, removal and replacement of catheters, and the insertion of suppositories and enema administration are considered specialised nursing care needs. Colostomy care is also considered a specialised nursing care need.

- *Expected outcomes 2.7 Medication management and 2.8 Pain management*
  Excessive use of aperients or suppositories may indicate medication for relieving pain is being used excessively as such medications often cause constipation.

- *Other expected outcomes of Standard Two*
  Various expected outcomes relating to health and personal care may involve the management of care recipients' continence, for instance, in relation to skin care (such as excoriations caused by incontinent episodes). Encouragement and assistance to care recipients to remain as mobile and active as possible encourages normal bowel function, digestion and appetite. Behavioural management may also be improved such as through scheduled assistance going to the toilet, prompted voiding and habit training. Likewise, poor continence management may indicate gaps in other systems, for instance, in relation to nutrition and hydration or sleep as a result of poor night-time habits.

- *Expected outcomes of Standard Three*
  Poor and inappropriate continence management may affect the provision of other care recipients' rights such as in relation to independence, privacy and dignity, and choice and decision-making.

- *Expected outcome 4.7 Infection control*
  The prevalence of continence related/affected infections such as gastroenteritis or urinary tract infections may indicate gaps in expected outcome 4.7 Infection control.

- *Expected outcome 4.8 Catering, cleaning and laundry services*
  A constant odour in the home may indicate insufficient continence management and cleaning programs.

Expected outcome 2.13 Behavioural management

This expected outcome requires that:
The needs of care recipients with challenging behaviours are managed effectively.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates its approach to behavioural management is effective in meeting care recipients' needs.
- Care recipients/representatives confirm they are satisfied with the home's approach to managing the causes which prompt challenging behaviours.

Processes
Consider:
- How does the home ensure regular behavioural management assessments are conducted and communicated for care recipients with challenging behaviours? For example, how does the home ensure:
  – consultation with care recipients/representatives and others (medical officers and health professionals) about behavioural management needs and preferences
  – following completion of the assessment process the results are used to plan necessary referrals to gain a diagnosis and/or appropriate treatment
  – an individually tailored approach is taken
  – assessment of the home's environment to determine how this should influence behavioural management practices and strategies
  – the use of appropriate behaviour and cognitive assessment tools?

- How is behavioural management carried out and communicated to the relevant staff as per the general care process? For example, how does the home ensure:
  – assessment of the presenting behaviour, causes and triggers to the behaviour and ways to avoid the behaviour
  – staff are educated on appropriate methods for managing care recipients with challenging behaviours
  – strategies to reduce the behaviour, including alternative therapies as appropriate are sought
  – the need for physical and chemical restraint (if used) has been assessed, has been deemed to be the last resort, is authorised and administered at a minimum form and level required, and in accordance with strict safety standards?
- How does the home ensure practices are consistent with the planned behavioural management strategies?
- How does the home evaluate and review behavioural management practices to determine their effectiveness in meeting the needs of care recipients? For example:
  – Are staff practices monitored and improved where indicated including in relation to the use of assessment tools, equipment, and methods of facilitating behavioural management?
  – Is each care recipient's behavioural management reviewed regularly in consultation with the care recipient/representative and appropriate health professionals?

– Is information collected and reported on behavioural management strategies and incidents?
– Are assessment tools monitored for effectiveness and appropriateness?

Links to related expected outcomes

- *Expected outcome 2.1 Continuous improvement*
  Behavioural management data (which may include prevalence of aggression or other challenging behaviours) may be used by the home to identify opportunities for improvement within the home in relation to behavioural management and linked expected outcomes.

- *Expected outcome 2.2 Regulatory compliance*
  The Accountability Principles 2014 require the reporting of unexplained absences of care recipients.

- *Expected outcome 2.7 Medication management*
  When using pharmacological interventions, the aim is to settle distress, without affecting clarity of consciousness or compromising quality of life. Chemical restraint should only be used when all other options have been exhausted.

- *Expected outcome 2.16 Sensory loss*
  Loss of eyesight or hearing may contribute to confusion or distress. Sensory stimulation should be used only to decrease the distress or behavioural agitation of care recipients.

- *Other expected outcomes of Standard Two*
  Various expected outcomes relating to health and personal care may involve the management of care recipients with challenging behaviours, for instance, in

relation to encouraging care recipients to use mobility aids, or in relation to the management of psychotropic medications. Likewise, poor behavioural management may indicate gaps in other systems, for instance, challenging behaviours may be the result of pain, side effects of medication, infections, anaemia, respiratory disease, hunger, dehydration, fatigue or a need to go to the toilet.

- *Expected outcome 3.4 Emotional support*
  A care recipient's diagnoses may have an impact on their emotional health and behaviour.

- *Expected outcome 3.7 Leisure interests and activities*
  Leisure interests and activities should be provided to each care recipient based on their assessed cognitive needs and abilities. An environment in which care recipients are restless may also indicate an inadequate recreational activities program, boredom or social isolation.

- *Expected outcome 3.9 Choice and decision-making*
  Before any medical treatment or procedure is carried out, staff must obtain consent from the care recipient/representative. The consent must be informed, competent, un-coerced and continuing.

- *Other expected outcomes of Standard Three*
  Poor and inappropriate behavioural management may affect the provision of other care recipients' rights such as in relation to independence, privacy and dignity, and choice and decision-making.

- *Expected outcomes 4.4 Living environment and 4.5 Occupational health and safety*
  The environment should be safe, calm and comfortable for all care recipients, including those who are inclined to become agitated, who wander, or who are inclined to display other intrusive behaviours such as aggression, moving care recipients' belongings and taking other objects in the home. The management of care recipients with challenging behaviours can also be seen to affect the experience of other care recipients, as well as the safety of staff. Areas which present danger to the care recipient should be managed, including in relation to care recipients at risk of absconding.

  Homes should be able to demonstrate all other options and alternatives for managing a resident's behaviour have been exhausted before any form of restraint is employed.

Expected outcome 2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that:
Optimum levels of mobility and dexterity are achieved for all care recipients.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates each care recipient's level of mobility and dexterity is optimised.
- Care recipients/representatives confirm they are satisfied with the home's approach to optimising care recipients' mobility and dexterity.

Processes
Consider:
- How does the home ensure regular assessments of the care recipients' mobility and dexterity are conducted and communicated as per the general care process? For example:
  - Is there identification of each care recipient's mobility and dexterity status?
  - Are there falls risk assessments (taking into consideration, for example, history of falls, medication, confusion, anxiety, sensory impairment, continence, feet and footwear, the environment, etc) and falls prevention programs?
  - Are there opportunities for optimising care recipient mobility and dexterity, and maintaining mobility and dexterity?
  - Are initial and ongoing mobility and dexterity assessments performed by appropriate allied health professionals, for example, physiotherapists or occupational therapists?
  -

  - Does the home regularly consult care recipients/representatives and relevant allied health professionals, for example, physiotherapists or occupational therapists?
- How are mobility and dexterity plans communicated to relevant staff as per the general care planning process? For example:
  - Are mobility aids and independent living aids made available for individuals to use? Are aids adjusted accordingly, for example are care recipients assessed for the correct height of frames or sticks?
  - Does the home have strategies to minimise falls risks to the care recipient?
  - Are there rehabilitation strategies as appropriate to each care recipient's needs including any health specialist services required?
  - Is there integration with activities of daily living and the support available, for example, regular walks, leisure activities?
- Is care delivered consistent with mobility and dexterity planning? For example:
  - Are resources accessible as planned and required to the care recipient?
  - Are there appropriate levels of, or access to, skilled staff to manage and review care recipients' mobility and dexterity?

- How does the home regularly evaluate and review the mobility and dexterity care delivered? For example:
  - Are staff practices monitored including in relation to the use of assessment tools, equipment, and methods of facilitating mobility and dexterity?
  - Are mobility and dexterity incidents documented and appropriately addressed, for example, slips and falls?
  - Are each care recipient's mobility and dexterity needs and preferences reviewed by appropriate allied health professionals, for example, physiotherapists or occupational therapists, along with the care given and its effect?
  - Are assessment tools monitored for effectiveness and appropriateness?
- Is each care recipient's medical officer informed of the mobility and dexterity status and care plan?

Links to related expected outcomes

- *Expected outcome 1.7 Inventory and equipment*
  It is expected that appropriate equipment and supplies are accessible for the management of mobility and dexterity, for example, modified cutlery and mobility and transferring equipment.
- *Expected outcome 2.1 Continuous improvement*
  Information on falls rates would be expected to inform the home's processes for continuous improvement.
- *Other expected outcomes of Standard Two*
  Various expected outcomes relating to health and personal care may involve the management of care recipients' mobility and dexterity, for instance, the mobility

and dexterity of a care recipient may affect their ability to carry out activities of daily living such as going to the toilet, personal care (including oral and dental care) and eating. Likewise, poor promotion of mobility and dexterity may indicate gaps in other systems, for instance, in relation to pain caused by inactivity.

