Assessment modules

Assessment module compilation

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Enquiries:

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AUSTRALIA

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

Note: In 2010, a review of the assessment modules resulted in consolidation of information and the following modules superseded.

Module number	Previous module title	Revised modules
1	**Care recipient security, safety and rights**	**Superseded.** Security and safety placed in Assessment module 6: Environment and safety management. Care recipient rights in Assessment module 10: Supporting independent lifestyle and preferences.
11	**Improvements and monitoring**	**Superseded.** Information placed in Module 9: Improvements and feedback
14	**Staff management, supply and maintenance systems**	**Superseded.** Supply and maintenance placed in Module 6: Environment and safety management. Staff management included in Module 8: Staffing management systems

Assessment module 2
Incident management

Aspects

1. The home is proactive in ensuring incidents are managed effectively. This includes how information gained from incidents and trend analysis feeds into the continuous improvement system, achieving positive results for care recipients.

2. There is a system for the identification and effective initial management of incidents including behavioural, skin tears, wounds, falls, pressure areas, medication, care recipient assaults and missing care recipients. (Does not include infections or staff only incidents.)

3. The management of incidents results in proactive care for the care recipient through the reassessment of care recipients' individual needs and the implementation of appropriate actions.

Process

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

- Ascertain the home's processes for managing incidents and evaluate their effectiveness.
- Interview at least 10% of care recipients or their representatives in relation to care.
- Select a minimum of 12 incident reports from the past six months. Evaluate:
  - if there was an appropriate initial response to the incident
  - what was done to review the ongoing care and services for the care recipient taking into account the circumstances of the incident(s)
  - if the systems related to the incident were reviewed for example incident reporting, staffing levels and knowledge, risk assessments, care planning, equipment and environmental factors.

    Note: if there are less than 12 incident reports in the past six months, consider the following:

    - the home may have other methods of reporting or recording incidents that may be included in the sample
    - extend the sample to more than six months

- Evaluate how information about incidents is used to make the home function more safely and effectively.

Assessment module 2
Incident management

Assessment process	Use information from the following to assist in assessing the home's performance against the Accreditation Standards

Aspect 1	The home is proactive in ensuring incidents are managed effectively. This includes how information gained from incidents and trend analysis feeds into the continuous improvement system, achieving positive results for care recipients.
Considerations	• Management demonstrates how improvements in incident management are implemented and evaluated • There is a link between the identification and management of care recipient and medication incidents and the home's continuous improvement activities • The home has monitoring systems in place to identify and where possible, prevent incidents from arising and recurring
Observations	• Recent improvements relating to areas where incidents have been identified
Care recipient/ representative interviews	• Knowledge of any improvements in response to incidents • Satisfaction with the response to any comments and complaints relating to incidents
Staff interviews	• Knowledge of any improvements made in response to care recipient and medication incidents
Documentation	• Documentation linking incidents to the broader continuous improvement system if available, for example action plans or focused audits • Comments and complaints relating to incident management and the actions taken

Aspect 2	There is a system for the identification and effective initial management of incidents including behavioural, skin tears, wounds, falls, pressure areas, medication, care recipient assaults and missing care recipients.
Considerations	• Staff knowledge of the initial response to an incident including initial treatments and reporting to the relevant people • Mechanisms in place to report incidents • The appropriateness of the initial response to an incident including treatment given, notifying the relevant people and meeting any legislative requirements in relation to care recipient assaults and unexplained care recipient absences • Management and staff knowledge about ongoing monitoring of the care recipient to check for delayed reactions or initially undetected effects/injuries.

Assessment module 2
Incident management

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Aspect 2	There is a system for the identification and effective initial management of incidents including behavioural, skin tears, wounds, falls, pressure areas, medication, care recipient assaults and missing care recipients.
Observations	• Availability of mechanisms for reporting incidents such as incident forms • Availability of information on the incident management system, for example policies and procedures
Care recipient/ representative interviews	• Satisfaction with how staff manage an incident • Satisfaction with communication strategies when an incident occurs
Staff interviews	• Management in regards to information on how they know all incidents are being reported • Knowledge of what to do when an incident involving a care recipient or medication error occurs • Knowledge of compulsory reporting of care recipient assaults • Knowledge of initial reporting procedures for the unexplained absence of a care recipient
Documentation	• Policies and procedures available to staff relating to incident management • Evidence of initial management for example in plans of care, progress notes, doctors notes, wound charts, behaviour monitoring or risk assessments • Incident forms • Mandatory reporting register