- *Expected outcomes of Standard Three*
  Poor and inappropriate mobility and dexterity management may affect the provision of other care recipients' rights such as independence, privacy and dignity (such when receiving assistance due to impaired dexterity) and participation in activities of their choice and ability.
- *Expected outcomes 4.4 Living environment and 4.5 Occupational health and safety*
  The living environment should encourage safe transfers, mobilising including strategies to improve lighting that reduce glare and the use of specialised equipment. Techniques used for transferring care recipients such as manual handling tasks should also be provided in a way which minimises the risk to care recipients and staff.

Expected outcome 2.15 Oral and dental care

This expected outcome requires that:
Care recipients' oral and dental health is maintained.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates care recipients' oral and dental health is maintained.
- Care recipients/representatives confirm they are satisfied with the home's approach to managing care recipients' oral and dental care.

Processes
Consider:
- How does the home ensure regular assessments of care recipients' oral and dental health are conducted and communicated as per the general care process? For example:
  - Is there regular consultation with care recipients/representatives and relevant health professionals (for example, dentists or oral hygienists)?
  - How does the home identify any eating or swallowing difficulties?
  - How does the home identify those care recipients at risk of poor oral and dental health, including for example as a result of polypharmacy effects and administration of specific medications such as antidepressants and antipsychotic medications?
- Are there alternative strategies in place for care recipients who do not wish to visit a dentist or dental hygienist?
- Does care planning include oral and dental plans that are communicated to relevant care

staff as per the general care planning process? Do these include:
  - details about daily care of teeth, mouth and dentures as appropriate
  - dental and oral care appointments as appropriate
  - increased or decreased salivary flow
  - specific strategies for assessing and maintaining the oral hygiene of care recipients with dementia?
- Are oral and dental issues reported to care recipients' medical officers?
- Is care delivered consistent with oral and dental care planning? For example:
  - Are there appropriate resources accessible to the care recipient as planned?
  - Are care recipients assisted to maintain oral hygiene?
  - Does menu planning for each care recipient take into account sugar content and food and fluid texture?
- How does the home regularly evaluate and review oral and dental care delivered to determine its effectiveness in meeting the needs of each care recipient? For example:
  - Are staff practices monitored including in relation to the use of assessment tools, equipment, and methods of facilitating oral and dental health?
  - Are each care recipient's oral and dental care needs and preferences reviewed along with the care given and its effect by appropriately trained health professionals?

– Are processes in place for monitoring the cleaning, storage and replacement of toothbrushes and other oral care equipment including denture containers?

– Are assessment tools monitored for effectiveness and appropriateness?

Links to related expected outcomes

- *Expected outcome 1.7 Inventory and equipment*
  It is expected that appropriate equipment and supplies are accessible for the management of care recipients' oral and dental care needs, for example, oral and dental cleaning products. Products used should be fit-for-purpose, for instance, mouthwashes, tablets, gels and toothpaste.

- *Expected outcome 2.5 Specialised nursing care needs*
  Assistance with eating for care recipients with dysphagia, suctioning of airways and tracheostomy care are considered specialised nursing care needs. In addition, the special care provided post a tooth extraction may be related to specialised nursing care needs.

- *Other expected outcomes of Standard Two*
  Various expected outcomes relating to health and personal care may involve the management of care recipients' oral and dental care, for instance, the mobility and dexterity of a care recipient may affect their ability to carry out oral hygiene, and care recipients with specific challenging behaviours may also affect the administration of oral and dental care. As some medications may cause dry mouth and some care recipients may be taking medication for the treatment of oral conditions, medication management may also

be impacted. Likewise, poor promotion of oral and dental care may indicate gaps in other systems, for instance, in relation to palliative care, or nutrition and hydration.

- *Expected outcomes of Standard Three*
  Poor and inappropriate oral and dental care may affect the provision of other care recipients' rights such as privacy and dignity. The ability to consent to oral and dental care may also have choice and decision-making implications. The ability of care recipients to carry out oral and dental care themselves also impacts on expected outcome 3.5 Independence.

- *Expected outcome 4.7 Infection control*
  Oral infections are a possible source of infection to other parts of the body, such as gum diseases (periodontal diseases), inflammation (stomatitis) and mouth thrush.

Expected outcome 2.16 Sensory loss

This expected outcome requires that:
Care recipients' sensory losses are identified and managed effectively.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates its approach to care recipients' sensory losses is effective in identifying and managing care recipients' needs.
- Advice from care recipients/representatives confirms they are satisfied with the home's approach to managing care recipients' sensory losses.

Processes
Consider:
- How does the home ensure regular assessments of care recipients' sensory losses are conducted and communicated as per the general care process? For example, does this include:
  – consideration of the care recipients' vision, hearing, smell, taste and touch including consideration of other medical conditions and other risk factors (such as other treatments, pain and checking of ear canals)
  – identification of the use and type of any aids
  – identification of the use of any medications which may aid sensory stimulation (including antibiotics)
  – consultation with care recipients/representatives about care recipient needs and preferences
  – consultation with relevant health professionals (such as optometrists, audiologists and skin care specialists) about the

effective management of sensory loss and needs?
- How is care planning in relation to sensory loss conducted and communicated to the relevant staff as per the general care planning process? For example, does this include:
  – the use and type of aids, their maintenance and storage
  – preferred communication strategies where appropriate
  – the environment of the home and any safety hazards that may affect care recipients with sensory losses
  – sensitivity in providing care recipients with sensory experiences to stimulate their sensory systems?
- Are care recipients' sensory losses reported to their medical officers?
- Is the care delivered consistent with plans to effectively manage sensory loss? For example:
  – care plans make it clear to staff which ear to insert the hearing aid
  – procedures are in place for the care and maintenance of hearing aids, spectacles/glasses, limb protectors, splints and other aids.
- How does the home regularly evaluate and review the management of sensory loss to determine effectiveness in meeting the needs of each care recipient? For example:
  – Are staff practices monitored including in relation to the use of assessment tools, equipment, and methods of managing sensory loss?
  – Is the home's environment monitored?

– Are individual care recipients' sensory needs and preferences reviewed along with the care given and its effect including in relation to specific hygiene practices such as the cleaning of ears, eyes, skin and care recipients' mouths?

– Are assessment tools monitored for effectiveness and appropriateness?

Links to related expected outcomes

- *Expected outcome 2.9 Palliative care*
  The home's provision of appropriate sensory stimulation may enhance care recipients' palliative care.

- *Other expected outcomes of Standard Two and expected outcome 4.8 Catering, cleaning and laundry services*
  Various expected outcomes relating to health and personal care may involve the management of care recipients' sensory losses, for instance, impaired tactile sensation may have an impact on skin care. Likewise, poor management of sensory loss may indicate gaps in other systems, for instance, in relation to nutrition and hydration, behavioural management, and catering and cleaning processes of the home.

- *Expected outcomes of Standard Three*
  Poor and inappropriate management of sensory losses may affect the provision of other care recipients' rights such as independence, ability to participate in activities of interest to them, and ability to make informed choices and make complaints (for instance, due to vision impairment, the care recipient may not be able to review written information). Negative effects of hearing loss can include depression, social

dysfunction, impaired functional ability (to perform activities of daily living), decreased cognitive functioning, loss of independence and reduced quality of life.

- *Expected outcome 4.4 Living environment*
  The home should be able to demonstrate the living environment is safe for care recipients with sensory losses, for instance, for visually and hearing impaired, or care recipients with tactile impairments.

Expected outcome 2.17 Sleep

This expected outcome requires that:
Care recipients are able to achieve natural sleep patterns.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates its practices enable care recipients to achieve natural sleep patterns.
- Care recipients/representatives confirm care recipients are able to achieve natural sleep patterns.

Processes
Consider:
- How does the home ensure assessments of care recipients' sleep patterns are conducted as required? For example, this should include:
  – assessment of current and natural sleep habits and patterns
  – identification of care recipients at risk of having poor sleep patterns
  – any living environment issues and possible impacts on natural sleep.
- How does the home conduct planning to promote natural sleep patterns to meet individual care recipients' needs, and how is this communicated to relevant staff? For example, how does the home identify:
  – the use of sleep aids and the type used
  – pharmacological strategies for sleep promotion as appropriate
  – non-pharmacological strategies for sleep promotion?
- Are care recipients' medical officers informed of sleep problems?
- Is care delivered consistent with plans to promote natural sleep?

- How does the home regularly evaluate and review the effectiveness of its practices in meeting the needs of each care recipient? For example:
  – Are staff practices monitored including in relation to the use of assessment tools, equipment, and methods of facilitating natural sleep patterns?
  – Are individual care recipients' sleep patterns, needs and preferences reviewed along with the care given and its effect?
  – Are assessment tools monitored for effectiveness and appropriateness?

Links to related expected outcomes
- *Other expected outcomes of Standard Two*
  Various expected outcomes relating to health and personal care may involve the management of care recipients' sleep, for instance, inadequate sleep may impact on a care recipient's moods and behaviours during wakefulness. Likewise, poor management of sleep may indicate gaps in other systems, for instance, in relation to the pain or continence management processes of the home.
- *Expected outcomes of Standard Three*
  Poor and inappropriate management of sleep may affect the provision of other care recipients' rights and needs such as emotional support. Ability to make choices about when to sleep, bed furnishings, etc may also encourage natural sleep patterns.

- *Expected outcome 4.4 Living environment*
  In order to encourage natural sleep patterns, care recipients' personal furnishings such as blankets and pillows may assist. Natural sleep is also generally aided for most care recipients by a safe and calm environment.

Standard Three:
Care recipient lifestyle

Principle:
Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome 3.1 Continuous improvement

This expected outcome requires that:
The organisation actively pursues continuous improvement.

The focus of this expected outcome is **'results'**.

Results
- There are recent examples of improvement activities related to the systematic evaluation of, and feedback from, the services the home provides.
- Management demonstrates that results show improvements in care recipient lifestyle. This includes responsiveness to the needs of care recipients/representatives and other stakeholders.
- Staff and care recipients are encouraged to contribute to the home's pursuit of continuous improvement in relation to Standard Three.

Note: *A home need not demonstrate improvement in each expected outcome but should be able to show that performance in each expected outcome is known and monitored.*

Processes
Consider:
- The home may have an overarching quality management/improvement system that relates to all Accreditation Standards and encompasses continuous improvement in all expected outcomes. Due to the intention of Standard One, these continuous improvement processes would therefore largely be considered in expected outcome 1.1 Continuous improvement. However, the focus on results of improvement activities relating to Standard Three would be expected to be assessed under 3.1 Continuous

improvement. For detail on the areas to consider in relation to process, see expected outcome 1.1 Continuous improvement.

Links to related expected outcomes
- *Expected outcomes 1.1, 2.1 and 4.1 Continuous improvement*
Consider the performance in all continuous improvement expected outcomes and, if there are any issues, if they also relate to 3.1 Continuous improvement.
- *Expected outcome 3.9 Choice and decision-making*
Information relating to the ability of care recipients and representatives to make choices and decisions would be expected to link to the home's improvement systems.
- *All other expected outcomes of Standard Three*
Performance in all expected outcomes should be monitored and, where appropriate, improved. Hence, the systems referred to in expected outcome 3.1 Continuous improvement may be active in improving performance across all other expected outcomes of Standard Three, and major non-compliance in this Standard may indicate gaps with continuous improvement systems relating to care recipient lifestyle.

Expected outcome 3.2 Regulatory compliance

This expected outcome requires that:
The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about care recipient lifestyle.

The focus of this expected outcome is '**processes and systems**'.

Results
- The home has a system for identifying relevant legislation, regulations and guidelines, and for monitoring compliance with these in relation to Standard Three.
- Management demonstrates the effectiveness of the system through examples of changes (if any) which have been recently implemented in relation to Standard Three.
- Management demonstrates its compliance with other legislation and regulations, including through results of monitoring activities including other regulatory authority reports or independent expert reports in relation to Standard Three.
- There is a system in place to manage the reporting of assaults to the police and Department of Social Services in accordance with regulatory requirements.

Processes
Consider:
- The home may have an overarching system used to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Due to the intention of Standard One, these processes would therefore largely be considered in expected

outcome 1.2 Regulatory compliance. However, the focus of results of regulatory compliance within Standard Three would be expected to be assessed under 3.2 Regulatory compliance.
- How does the home ensure staff are familiar with compulsory reporting of assaults?

Note*: Quality assessors assess compliance against the Accreditation Standards but are not in a position to assess compliance against other legislative frameworks. Rather, it is their role to assess that the home itself undertakes this task. However, if assessors are made aware of instances where a home does not comply with specific regulations, then they should discuss with the provider where the systems may have failed and consider if the home does not comply with expected outcome 3.2 Regulatory compliance.*

Links to related expected outcomes
- *Expected outcomes 1.2, 2.2 and 4.2 Regulatory compliance*
- *Expected outcome 3.6 Privacy and dignity*
  The home should be able to demonstrate how it meets the requirements of privacy legislation.
- *Expected outcome 3.10 Care recipient security of tenure and responsibilities*
  The home should be able to demonstrate how it meets other requirements of the *Aged Care Act 1997* as set out in the User Rights Principles 2014.
- *All other expected outcomes of Standard Three*
  Compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipient lifestyle should be monitored by the home.

Hence, major non-compliance in this Standard may indicate gaps in the regulatory compliance systems of the home.

Expected outcome 3.3 Education and staff development

This expected outcome requires that:
Management and staff have appropriate knowledge and skills to perform their roles effectively.

The focus of this expected outcome is **'results'**.

Results
- Management demonstrates management and staff have the knowledge and skills required for effective performance in relation to care recipient lifestyle.
- The performance of the home against other expected outcomes in Standard Three is satisfactory.

Processes
Consider:
- The home may have an overarching education and staff development system that relates to all Accreditation Standards and encompasses all expected outcomes. Due to the intention of Standard One, these processes would therefore largely be considered in expected outcome 1.3 Education and staff development. However, the focus on knowledge and skills relating to Standard Three would also be expected to be assessed under 2.3 Education and staff development.

Links to related expected outcomes
- *Expected outcomes 1.3, 2.3 and 4.3 Education and staff development*
- *Expected outcome 1.6 Human resource management*
  Homes are required under this expected outcome to demonstrate "there are appropriately skilled and qualified staff…" Where deficiencies are identified in 1.6 Human resource management, assessors should therefore review the home's systems in relation to

expected outcomes 1.3, 2.3, 3.3 and 4.3 Education and staff development.
- *All other expected outcomes of Standard Three*
  The skills and knowledge of management and staff should be monitored in relation to all roles. Hence, major non-compliance in this Standard may indicate gaps in the education and staff development systems of the home relating to care recipient lifestyle.

Expected outcome 3.4 Emotional support

This expected outcome requires that:
Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates care recipients are supported in adjusting to the new environment.
- Management demonstrates care recipients' emotional status and needs are identified and met on an ongoing basis.
- The effects of unknown events on care recipients' emotional needs are identified and supported.
- Care recipients/representatives confirm the support provided by the home is appropriate and effective in meeting care recipients' individual needs and preferences.

Processes
Consider:
- What support and information does the home provide to care recipients before moving into the home to help prepare them for life in the residential aged care home?
- How does the home assess care recipients' emotional needs when moving into the home and at regular intervals? For example, does the home:
  – complete care recipients' emotional profiles on their existing support needs and preferences
  – respond to critical episodes, for example, family crises, deaths within the home, change of environment
  – record each care recipient's history, current situation, transfer information and any

adjustment needs to life in the home
  – consult care recipients/representatives and others (for example, social workers or chaplains), about emotional support needs and preferences
  – identify care recipients at risk of requiring additional emotional support such as on an anniversary or historical event?
- How is emotional support planned and communicated to relevant staff? For example:
  – How is the care recipient provided with an orientation to the home?
  – Is extra support provided during the settling-in period?
  – Are ongoing actions for progressive adjustment used?
  – Is the role of family and significant others considered in orientation and the ongoing lifestyle plan for the care recipient?
- Is emotional support delivered consistent with the home's plan?
- Are concerns about emotional health referred to the care recipients' medical officers and other relevant health professionals?
- Does the home regularly evaluate and review the way emotional support is delivered to determine its effectiveness in meeting the needs of the care recipients? For example, does the home:
  – ensure staff are competent and monitored to meet the emotional needs of care recipients including in relation to the use of assessment tools and methods of facilitating emotional support

- ensure each care recipient's ongoing emotional needs and preferences are identified
- assess the effectiveness of current strategies
- monitor assessment tools for effectiveness and appropriateness?

Links to related expected outcomes

- *Expected outcomes of Standard Two*
  Poor and inappropriate management of emotional support may affect the provision of health and personal care services to care recipients, for instance, it may increase the prevalence of challenging behaviours and pain, or decrease appetite and effectiveness of palliative care programs.

- *Expected outcomes 3.9 Choice and decision-making and 3.10 Care recipient security of tenure and responsibilities, and other expected outcomes of Standard Three*
  The provision of information for ensuring care recipients understand their rights and feel secure in the home may have a positive impact on care recipients moving into the home. Likewise, enabling care recipients to make choices and decisions about their lifestyles may assist with adjustment to the new environment.