Aspect 3	The management of incidents results in proactive care recipient care through the reassessment of care recipients' individual needs and the implementation of appropriate actions.
Considerations	• Incident data, trends and analysis and subsequent evaluation of actions taken • Care recipient/representative satisfaction with immediate and ongoing care and actions as a result of incidents • Care recipient/representative satisfaction with the home's management of other care recipients who may impact on the them • Appropriate actions are taken as a result of any incidents such as reassessing care recipients' needs, consultation with care recipients/representatives and health professionals as to needs and preferences, updating care documentation, assessing staffing levels and skills and carrying out any necessary changes to the environment • Staffing levels and skills are adjusted as appropriate in response to trends identified • Staff education and/or counselling is conducted

Assessment module 2
Incident management

Aspect 3	The management of incidents results in proactive care recipient care through the reassessment of care recipients' individual needs and the implementation of appropriate actions.
Considerations	• Information on professional clinical guidelines and other current information such as evidence-based practice is communicated and available to staff • There is adequate well maintained equipment and supplies to ensure care recipients health and safety, such as transferring and mobility aids, pressure relieving devices and clinical supplies • The environment meets the safety and comfort needs of care recipients
Observations	• Care recipient interactions with staff, visitors and other care recipients • Availability, condition and use of equipment and resources such as special chairs, pressure relieving equipment, mobility aids, transferring equipment and dressings • Staff availability and staff assisting care recipients • Staff access to care recipient information • The living environment, for example, clutter, safety of care recipients with wandering behaviours and promotion of mobility
Care recipient/ representative interviews	• Satisfaction with the care provided to care recipients • Any examples of changes to their care as a result of incidents • Satisfaction with behavioural management of care recipients such as wandering, aggression, verbally and physically intrusive behaviours • Satisfaction with the safety and comfort of the living environment
Staff interviews	• Information on the process followed when an incident occurs, for example reassessment of needs, referrals, risk assessments and communication to care recipients/representatives as appropriate • Examples of changes to care recipients' care as a result of incidents • Information on how incidents and changes in needs are communicated to staff • Education undertaken in regards to incidents such as reporting mechanisms, actions to be taken and any skill assessments
Documentation	• Incident data, trends and analysis and subsequent evaluation of actions taken • Evidence of follow-up actions, for instance in meeting minutes or reports • Follow-up assessments, referrals to specialists and changes to plans of care • Other evidence of ongoing care of care recipients after incidents for example in progress notes and wound charts • Environmental assessments/follow-up actions and maintenance records if applicable • Education undertaken in regards to incidents such as reporting mechanisms and actions to be taken

Aspect 3	The management of incidents results in proactive care recipient care through the reassessment of care recipients' individual needs and the implementation of appropriate actions.
Documentation	• Evidence of any other follow-up with staff such as counselling and meetings • Evidence of any follow-up/preventative education or information given to care recipients such as newsletters or at meetings

Assessment module 3
Care assessment, planning and actioning

Aspects

1. The home is proactive in ensuring quality care assessment, planning and actioning feeds into the continuous improvement system with improvements being made in consultation with care recipients, representatives and staff.

2. There is initial and ongoing assessment of needs and preferences in relation to the provision of care relating to specialised nursing care, pain management, skin care, continence management, behavioural management, mobility and dexterity, sensory loss and sleep management.

3. Care recipients' needs are actioned.

Process

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

- Ascertain the home's processes for ensuring the assessment and care planning for care recipients is in accordance with their needs and preferences.
- Interview at least 10% of care recipients/representatives in relation to the provision of care and review at least 10% of care recipients' records.
- Evaluate if:
  - care recipients are appropriately assessed for their care needs
  - assessment includes consultation with the care recipient/representative and health care professionals as appropriate
  - actions carried out are appropriate
  - reassessment and evaluation are timely
  - staff have appropriate skills and knowledge to ensure the needs of care recipients are met
  - the home uses information on care recipients' needs to monitor its own processes.
- Evaluate how information is used to improve the home's care and assessment planning processes.