Expected outcome 3.5 Independence

This expected outcome requires that:
Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

The focus of this expected outcome is **'results for care recipients'**.

Results

- Management demonstrates care recipients' achievement of maximum independence, maintenance of friendships and participation in the life of the community are appropriate to their needs and preferences.
- Care recipients/representatives confirm they are satisfied with the assistance provided by the home in relation to care recipients' independence, maintenance of friendships and participation in the life of the community within and outside the home, according to their individual needs and preferences.

Processes
Consider:

- How does the home ensure regular assessment of care recipients' needs is conducted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home? This may include:
  - identification of what independence means in different aspects of each care recipient's life, for example, physical, intellectual, emotional, cultural, social, civic (such as voting in elections) and financial independence
  - the identification of existing friendships and community activities

  - consideration of the sensory needs of care recipients when promoting independence (for example, those with vision or hearing loss)
  - consideration of the communication needs of care recipients when promoting independence, including those who speak or read languages other than English, illiterate care recipients, and care recipients with a communication deficit
  - regular consultation with care recipients/representatives and others
  - consultation about any risks associated with activities.
- How does the home plan and communicate strategies for independence, friendships and participation? For example:
  - How are relatives and friends encouraged to be part of the life of the care recipient?
  - How does the home encourage participation in activities within and outside the home, including through the utilisation of appropriate support strategies, for example, access to taxis and community transport?
  - How does the home identify authorised representatives to make decisions on behalf of care recipients who are unable to act for themselves?
  - How are strategies to assist care recipients with mobility, communication and cognitive difficulties implemented?
  - How are strategies to enable participation in appropriate spiritual and cultural activities implemented?
  - Is there consideration of independence in care planning?

- How are environmental issues considered when they impact on maximising physical independence? For example, the internal and external physical environments and access/egress.
- How does the home review its services to maximise independence, friendships and participation for each care recipient and determine effectiveness in meeting the needs of the care recipients? For example, how does the home ensure:
  – staff are competent and monitored to achieve independence for care recipients including in relation to the use of assessment tools, equipment, and methods of facilitating maximum independence within and outside the home
  – each care recipient's ongoing needs and preferences are identified
  – the effectiveness of current strategies are assessed?

Links to related expected outcomes

- *Expected outcomes of Standard Two*
  Poor and inappropriate promotion of independence may affect the provision of health and personal care services to care recipients, for instance, in relation to the ability of care recipients to self-administer medications, care recipients' mobility and dexterity, and personal care tasks such as going to the toilet, and oral and dental care.
- *Other expected outcomes of Standard Three*
  The facilitation of care recipients' independence and participation in the life of the community both within and outside of the home may have connections with the home's leisure activities program, and processes used for ensuring

the cultural and spiritual needs of care recipients are met. Community participation may also assist in the provision of emotional support and providing care recipients with choice. Aspects of expected outcome 3.5 Independence are also encompassed in the Charter of care recipients' rights and responsibilities.[6]

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[6] User Rights Principles 2014 – See expected outcome 3.10 Care recipient security of tenure and responsibilities

Expected outcome 3.6 Privacy and dignity

This expected outcome requires that:
Each care recipient's right to privacy, dignity and confidentiality is recognised and respected.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates each care recipient's privacy, dignity and confidentiality is recognised and respected.
- Care recipients/representatives confirm care recipients' privacy, dignity and confidentiality is recognised and respected in accordance with individual needs and preferences.

Processes
Consider:
- How does the home assess and communicate each care recipient's needs for privacy, dignity and confidentiality in consultation with care recipients/representatives. This includes:
  - awareness of care recipients/representatives of rights to privacy, dignity and confidentiality
  - consideration of specific cultural or spiritual needs
  - assessment of the home's environment and how this supports privacy, dignity and confidentiality.
- How are strategies for privacy and dignity planned and implemented generally and in respect of specific care recipient needs? For example, how does the home ensure:
  - care recipients have adequate personal space

- communication between staff and care recipients takes place in a manner which promotes care recipients' individuality and confidentiality
- provision of appropriate screens or quiet spaces suitable for receiving guests
- provision of secure storage of care recipients' confidential information
- strategies for supporting personal care which protects the dignity, privacy and modesty of care recipients, for example, during bathing, grooming, toileting and dressing
- sufficient time is allowed for daily activities to avoid rushing care recipients
- strategies for supporting clinical care, for example, for the provision of palliative care
- care planning takes account of individual needs?
- Is staff practice consistent with the home's plans, policies and procedures designed to support privacy and dignity? For example, how does the home ensure:
  - staff are competent and monitored to achieve the privacy, dignity and confidentiality of care recipients including in relation to the use of assessment tools, equipment, and methods of facilitating privacy, dignity and confidentiality
  - mechanisms are in place to address concerns related to the preservation of care recipient privacy, dignity and confidentiality?

Links to related expected outcomes

- *Expected outcomes of Standard One*
  The maintenance of confidentiality is required for the management of many expected outcomes in Standard One including expected outcomes 1.4 Comments and complaints and 1.8 Information systems.

- *Expected outcomes of Standard Two*
  Poor and inappropriate promotion of privacy and dignity may affect the provision of all health and personal care services to care recipients.

- *Other expected outcomes of Standard Three*
  Privacy and dignity is inherent in other expected outcomes of Standard Three, for instance, the facilitation of privacy and dignity may better assist care recipients to adjust to a new environment, and may enhance each care recipient's sense of confidence in making decisions. Aspects of expected outcome 3.6 Privacy and dignity are also encompassed in the Charter of care recipients' rights and responsibilities.[7]

- *Expected outcome 4.4 Living environment*
  The living environment would be expected to promote the provision of privacy and dignity.

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[7] User Rights Principles 2014 – See expected outcome 3.10 Care recipient security of tenure and responsibilities

Expected outcome 3.7 Leisure interests and activities

This expected outcome requires that:
Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them.

The focus of this expected outcome is **'results for care recipients'**.

Results

- Management demonstrates it is aware of care recipients' leisure interests and activity needs and this information provides input to leisure planning and programming.
- Management demonstrates its processes are effective in encouraging and supporting care recipients to participate in a wide range of interests and activities of interest to them.
- Care recipients/representatives confirm care recipients are supported to participate in activities and interests appropriate to their needs and preferences.

Processes

Consider:

- How does the home ensure regular assessments of care recipients' preferences for interests and activities? For example, is there:
  - consultation with care recipients/representatives and others (for instance, diversional therapists or activities coordinators), in all aspects of decision-making regarding care recipients' activities and leisure needs
  - consideration of specific cultural or spiritual needs
  - an assessment of the current and previous history of interests and activities for each care recipient

  - any barriers to participation, for example, cognitive, communication, sensory, dexterity and mobility problems?
- How do leisure interests and activities complement and assist other care areas?
- How does the home plan for each care recipient's interests and activities and how is this communicated to the relevant staff? In particular the plans may include:
  - physical, cognitive, social and spiritual activities as appropriate and could include group or one-on-one activities
  - consideration of other care needs and preferences
  - any assistive devices required to allow participation
  - any support functions required, for example, use of taxis and other transport or ensuring appropriate membership fees are paid
  - any strategies to overcome barriers to involvement.
- Are interests and activities consistent with the individual care recipient's plan? For example, do plans include information regarding:
  - access to leisure interests and activities throughout the week as appropriate to the care recipient's needs and preferences
  - support for care recipients to attend and participate in activities as indicated
  - a varied program of leisure activities encompassing the needs and preferences of care recipients?

- Does the home regularly evaluate and review the approach taken to ensure care recipients' participation in leisure interests and activities meets care recipients' needs and preferences? This includes:
  - the monitoring of staff practices which are then improved as appropriate including in relation to the use of assessment tools, equipment, and methods of facilitating participation in interests and activities
  - the evaluation of the effectiveness of the programs such as through review of individual and group attendance, observation of involvement in activities (active/passive) and care recipient/representative feedback.

Links to related expected outcomes

- *Expected outcome 1.6 Human resource management*
  There should be appropriately skilled and qualified staff sufficient to ensure care recipients can participate in interests and activities of interest to them. The specific rostered hours of staff should take into account care recipient needs and preferences.
- *Expected outcome 1.7 Inventory and equipment*
  It is expected that appropriate equipment and supplies are accessible to ensure care recipients can participate in interests and activities of interest to them.
- *Expected outcome 2.13 Behavioural management*
  The use of leisure activities may be one strategy considered by a home when managing and preventing the challenging behaviours of care recipients. An environment in which care recipients are restless may also indicate an inadequate

recreational activities program and boredom.