Assessment module 3
Care assessment, planning and actioning

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Assessment process	Use information from the following to assist in assessing the home's performance against the Accreditation Standards
Aspect 1	The home is proactive in ensuring quality care assessment, planning and actioning feeds into the continuous improvement system with improvements being made in consultation with care recipients, representatives and staff.
Considerations	• Management demonstrates how improvements in care assessment, planning and actioning are implemented and evaluated • There is a link between care recipient needs and preferences, care recipient/representative feedback and the home's continuous improvement activities • The home has monitoring systems in place to identify and where possible, prevent issues in care assessment, planning and actioning from arising and recurring
Observations	• Recent improvements to the care processes of the home
Care recipient/ representative interviews	• Knowledge of any improvements in the provision of care relating to specialised nursing care, pain management, skin care, continence management, behavioural management, mobility and dexterity, sensory loss and sleep management • Satisfaction with the response to any comments and complaints concerning the provision of care
Staff interviews	• Knowledge of any improvements in the provision of care relating to specialised nursing care, pain management, skin care, continence management, behavioural management, mobility and dexterity, sensory loss and sleep management
Documentation	• Examples of improvements to care assessment, planning and actioning • Comments and complaints in relation relating to care assessment, planning and the actions taken

Aspect 2	There is initial and ongoing assessment of needs and preferences in relation to the provision of care relating to specialised nursing care, pain management, skin care, continence management, behavioural management, mobility and dexterity, sensory loss and sleep management.
Considerations	• Specialised nursing care plans and assessments include adequate information relating to specific care processes required such as catheter care, complex wounds, dysphagia, tracheostomy care and diabetes

Assessment module 3
Care assessment, planning and actioning

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Aspect 2	There is initial and ongoing assessment of needs and preferences in relation to the provision of care relating to specialised nursing care, pain management, skin care, continence management, behavioural management, mobility and dexterity, sensory loss and sleep management.

Considerations	• Pain assessments:
	   – identification of indicators of pain such as behavioural changes or physical changes such as poor appetite
	   – observing nonverbal signs of pain
	   – the use of alternative pain management approaches where appropriate
	• Care plans and skin integrity assessments include the identification of care recipients at risk of impairment to skin integrity, such as limited mobility, medications or medical conditions such as diabetes
	• Specific directions for maintaining and improving skin integrity such as skin hygiene, maintaining mobility, positioning, pressure reducing resources and equipment
	• Information on care recipients' continence needs includes establishing patterns and the level of assistance required and the provision of continence aids.
	• Behavioural management approaches identify causes or triggers to behaviours and ways to prevent or minimise the behaviours
	• The environment is assessed to determine how this could influence behavioural management practices and strategies
	• If restraint is used the need for this has been assessed, taking into consideration the use of alternative strategies where possible and its minimal use. Its use is monitored and regularly reassessed
	• Mobility and dexterity assessments, care plans and prevention programs consider falls risk assessments, exercises and identify appropriate aids
	• Care planning in relation to sensory loss of all five senses includes assessment of other medical conditions or medications, aids and their maintenance, communication strategies, environmental hazards and methods to stimulate the senses
	• Care planning in relation to sleep management includes identification of existing sleep patterns, strategies to assist natural sleep patterns and environmental factors

Observations	• Staff interactions with care recipients • Any visiting doctors, allied health professionals and other support services in relation to care • Care recipients have access to toilets and assistance to toilets as required

Assessment module 3
Care assessment, planning and actioning

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Aspect 2	There is initial and ongoing assessment of needs and preferences in relation to the provision of care relating to specialised nursing care, pain management, skin care, continence management, behavioural management, mobility and dexterity, sensory loss and sleep management.
Care recipient/ representative interviews	• Confirmation there is sufficient consultation regarding care recipients' physical and psychological care needs and preferences during assessment and care planning • Satisfaction that choices such as spiritual and cultural preferences are taken into consideration • Satisfaction that care recipients are enabled to maintain maximum independence in relation to their health and personal care • Satisfaction with access to medical officers, allied health professionals and other specialists and with follow-up actions
Staff interviews	• Confirmation staff consult with care recipients/representatives during assessment and care planning processes which identify individual needs and preferences relating to specialised nursing care, pain management, skin care, continence management, behavioural management, mobility and dexterity, sensory loss and sleep management • Staff confirm they take into account care recipients' choices in regards to independence, privacy, dignity, cultural and spiritual needs in planning and carrying out care • Care staff in relation to actions taken, such as referrals, in response to a change in needs • Care staff in relation to how information from doctors, allied health professionals and appropriate health specialists is communicated to staff and is transferred into care documentation
Documentation	• Assessment and care planning policies and/or procedures • Assessments, care plans, progress notes, observation charts, other charts, for example, pain charts, diaries and communication books • Incident forms • Evidence of consultation with care recipients and/or representatives on individual care recipients' needs and preferences, for example case conference information • Doctors/allied health professionals/specialists' notes, assessments and correspondence