- *Other expected outcomes of Standard Two*
  Care recipients' physical and cognitive needs should be considered when assessing the leisure needs of each care recipient. Expected outcomes such as 2.13 Behavioural management, 2.14 Mobility, dexterity and rehabilitation and 2.16 Sensory loss should therefore be considered.
- *Other expected outcomes of Standard Three*
  Other aspects of care recipient lifestyle should be promoted and may be enhanced through the provision of leisure activities, for instance, activities should be culturally and spiritually appropriate, should be in accordance with needs and choices, should promote dignity, should promote participation in the community as preferred by the care recipient, and where able, may provide a form of emotional support.

Expected outcome 3.8 Cultural and spiritual life

This expected outcome requires that:
Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates its processes, systems and external relations are effective in valuing and fostering each individual care recipient's interests, customs, beliefs and cultural and ethnic backgrounds.
- Advice from care recipients/representatives confirm they are satisfied the home values and fosters care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds.

Processes
Consider:
- How does the home assess and communicate care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds? How does the home communicate the way this should be reflected in care and services provided? For example, is there:
  - consultation with care recipients/representatives or others, for example, spiritual or cultural advisors
  - consideration of past and current cultural (including cultural aspects not necessarily related to ethnicity or country of origin), religious, spiritual and ethnic practices
  - consideration of customs and religions that might affect the way care recipients view some

  procedures (for example, stoma care and injections)
  - identification of requirements to support each care recipient's ongoing cultural and ethnic needs
  - identification of language assistance required for effective communication
  - identification of food and drink needs and preferences
  - identification of leisure interest and activity needs and preferences?
- How is provision for care recipients' observation of interests, customs and beliefs planned and then communicated to relevant staff? This includes:
  - appropriate community activities
  - recognition of commemorative or special events
  - appropriate catering requirements
  - observation of particular holy or special days.
- Are care and lifestyle services consistent with the plan and delivered in a way which fosters and values individual care recipients' interests, customs, beliefs and cultural and ethnic backgrounds? This includes:
  - access to appropriate service or support staff such as interpreters
  - support to attend and participate in activities as indicated in the plan
  - particular religious or spiritual requirements during illness or end stages of care
  - involvement of culturally-specific groups.

- How does the home review its practices to ensure care and services are delivered in a way that fosters and values individual care recipients' interests, customs, beliefs and cultural and ethnic backgrounds? For example:
  – Are staff practices monitored and improved as appropriate including in relation to the use of assessment tools and methods of valuing and fostering individual interests, customs, beliefs and cultural and ethnic backgrounds?
  – Are links with cultural and community groups developed and encouraged?
  – Is the effectiveness of the program/s evaluated?
  – Are assessment tools monitored for effectiveness and appropriateness to ensure assessment of each care recipient's individual sense of culture and spirituality is accurately identified?

Links to related expected outcomes

- *Expected outcome 1.8 Information systems*
  The home should have systems in place to ensure effective communication with care recipients from all cultural and linguistic backgrounds.
- *Expected outcomes of Standard Two*
  Components of expected outcome 3.8 Cultural and spiritual life affect the performance of all expected outcomes relating to health and personal care, especially expected outcomes 2.9 Palliative care and 2.10 Nutrition and hydration.
- *Other expected outcomes of Standard Three*
  Cultural and spiritual considerations are inherent in all expected outcomes of Standard Three, for instance, the facilitation of leisure activities should be

culturally appropriate, choice and decision-making should take into account ethnic (including language) and cultural backgrounds, care recipients should have access to appropriate community groups as requested and if possible, and emotional support should be relevant to the cultural and other beliefs of the care recipient. Aspects of expected outcome 3.8 Cultural and spiritual life are also encompassed in the Charter of care recipients' rights and responsibilities.[8]

- *Expected outcome 4.8 Catering, cleaning and laundry services*
  The home should have systems in place to ensure care recipients are provided with meals appropriate to their cultural backgrounds.

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[8] User Rights Principles 2014 – See expected outcome 3.10 Care recipient security of tenure and responsibilities

Expected outcome 3.9 Choice and decision-making

This expected outcome requires that:
Each care recipient (or his or her representative) participates in decisions about the services the care recipient receives and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people.

The focus of this expected outcome is '**results for care recipients**'.

Results
- Management demonstrates the rights of each care recipient/ representative to make decisions and exercise choice and control over the care recipient's lifestyle are recognised and respected.
- Care recipients/representatives confirm their participation in decisions about the services the care recipient receives and that they are able to exercise choice and control appropriate to the care recipient's needs and preferences.
- Care recipients/representatives confirm the choices and decisions of other care recipients/representatives do not infringe on the rights of other people.

Processes
Consider:
- How does the home assist and empower each care recipient/ representative to participate in decisions about the services the care recipient receives and to exercise choice and control over the care recipient's lifestyle?
- How does the home regularly assess and communicate each care recipient's ability to make decisions about the services received, as well as about their lifestyle? For example:

- – How does the home identify authorised representatives to make decisions on behalf of care recipients where the care recipients are unable to make decisions for themselves?
- – How does the home facilitate access to personal information about the care recipient as appropriate?
- How does the home ensure care and service needs are understood by care recipients or their representatives? For example, does the home obtain care recipients' consent and provide explanation of care procedures to them?
- How does the home assess the awareness and decision-making ability of each care recipient?
- How does the home encourage the development of partnership between staff, care recipients and representatives to promote meaningful participation and exchange of information for the care recipient?
- Is appropriate information provided to care recipients about the kinds of services they can receive? Does this include consideration of:
  - – modes of communication
  - – advocacy services
  - – languages?
- Are there choices about services available, that is, does the home provide alternative choices for care and lifestyle services to care recipients?
- Are appropriate forums, methods and an environment provided which encourage care recipients/ representatives to consider and make choices? This includes an environment where care recipients feel enabled to reject a service, that is, say 'no' without fear of retribution. This may include:

– one-on-one consultations with care recipients/ representatives about care recipients' needs, preferences and options

– other forums for communication such as care recipient meetings or committees.

- Is information available about the path to take if the care recipient does not feel able to exercise choice and control, for example, complaints and advocacy mechanisms?

- How does the home review its practices to ensure care and services are delivered in a way which encourages care recipient/ representative participation in choice and decision-making? For example:

  – Are staff practices monitored and improved as appropriate including in relation to the use of assessment tools and methods of facilitating choice and decision-making?

  – Is the effectiveness of the program/s evaluated?

  – Are assessment tools monitored for effectiveness and appropriateness to ensure care recipient/representative choices are captured?

Links to related expected outcomes
Care recipient participation in decision-making should be considered in every aspect of care and lifestyle for each care recipient. It is also important in aspects of the management of the home.

As the focus on the needs and preferences of care recipients is embedded in every element of the Accreditation Standards so too is this expected outcome. As such, quality assessors will see links between this expected outcome and:

- *Expected outcomes 1.1, 2.1, 3.1 and 4.1 Continuous improvement*

Information relating to the ability of care recipients and representatives to make choices and decisions would be expected to link to the home's improvement systems.

- *Expected outcome 1.4 Comments and complaints*
Homes should be able to demonstrate how each care recipient or his her representative can comment on the services the care recipient receives.

- *Expected outcomes of Standard Two*
Components of expected outcome 3.9 Choice and decision-making affect the performance of all expected outcomes relating to health and personal care. The right to "full information about [the care recipient's] own state of health and about available treatments" and other rights relating to choice and decision-making (including those not relating specifically to Standard Two) are stated in the Charter of care recipients' rights and responsibilities.[9]

- *Expected outcome 3.10 Care recipient security of tenure and responsibilities*
In order for care recipients/ representatives to be able to participate in decisions about the services the care recipient receives and to exercise choice and control over the care recipient's lifestyle, the home should ensure care recipients and representatives "…understand their rights and responsibilities".

- *Other expected outcomes of Standard Three*
Choice and decision-making considerations are inherent in all expected outcomes of Standard

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[9] User Rights Principles 2014 – See expected outcome 3.10 Care recipient security of tenure and responsibilities

Three, for instance, for the facilitation of leisure activities, for the fostering of cultural and spiritual beliefs and customs, and for the promotion of independence.

- *Expected outcome 4.4 Living environment*
  The home should have systems in place to ensure care recipients (or their representatives) can make decisions about the living environment, such as through the provision of personal items.
- *Expected outcome 4.8 Catering, cleaning and laundry services*
  The home should have systems in place to ensure care recipients can make decisions about the meals and other hospitality services they receive.

Expected outcome 3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that:
Care recipients have secure tenure within the residential care service, and understand their rights and responsibilities.

The focus of this expected outcome is **'results for care recipients'**.

Results
- Management demonstrates care recipients/representatives have been provided with information about security of tenure and care recipients/representatives understand their rights and responsibilities.
- Care recipients/representatives feel secure in their tenure.
- care recipients/representatives confirm they understand their rights and responsibilities and know where this information may be accessed if required. This includes understanding what tenure or rights can be changed with and without consent.