Aspect 3	Care recipients' needs are actioned
Considerations	• The home has a system for identifying relevant legislation, regulations and guidelines and has mechanisms for monitoring compliance • Management demonstrates staff and the management team have the knowledge and skills required for effective performance in relation to the provision of care in accordance with care recipients' needs and preferences

Assessment module 3
Care assessment, planning and actioning

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Aspect 3	Care recipients' needs are actioned
Considerations	• Staff have appropriate qualifications relative to the tasks they perform • Management, staff, care recipients and representatives confirm the adequacy of staff skills in relation to the provision of care • Staff have access to and use of accurate information to assess care recipients' needs and develop care plans to ensure delivery of appropriate care • Care needs are met in a way which ensures the privacy, dignity and respect of care recipients such as sufficient time for care to be carried out
Observations	• Care recipients' general appearance • Staff interactions with care recipients • Staff practices and availability of staff • Staff access to information on care recipients' needs • Sufficiency, storage and condition of goods and equipment such as medical stocks, continence aids, personal care items and mobility aids • Call bell responses • Handover • Visiting doctors and allied health professionals • Odour • Noise levels and behavioural management • Environment to ensure the privacy and dignity of care recipients is preserved, for instance, information stored securely and personal care is provided in private
Care recipient/ representative interviews	• Satisfaction with the level and manner in which care and services are provided in relation to referrals, specialised nursing care, pain management, skin care, continence management, behaviour management, mobility and dexterity, sensory loss and sleep management • Satisfaction with communication regarding care recipients' needs and actions taken • Confirmation of participation in decisions about care recipients' needs and preferences including that their independence, privacy, dignity, cultural and spiritual needs are taken into consideration
Staff interviews	• Staff regarding communication among staff • Staff regarding communication across the home • Confirmation staff have appropriate knowledge and skills for completing allocated care tasks and opportunities for training • Staff regarding their ability to complete tasks during their shifts and systems in place for when tasks are not complete

Aspect 3	Care recipients' needs are actioned
Documentation	- Documentation as in previous aspect - Policies and/or procedures - Meeting minutes - Comments and complaints in relation to care services - Training records and assessments of skills

Assessment module 4
Medication administration and management

Aspects

1. The home is proactive in ensuring issues related to medication administration and management including the identification, trending and actioning of medication incidents and results of monitoring processes, feed into the continuous improvement system.

2. There are initial and ongoing assessment processes in relation to individual care recipients' medication administration.

3. Staff and care recipient medication administration practices ensure medications are managed safely.

4. Management and storage of medication stocks ensures medications are managed safely.

Process

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

- Ascertain the home's processes for ensuring the right care recipient receives the right medication in the right dose via the right route at the right time. This will involve reviewing the home's processes in relation to the care recipients' individual needs, staff skill levels, ordering procedures, storage, administration and incident reporting systems.

- Interview at least 10% of care recipients/representatives and select a minimum of 10% of care recipients' medication records and plans of care and other documentation from the past six months. Also select a minimum of 10% of medication incident forms (if available) from the same period.

- Evaluate if:
  - care recipients self-administering their medications have been appropriately assessed
  - all care recipients are regularly assessed for their medication needs
  - medications are prescribed by doctors with clear instructions on their administration
  - medications provided on an 'as necessary' (PRN) basis are administered as such
  - the home has clear systems in place for the administration of nurse-initiated medications
  - medications are provided in accordance with the doctors' orders and are signed for after being administered by staff
  - where errors occur, medication incident forms are completed, initial actions implemented, evaluated and strategies are put in place to prevent recurrence
  - staff have appropriate skills and knowledge to complete the various medication administration tasks required at the home
  - medications are stored and disposed of appropriately
  - there are processes in place to allow for ordering of medications including in emergency and after hours situations.

- Evaluate how information about medication administration and management is used to improve safe practices within the home and how this is reviewed.