Processes
Consider:
- How are care recipients/representatives provided with appropriate information, at or before moving into the home that explains the conditions of tenure and their rights and responsibilities? For example, does the information include:
  - appropriate documents such as care recipient agreements or information booklets
  - accessibility for care recipients from non-English speaking backgrounds or who cannot read (due to low literacy, sensory loss, etc), including information provided in different languages

  - availability of independent sources of advice, for example, from the Department of Social Services, or care recipient advocacy groups
  - information on fees?
- How does the home ensure care recipients and their representatives understand their rights and responsibilities on an ongoing basis? This may include through meetings, newsletters and other correspondence.
- How does the home regularly review the information provided to care recipients (for example, in care recipient agreements), to ensure it remains current and meets legislative requirements?
- How does management ensure care recipients are protected from harassment, retaliation and victimisation?
- How are care recipients/representatives informed about any changes to their security of tenure, rights or responsibilities, including when their care needs change?
- How does the home manage situations where it is no longer possible to provide the services needed by a current care recipient, including processes employed to assist the care recipient to find more appropriate accommodation?

Links to related expected outcomes
- *Expected outcome 3.2 Regulatory compliance*
  Homes should be able to demonstrate how they comply with all relevant regulations such as the User Rights Principles 2014 which, the Charter of care recipients' rights and responsibilities.

- *Expected outcome 3.4 Emotional support*
  The provision of information for ensuring care recipients understand their rights and feel secure in the home may have a positive impact on care recipients moving into the home.
- *Expected outcome 3.9 Choice and decision-making*
  In order for care recipients/representatives to be able to participate in the services the care recipient receives and to exercise choice and control over the care recipient's lifestyle, the home should ensure care recipients/representatives understand their rights and responsibilities.
- *All other expected outcomes with a focus on care recipients*
  The understanding of rights and responsibilities is inherent in all expected outcomes which have a focus on care recipients, or direct impact on care recipients.

Charter of care recipients' rights and responsibilities (User Rights Principles 2014)

A. Each care recipient of a residential care service has the <u>right</u>:
- to full and effective use of his or her personal, civil, legal and consumer rights
- to quality care appropriate to his or her needs
- to full information about his or her own state of health and about available treatments
- to be treated with dignity and respect, and to live without exploitation, abuse or neglect
- to live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation
- to personal privacy

- to live in a safe, secure and homelike environment, and to move freely both within and outside the residential care service without undue restriction
- to be treated and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect
- to continue his or her cultural and religious practices, and to keep the language of his or her choice, without discrimination
- to select and maintain social and personal relationships with anyone else without fear, criticism or restriction
- to freedom of speech
- to maintain his or her personal independence
- to accept personal responsibility for his or her own actions and choices, even though these may involve an element of risk, because the care recipient has the right to accept the risk and not to have the risk used as a ground for preventing or restricting his or her actions and choices
- to maintain control over, and to continue making decisions about, the personal aspects or his or her daily life, financial affairs and possessions
- to be involved in the activities, associations and friendships of his or her choice, both within and outside the residential care service
- to have access to services and activities available generally in the community
- to be consulted on, and to choose to have input into, decisions about the living arrangements of the residential care service
- to have access to information about his or her rights, care, accommodation and any other information that relates to the care recipient personally

- to complain and to take action to resolve disputes
- to have access to advocates and other avenues of redress
- to be free from reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights.

B. Each care recipient of a residential care service has the <u>responsibility</u>:

- to respect the rights and needs of other people within the residential care service, and to respect the needs of the residential care service community as a whole
- to respect the rights of staff and the proprietor to work in an environment free from harassment
- to care for his or her own health and well-being, as far as he or she is capable
- to inform his or her medical practitioner, as far as he or she is able, about his or her relevant medical history and current state of health.

Standard Four:
Physical environment and safe systems

Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

Expected outcome 4.1 Continuous improvement

This expected outcome requires that:
The organisation actively pursues continuous improvement.

The focus of this expected outcome is **'results'**.

Results

- There are recent examples of improvement activities related to the systematic evaluation of, and feedback from, the services the home provides.
- Management demonstrates that results show improvements in relation to the physical environment and safe systems. This includes responsiveness to the needs of care recipients/representatives and other stakeholders.
- Staff and care recipients are encouraged to contribute to the home's pursuit of continuous improvement in relation to Standard Four.

Note: *A home need not demonstrate improvement in each expected outcome but should be able to show that performance in each expected outcome is known and monitored.*

Processes
Consider:

- The home may have an overarching quality management/improvement system that relates to all Accreditation Standards and encompasses continuous improvement in all expected outcomes. Due to the intention of Standard One, these continuous improvement processes would therefore largely be considered in expected outcome 1.1 Continuous improvement. However, the focus on results of improvement activities relating to Standard Four would be expected to be

assessed under 4.1 Continuous improvement. For detail on the areas to consider in relation to process, see expected outcome 1.1 Continuous improvement.

Links to related expected outcomes

- *Expected outcomes 1.1, 2.1 and 3.1 Continuous improvement*
Consider the performance in all continuous improvement expected outcomes and, if there are any issues, if they also relate to 4.1 Continuous improvement.
- *All expected outcomes of Standard Four*
Performance in all expected outcomes should be monitored and, where appropriate, improved. Hence, the systems referred to in expected outcome 4.1 Continuous improvement may be active in improving performance across all other expected outcomes of Standard Four, and major non-compliance in this Standard may indicate gaps in the continuous improvement systems relating to the physical environment and safe systems.

Expected outcome 4.2 Regulatory compliance

This expected outcome requires that:
The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about physical environment and safe systems.

The focus of this expected outcome is **'processes and systems'**.

Results

- The home has a system for identifying relevant legislation, regulations and guidelines, and for monitoring compliance with these in relation to Standard Four.
- Management demonstrates the effectiveness of the system through examples of changes (if any) which have been recently implemented in relation to Standard Four.
- Management demonstrates its compliance with other legislation and regulations, including through results of monitoring activities including other regulatory authority reports or independent expert reports in relation to Standard Four.
- There is a system to ensure environmental requirements are met.
- The home has a food safety plan in place.

Processes
Consider:

- The home may have an overarching system used to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Due to the intention of Standard One, these processes

would therefore largely be considered in expected outcome 1.2 Regulatory compliance. However, the focus of results of regulatory compliance within Standard Four would be expected to be assessed under 4.2 Regulatory compliance.

Note: *Quality assessors assess compliance against the Accreditation Standards, but are not in a position to assess compliance against other legislative frameworks. Rather, it is their role to assess that the home itself undertakes this task. However, if assessors are made aware of instances where a home does not comply with specific regulations, then they should discuss with the provider where the systems may have failed and consider if the home does not comply with expected outcome 4.2 Regulatory compliance.*

Links to related expected outcomes

- *Expected outcomes 1.2, 2.2 and 3.2 Regulatory compliance*
- *Expected outcomes 4.4 Living environment and 4.6 Fire, security and other emergencies*
  Homes should be able to demonstrate compliance with fire safety regulations and any local building requirements and codes.
- *Expected outcome 4.5 Occupational health and safety*
  Homes are required under this expected outcome to "…provide a safe working environment that meets regulatory requirements".
- *Expected outcome 4.7 Infection control*
  Homes should ensure they are adequately applying infection control guidelines to minimise the risk of infection, including during an outbreak. Homes should also be able to demonstrate compliance with food safety standards which require a food

safety program with regular auditing by accredited auditors.

- *All other expected outcomes of Standard Four*
Compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to physical environment and safe systems should be monitored by the home. Hence, major non-compliance in this Standard may indicate gaps in the regulatory compliance systems of the home.

Expected outcome 4.3 Education and staff development

This expected outcome requires that:
Management and staff have appropriate knowledge and skills to perform their roles effectively.

The focus of this expected outcome is **'results'**.

Results
- Management demonstrates management and staff have the knowledge and skills required for effective performance in relation to physical environment and safe systems.
- The performance of the home against other expected outcomes in Standard Four is satisfactory.

Processes
Consider:
- The home may have an overarching education and staff development system that relates to all Accreditation Standards and encompasses all expected outcomes. Due to the intention of Standard One, these processes would therefore largely be considered in expected outcome 1.3 Education and staff development. However, the focus on knowledge and skills relating to Standard Four would also be expected to be assessed under 4.3 Education and staff development.

Links to related expected outcomes
- *Expected outcomes 1.3, 2.3 and 3.3 Education and staff development*
- *Expected outcome 1.6 Human resource management*
  Homes are required under this expected outcome to demonstrate "there are appropriately skilled and qualified staff…" Where deficiencies are identified in 1.6 Human resource management, assessors should therefore review

the home's systems in relation to expected outcomes 1.3, 2.3, 3.3 and 4.3 Education and staff development.
- *4.2 Regulatory compliance*
  Some legislation requires staff to attend specific training in relation to the physical environment and safe systems.
- *All other expected outcomes of Standard Four*
  The skills and knowledge of management and staff should be monitored in relation to all roles. Hence, major non-compliance in this Standard may indicate gaps in the education and staff development systems of the home relating to physical environment and safe systems.