Assessment module 4
Medication administration and management

Assessment process	Use information from the following to assist in assessing the home's performance against the Accreditation Standards

Aspect 1	The home is proactive in ensuring issues related to medication administration and management including the identification, trending and actioning of medication incidents and results of monitoring processes, feed into the continuous improvement system.
Considerations	• Management demonstrates how improvements in medication administration and management are implemented and evaluated • There is a link between medication administration and management including the identification and management of medication incidents and the home's continuous improvement activities • The home has monitoring systems in place to identify and where possible, prevent issues related to medication administration and management from arising and recurring
Observations	• Availability of incident forms
Care recipient/ representative interviews	• Knowledge of any improvements to medication administration or management processes • Satisfaction with the response to any comments and complaints concerning medication administration and management
Staff interviews	• Care staff regarding medication incident reporting procedures • Knowledge of any improvements to medication administration or management processes • Key staff regarding processes to monitor medication incidents
Documentation	• Medication incident forms, audits, data and trend analysis and any other monitoring mechanisms • Meeting minutes for reference to medication management issues such as staff meetings and medication advisory committee meetings • Examples of improvements to medication administration and management processes • Comments and complaints relating to medication administration and management and the actions taken

Aspect 2	There are initial and ongoing assessment processes in relation to individual care recipients' medication administration.
Considerations	• The home ensures there are initial and ongoing assessments of care recipients' medication needs. These are carried out and documented by appropriate staff and include consultation with the care recipients/representatives and medical and health professionals

Aspect 2	There are initial and ongoing assessment processes in relation to individual care recipients' medication administration.
Considerations	• Care plans are current, reflect assessments, describe care recipients' needs and any preferences in relation to medications and provide clear guidelines on administration and any alternative approaches • Systems for monitoring the use of medications provided on a PRN basis and for the authorisation and administration of any nurse-initiated medications • If chemical restraint is used there are processes to ensure it is being used within guidelines and that it is reviewed and monitored by appropriately qualified health professionals • Safe and correct self-administration of medication by care recipients occurs including ongoing assessments of the care recipient's ability and monitoring of the care recipient
Care recipient/ representative interviews	• Satisfaction with consultation in regards to their medications including those who self-medicate
Staff interviews	• Staff regarding the assessment, evaluation and reassessment procedures for care recipients • Key staff on the actioning of any external medication reviews
Documentation	• Policies and/or procedures and professional guidelines regarding medication management in the home • Assessments, care plans, progress notes and doctors notes • Medication charts including whether they are current and contain specific and clear instructions and recognisable care recipient photographs • Where chemical restraint is in use documentation confirmed that it is being used within guidelines and is reviewed and monitored by appropriately qualified health professionals • Treatment charts such as for wound, pain and bowel management and blood glucose level monitoring • Evidence of doctor, pharmacy and other reviews including for nurse-initiated, psychotropic and as required (PRN) medications

Aspect 3	Staff and care recipient medication administration practices ensure medications are managed safely.
Considerations	• There are systems for identifying relevant legislation, regulations and guidelines, incorporating them into practice and monitoring compliance • Management and staff provide evidence they have the knowledge and skills for safe and effective medication administration and management • Professional registrations are current • Staff provide appropriate assistance to care recipients in regards to medication administration

Assessment module 4
Medication administration and management

Aspect 3	Staff and care recipient medication administration practices ensure medications are managed safely.
Considerations	• Staff follow the home's procedures to ensure safe and correct administration of medications to care recipients • Regular cleaning of medication administration equipment is carried out • Methods for altering the form of medications such as crushing
Observations	• Medication round • Availability of information relating to current legislative requirements and the home's policies and procedures
Care recipient/ representative interviews	• Satisfaction that medications are managed safely and correctly, for example medications are administered on time and staff observe the care recipient take their medications • For care recipients self-administering medications, knowledge of safe practices
Staff interviews	• Staff regarding the processes to follow during a medication round • Staff in relation to access to guidelines and information, education and skills assessments • Key staff in relation to the incorporation of regulatory requirements and professional guidelines • Staff regarding the use and monitoring of as required (PRN) medications and nurse-initiated medications • Nursing and care staff regarding monitoring medications such as insulin, psychotropic medication and warfarin
Documentation	• Policies, procedures and professional guidelines regarding medication management, administration and care recipient self-administration • Evidence of monitoring medications related to specialised nursing care such as insulin, warfarin and for complex pain management • Education/skill assessment records • Professional registrations • Evidence of any errors on medication records and follow-up actions

Aspect 4	Management and storage of medication stocks ensures medications are managed safely.
Considerations	• The home has systems in place to specify external services (in writing or otherwise) provided by the pharmacist and medication review services • Stock levels are monitored to ensure sufficient stock is available • The home has processes in place for the safe and correct storage of medication

Assessment module 4
Medication administration and management

Aspect 4	Management and storage of medication stocks ensures medications are managed safely.
Considerations	- Processes are in place for ordering and recording medications such as - orders are current, legible, signed, dated, have the dose and time recorded and are free of alterations - urgent and out-of-hours orders are catered for - Appropriate disposal of medications
Observations	- Storage of medications including packaged, drugs of addiction, emergency and those used by self-medicating care recipients - Storage of creams, eye drops and ointments, including dates of opening
Care recipient/ representative interviews	Processes for secure storage of medications if self-administering
Staff interviews	- Staff regarding storage, disposal and availability of stocks including out-of-hours ordering - Relevant staff or pharmacist, if onsite, regarding medication ordering procedures
Documentation	Medication ordering procedures and other documentation such as refrigerator temperatures and records regarding drugs of addiction

Assessment module 5
Infection and hygiene management

Aspects

1. The home is proactive in ensuring information gained from infections and trend analysis feeds into the continuous improvement system, achieving positive results for care recipients.

2. There is identification and management of individual care recipients' specific infections. This includes assessment of care recipients' individual needs, including their susceptibility to infections and evaluation of management strategies.

3. Reactive measures such as additional precautions and preventive measures such as standard precautions are part of a risk management approach used for the prevention and management of infections, including outbreaks.

Process

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

*   Ascertain the home's processes for ensuring care recipients receive adequate hygiene. Also ascertain the processes used to prevent, monitor and manage infections. This will involve reviewing the home's processes in relation to the care recipients' individual needs, staff practices and the home's monitoring system.

*   Interview at least 10% of care recipients/representatives in relation to the infection and hygiene management processes of the home, including if an outbreak has occurred.

*   Using infection data from the past six months select a minimum of six care recipients' documentation.

*   Evaluate:

    *   if care recipients are appropriately assessed for their needs in general, with implications for hygiene and susceptibility to infections

    *   if staff have appropriate skills and knowledge of infection management practices to complete tasks required at the home

    *   where infections have occurred, what was done to review the ongoing care and services for the care recipient(s) and to prevent further spread

    *   equipment and environmental factors used to prevent infections

    *   the review and use of information about infections in making the home function more safely and effectively.

*   Evaluate how information is used to improve infection and hygiene management at the home and how this is reviewed.

Assessment module 5
Infection and hygiene management

Assessment process	Use information from the following to assist in assessing the home's performance against the Accreditation Standards

Aspect 1	The home is proactive in ensuring information gained from infections and trend analysis feeds into the continuous improvement system, achieving positive results for care recipients.
Considerations	• Management demonstrates how improvements in infection and hygiene management are implemented and evaluated • There is a link between care recipient infection and hygiene management, care recipient/representative feedback and the home's continuous improvement activities • The home has monitoring systems in place to identify and where possible, prevent issues in infection and hygiene management from arising and recurring
Observations	• Recent improvements relating to infection and hygiene management
Care recipient/ representative interviews	• Knowledge of any improvements to infection and hygiene management • Satisfaction with the response to any comments or complaints relating to infection and hygiene management
Staff interviews	• Knowledge of any improvements to infection and hygiene management
Documentation	• Audit and inspection results and follow-up actions including from external authorities, for example food safety • Infection reporting mechanisms including risk assessments where appropriate • Infection records including trend analysis and follow-up actions • Evidence of improvements to the infection control systems • Comments and complaints relating to infection and hygiene management and the actions taken

Aspect 2	There is identification and management of individual care recipients' specific infections. This includes assessment of care recipients' individual needs, including their susceptibility to infections and evaluation of management strategies.