Expected outcome 4.4 Living environment

This expected outcome requires that:
Management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs.

The focus of this expected outcome is **'results for care recipients'**.

Results
- The home's environment reflects the safety and comfort needs of care recipients. For example:
  - safe access to clean and well-maintained communal, private, dining and outdoor areas
  - sufficient and appropriate furniture
  - comfortable internal temperatures and ventilation
  - a comfortable level of noise
  - a secure internal and external environment.
- Management can demonstrate its practices and actions to provide a safe and comfortable living environment (including care recipient safety procedures and through data) are effective.
- Staff are made aware of, and can demonstrate they observe practices which ensure the safety and comfort of care recipients.
- Care recipients/representatives confirm they are satisfied the home ensures a safe and comfortable environment according to care recipients' needs and preferences.

Processes
Consider:
- How does the home regularly assess its living environment relative to care recipient care needs and the safety and comfort it affords them? This may include:
  - prevention of clutter
  - facilitation of mobilising

including in outdoor areas as appropriate
  - access to aids such as call bells, toilets and mobility equipment lighting that reduce glare
  - calmness of an evening
  - security
  - cleaning programs.
- How does the home ensure care recipients' private environments are protected and respected?
- How does the home ensure care recipients can access the environment easily and safely? This may include:
  - the provision of signage and maps which are clear, consistent and easy to understand
  - ensuring staff are responsive, welcoming and provide directions to people
  - ensuring the environment is easy to move around, encourages independence of care recipients, and ensures assistance is available as required.
- How are plans developed and communicated to the relevant staff and health specialists where assessment identifies needs? For example, are there any instructions by medical officers and health professionals including authorisations where appropriate?
- How are safety and comfort interventions delivered consistent with planning and care needs?
- How does the home identify and carry out appropriate preventive and routine building and equipment maintenance?
- How are actual and potential hazards and accidents reported and acted on?
- How does the home regularly review its practices for providing a safe and comfortable environment

consistent with care recipients' needs? For example, does the home monitor and review:

– its general approach to comfort and safety in the home and its effectiveness

– the effectiveness of the home's approach in meeting individual care recipients' comfort and safety needs and preferences

– environmental strategies for avoiding restraint of care recipients and ensuring care recipients with challenging behaviours (such as wandering) are safe

– ensuring reporting protocols are in place regarding absconding care recipients

– environmental strategies to ensure care recipients are safe from absconding

– staff practices including in relation to the use of assessment tools, equipment, and methods of facilitating a safe and comfortable living environment?

Links to related expected outcomes

• *Expected outcome 1.6 Human resource management*
The sufficiency of staff would be considered necessary for maintaining a safe and comfortable living environment.

• *Expected outcome 1.7 Inventory and equipment*
The maintenance processes of the home as well as the supply of appropriate goods and equipment would be considered necessary for maintaining a safe and comfortable living environment.

• *Expected outcomes of Standard Two*
Poor and inappropriate promotion of a safe and comfortable living environment may affect the provision of all health and personal care services to care recipients, for instance, in relation to effective behavioural

management, prevention of skin tears and promotion of mobility, appropriate sensory stimulation and sleep.

• *Expected outcomes of Standard Three*
A safe and comfortable living environment is inherent in various expected outcomes of Standard Three, for instance, in relation to the privacy and dignity of care recipients, the promotion of independence, the facilitation of leisure activities, and the ability of care recipients to personalise their environment. Elements of expected outcome 4.4 Living environment are also encompassed in the Charter of care recipients' rights and responsibilities.[10]

• *Expected outcome 4.1 Continuous improvement*
Information on incidents and risks relating to the safety of the living environment would be expected to inform the home's processes for continuous improvement.

• *Expected outcome 4.6 Fire, security and other emergencies*
The presence of fire, security and emergency risks compromises the provision of a safe living environment.

• *Expected outcome 4.7 Infection control*
An effective infection control program which minimises the risks of care recipient infections contributes to the provision of a safe and comfortable environment consistent with care recipients' needs.

• *Other expected outcomes of Standard Four*
Other aspects of Standard Four may affect the management of the living environment, for instance,

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[10] User Rights Principles 2014 – See expected outcome 3.10 Care recipient security of tenure and responsibilities

the environment should minimise other risks including unexplained absences, it should be safe, and it should be clean. Systems used to ensure a safe and comfortable environment for care recipients may in some cases be those used to ensure a safe working environment for staff, as well as for visitors (Principle of Standard Four).

Expected outcome 4.5 Occupational health and safety

This expected outcome requires that:
Management is actively working to provide a safe working environment that meets regulatory requirements.

The focus of this expected outcome is **'results'**.

Results
- Management demonstrates it is working to provide a safe working environment that meets regulatory requirements.
- Management can demonstrate its practices and actions to provide a safe working environment (including safety procedures and through data) are effective.
- Staff are made aware of, and can demonstrate they observe safe practices.
- Staff are made aware of, and have input into the home's work health and safety system.
- Staff confirm they are satisfied management is active in providing a safe working environment.

Processes
Consider:
- Does the home have a system to regularly monitor and improve health and safety? For example, is there:
  – regular assessment and reporting of risk, and potential and actual hazards related to the physical environment, chemical or dangerous goods, equipment, staff infections, stress, and systems of work
  – identification of improvement opportunities regarding health and safety
  – implementation of improvement activities
  – review and follow-up including information and data on performance relating to work health and safety, for example,

audit/inspection results and incident data?
- What instruction, training and supervision does the home provide to employees to enable them to work safely? This may include:
  – the documentation of procedures, including safe practices which reflect regulatory requirements
  – monitoring to ensure staff perform safe work practices including in relation to the use of assessment tools, equipment, and methods of facilitating a safe working environment
  – regular consultation with staff about hazards identified
  – staff education in work health and safety issues
  – information regarding how to identify and report actual and potential hazards and accidents.
- Is all equipment subject to routine and preventive maintenance?

Links to related expected outcomes
- *Expected outcome 1.6 Human resource management*
  The sufficiency of staff would be considered necessary for maintaining a safe working environment.
- *Expected outcome 1.7 Inventory and equipment*
  The maintenance processes of the home as well as the supply of appropriate goods and equipment would be considered necessary for maintaining a safe working environment.
- *Expected outcome 4.1 Continuous improvement*
  Information on incidents and risks relating to the safety of the working environment would be expected to inform the home's

processes for continuous improvement.

- *Expected outcome 4.2 Regulatory compliance*
  Expected outcome 4.5 Occupational health and safety requires that "management is actively working to provide a safe working environment that meets *regulatory requirements*".

- *Expected outcome 4.3 Education and staff development*
  Staff should be skilled and knowledgeable in the application of safe work systems. This may include manual handling and chemical safety.

- *Other expected outcomes of Standard Four*
  Other aspects of Standard Four may affect the management of the working environment, for instance, the environment should minimise emergencies and other risks including infections, it should be safe, and it should be clean. Systems used to ensure a safe working environment for staff may in some cases be those used to ensure a safe and comfortable living environment for care recipients, as well as for visitors (Principle of Standard Four).

Expected outcome 4.6 Fire, security and other emergencies

This expected outcome requires that:
Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks.

The focus of this expected outcome is **'results'**.

Results

- Management demonstrates the home has established procedures for detecting and acting on fire, security or other emergency risks and incidents.
- The relevant staff know and understand these procedures. This includes:
  - location of care recipient lists
  - understanding of the fire, emergency and evacuation plans and procedures and their roles and responsibilities in such an event
  - understanding of security processes
  - ability to safely and effectively use the fire, security and emergency equipment for its intended purpose
  - staff training.
- Care recipients/representatives know what they should do on hearing an alarm.
- Approved professionals carry out independent fire inspection reports and actions are taken in relation to recommendations.
- Care recipients/representatives report care recipients feel safe and secure in the home and that their belongings are also safe.

Processes

Consider:

- Are fire detection, security and emergency evacuation and other procedures and plans documented and accessible to staff? This includes:
  - evacuation and other procedures are complete, up-to-date and appropriately located
  - up-to-date lists identifying care recipients' transfer and other needs as necessary
  - appropriate placement of evacuation plans (maps of the home).
- Are appropriate systems, equipment and environmental controls in place? This includes:
  - regular assessment, identification and reporting of risk, and potential and actual hazards related to fire, security and other emergencies
  - emergency exits that are clearly marked, free from obstruction, well-lit, secure and large enough to facilitate transfer of care recipients and staff in the event of an evacuation
  - appropriate fire detection and fighting equipment that is maintained and fit-for-purpose
  - a lack of combustible materials on and around the premises
  - a smoking policy
  - management of electrical appliances
  - processes for the management of other emergencies which may include natural disasters, internal threats, or dangerous animals (snakes, spiders, mice, rats, etc)
  - appropriate security processes, equipment and environmental controls.

- How does the home provide adequate training and information to staff to enable them to take appropriate action in the case of a fire, security or other emergency? This includes training and information to new staff, temporary staff/contractors, and to all staff on an ongoing basis.
- How does the home conduct regular reviews of the fire, security and other emergency procedures and practices? This may include:
  – review of fire certification inspection reports
  – review of independent fire safety inspection reports, carried out by an approved professional
  – maintenance of records of fire drills
  – review of care recipient transfer needs associated with evacuation
  – monitoring of staff practices including in relation to the use of equipment, and methods of facilitating an environment and safe systems of work that minimise fire, security and emergency risks.

Links to related expected outcomes

- *Expected outcome 1.6 Human resource management*
  The home should have sufficient processes and appropriately skilled and qualified staff to ensure safe evacuations during all shifts.
- *Expected outcome 1.7 Inventory and equipment*
  It is expected that appropriate equipment and supplies are accessible in the event of a fire, security or other emergency.
- *Expected outcome 4.1 Continuous improvement*
  Information from the review of fire certification inspection reports, other internal/external reviews and other identification of fire, security

and other emergency hazards/incidents may be used to inform the home's processes for continuous improvement.
- *Expected outcome 4.2 Regulatory compliance*
  There are various state and territory laws and guidelines which govern the fire, security and emergency management systems of homes. While assessors do not assess compliance with such requirements, the home should be able to demonstrate how its processes are in accordance with relevant protocols.
- *Expected outcome 4.3 Education and staff development*
  All staff should be skilled and knowledgeable in the processes involved in managing a fire, security or emergency risk, including an evacuation.
- *Expected outcomes 4.4 Living environment and 4.5 Occupational health and safety*
  The presence of fire, security and emergency risks compromises the provision of safe living and working environments.

Expected outcome 4.7 Infection control

This expected outcome requires that there is:

An effective infection control program.

The focus of this expected outcome is **'results'**.

Results

- Management demonstrates its infection control program (plans, procedures, practices, equipment) is effective in identifying and containing infection.
- Management has information on infection or other data about the effectiveness of its infection control program in identifying, containing and preventing infection.
- Staff practice is consistent with Australian Government infection control guidelines.
- There is a food safety program in place.

Processes

Consider:

- Is there a central point of responsibility for the infection control program?
- Does the home have contingency plans for an outbreak (such as pandemic influenza or epidemic gastroenteritis)?
- How does the home access information on current community outbreaks and on how to control the spread of specific infections?
- How does the home ensure the effectiveness of risk assessments to identify potential sources of infection/cross infection?
- How does the home ensure the effectiveness of prevention strategies to minimise the incidence of infection in all areas of the home including processes and facilities for the implementation of standard

precautions such as:
  – processes and facilities for hand hygiene and use of personal protective equipment
  – processes and facilities for the provision of health and personal care services
  – a food safety program
  – processes and facilities for cleaning, disinfecting equipment and laundry items
  – pest control measures
  – vaccination programs for care recipients and staff
  – the containment of sharps, contaminated waste and blood spills?
- How does the home ensure identification and management of each care recipient's specific infections? This includes assessment of care recipients' individual needs including their susceptibility to infections and evaluation of management strategies.
- How does the home provide appropriate induction and ongoing training for staff about the principles and practices of infection control?
- How does the home regularly monitor and review the effectiveness of its infection control program? For example, does the program include:
  – infection surveillance which includes the collection and analysis of care recipient infection information
  – monitoring and review of staff practices including in relation to the use of assessment tools, equipment, and methods of facilitating an effective infection control program
  – identification of infection control issues

- implementation of improved practices, processes or facilities
- auditing of the food safety program?

Links to related expected outcomes

- *Expected outcome 1.7 Inventory and equipment*
  It is expected that appropriate equipment and supplies are accessible for preventing and managing infection including in the event of an outbreak.
- *Expected outcomes of Standard Two*
  Poor and inappropriate infection control practices may affect the provision of all health and personal care services to care recipients, for instance, in relation to the provision of skin care, continence management, or personal care tasks such as oral and dental care.
- *Expected outcome 4.1 Continuous improvement*
  Information on incidents and risks relating to infection control would be expected to inform the home's processes for continuous improvement.
- *Expected outcome 4.2 Regulatory compliance*
  There are various state and territory laws and guidelines which govern infection control practices. While assessors do not assess compliance with such requirements, the home should be able to demonstrate how its processes are in accordance with relevant protocols.
- *Expected outcome 4.3 Education and staff development*
  All staff should be skilled and knowledgeable in the processes involved in preventing and managing infections.
- *Expected outcomes 4.4 Living environment and 4.5 Occupational health and safety*

The prevention and management of infections is one way homes ensure safe living and working environments.

- *Expected outcome 4.8 Catering, cleaning and laundry services*
  The provision of infection control processes in relation to food safety, cleaning processes and the handling of laundry would be expected to be present in each home.

Expected outcome 4.8 Catering, cleaning and laundry services

This expected outcome requires that:
Hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment.

The focus of this expected outcome is '**results for care recipients (and others)**'.

Results
- Hospitality services are provided in a manner which is friendly and generous towards care recipients.
- Management demonstrates hospitality services are provided in a way that enhances care recipients' quality of life and the working environment.
- Care recipients/representatives confirm the effectiveness of the home's hospitality services in meeting care recipients' needs and preferences, and enhancing care recipients' quality of life.
- Staff confirm the effectiveness of the home's hospitality services in enhancing the working environment.

Processes
Consider:
- How does the home ensure regular assessments of care recipients' needs and preferences are conducted and communicated in relation to hospitality services? For example:
  – Are care recipients/representatives informed of the hospitality services offered?
  – Can care recipients/representatives and staff provide feedback about care recipients' individual needs, the services provided and the manner of their provision?

- Do catering services take into account:
  – care recipient preferences and meal enjoyment as well as nutritional needs and special requirements
  – care recipient input into menu planning
  – menu variety
  – choice of food and drink
  – quantity of food and drink
  – meal and drink temperatures
  – presentation of food and drink, as well as the overall dining atmosphere
  – availability and frequency of meals and snacks
  – care recipient independence?
- Do cleaning services take into account:
  – frequency of cleaning of care recipient rooms, the general living environment, staff areas and equipment
  – the need for ad hoc cleaning
  – chemical safety
  – care recipient independence
  – processes to minimise malodour?
- Do laundry services take into account:
  – frequency of linen services
  – frequency of care recipient laundry services
  – the need for ad hoc linen changes and laundering of care recipients' clothes
  – prevention of lost items
  – care recipient independence
  – the provision of services which promote care recipient dignity?
- How does the home ensure hospitality services are provided in accordance with health and hygiene standards, in particular infection control requirements?

- How does the home regularly review its hospitality services including through:
  – ongoing identification of care recipients' changing needs and preferences
  – the monitoring of staff practices including in relation to the use of assessment tools, equipment, and methods of facilitating hospitality services which enhance care recipients' quality of life and the working environment?

Links to related expected outcomes

- *Expected outcome 1.7 Inventory and equipment*
  It is expected that appropriate equipment and supplies (including catering supplies and cleaning/laundry products) are accessible for providing suitable meals, and adequate cleaning and laundry services. Cleaning schedules should also consider the need to regularly clean specific equipment.

- *Expected outcomes 2.10 Nutrition and hydration, 2.14 Mobility, dexterity and rehabilitation, 2.15 Oral and dental care and 2.16 Sensory loss*
  Poor and inappropriate catering practices may affect the provision of health and personal care services to care recipients, for instance, the provision of catering services may impact on the nutritional value of meals, assistance at meals for care recipients with dexterity or oral and dental health problems, and sensory stimulation facilitated by the aroma and flavour of food.

- *Expected outcomes of Standard Three*
  Various expected outcomes relating to care recipient lifestyle may affect the catering and laundry services of the home, for instance, care recipients may have choice of doing their own

laundry (if adequate facilities are available), care recipients' meal preferences (including in relation to cultural needs) should be taken into consideration, and assistance at meals should promote dignity, while also encouraging independence.

- *Expected outcomes 4.4 Living environment and 4.7 Infection control*
  The home's cleaning and laundry practices may affect the safety and comfort of the living environment, as well as the home's infection control program.

- *Expected outcome 4.5 Occupational health and safety*
  Catering, cleaning and laundry services are expected to enhance the working environment of staff.