Considerations	• The home ensures regular assessment of the care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections in general – this includes:
	  – consultation with care recipients/representatives about the care recipients' care needs and preferences, including infection risks
	  – identification of care recipients at risk of infections such as those relating to oral care, sensory care and continence management
	  – planning and evaluation by appropriately qualified staff

Aspect 2	There is identification and management of individual care recipients' specific infections. This includes assessment of care recipients' individual needs, including their susceptibility to infections and evaluation of management strategies.
Considerations	– consultation and prompt referrals to medical officers and other health professionals – reassessment of care recipients' needs as a result of individual infections and where trends arise • The home has processes in place to ensure care recipients are vaccinated according to their wishes and any recommendations from their medical officers
Observations	• Staff access to information about care recipients' individual care needs in relation to hygiene, prevention and control of infections
Care recipient/ representative interviews	• Satisfaction with the process of consultation and communication of care recipients' needs and with services provided • Satisfaction with care provided in the case of any infections
Staff interviews	• Staff about the infection reporting systems • Care staff regarding care planning processes in relation to hygiene and infection management including when changes in needs occur • Staff regarding actions taken for specific care recipients with infections or susceptibility to infections • Management and staff in regards to communicating information about care recipients' infections and strategies to manage the infections
Documentation	• Plans of care, progress notes, wound charts and doctors' notes in relation to care recipients with one-off or ongoing infections • Evidence of preventive measures including for care recipients susceptible to specific infections • Care recipient vaccination records

Aspect 3	The prevention and management of infections, including outbreaks using a risk management approach across the home, includes reactive measures such as additional precautions and preventive measures such as standard precautions.
Considerations	• The home has a system for identifying relevant legislation, regulations and guidelines, which may include evidence-based information and has mechanisms for monitoring compliance: – information on legislative changes and professional guidelines is used to improve infection and hygiene management to care recipients – reportable infections including outbreaks are reported to relevant government departments and other bodies as appropriate – staff practice is consistent with Australian Government infection control guidelines – there is a food safety program in place

Aspect 3	The prevention and management of infections, including outbreaks using a risk management approach across the home, includes reactive measures such as additional precautions and preventive measures such as standard precautions.

Considerations	• Management demonstrates that staff have appropriate knowledge and skills in relation to infection and hygiene management
	• Management, staff and care recipients/representatives are satisfied with staff skills and knowledge in relation to infection and hygiene management practices
	• There is a central point of responsibility for the infection control program
	• The home has access to information on outbreaks and how to control the spread of specific infections
	• There are effective prevention strategies to minimise the incidence of infection including processes and facilities for the implementation of standard precautions
	• The home has preventive measures including standard precautions in place – these include:
	   – processes and facilities for hand cleaning
	   – processes and facilities for cleaning the living and working environments
	   – processes for cleaning equipment, for instance, chairs, denture containers
	   – processes and facilities used in carrying out clinical and personal care tasks including the disinfecting and sterilising of equipment
	   – processes and facilities for laundering items
	   – processes and facilities for ensuring food hygiene
	   – pest control measures
	   – containment of sharps, contaminated waste and blood spills
	• The home has preventive and reactive measures including additional precautions in place – these include:
	   – sufficient supplies are accessible in the event of an outbreak
	   – the provision of adequate staffing
	   – relevant information is readily available to stakeholders
	• Opportunities are available for care recipients to be vaccinated and staff are encouraged to be vaccinated

Observations	• Availability of information about infection control measures • Personal protective equipment and its use • Hand cleaning facilities and staff use • Dressings and skin care products • Clinical, personal care and medication equipment • Cleaning equipment • Cleanliness of equipment and the living and working environments • Storage of supplies and equipment especially that used directly by care recipients

Assessment module 5
Infection and hygiene management

Aspect 3	The prevention and management of infections, including outbreaks using a risk management approach across the home, includes reactive measures such as additional precautions and preventive measures such as standard precautions.
Observations	- There is a central point of responsibility for the infection control program - Hygiene practices involved in laundry and catering services - Sharps disposal - Waste management receptacles and disposal
Care recipient/ representative interviews	- Satisfaction with the way in which care recipients' hygiene care is managed - Satisfaction with the cleanliness of the living environment - Observation of staff practices such as hand cleaning and use of personal protective equipment - Actions taken and communication if an outbreak has occurred
Staff interviews	- Management in regards to the processes used in the event of an outbreak such as coordination of activities, communication among stakeholders, providing education, implementing additional precautions, reporting as necessary to the appropriate authorities and adjusting staffing levels and routines - Key staff regarding where additional information can be sourced during an outbreak - Staff regarding their knowledge of standard precautions and where applicable catering, cleaning and laundry processes - Staff regarding their knowledge of additional precautions and the procedures to be followed in the event of an outbreak
Documentation	- Policies and\or procedures relating to infection and hygiene management - Staff vaccination records if available - Education, orientation/induction records and meeting minutes - Skills assessment relating to infection control - Pest control records - Other documentation such as notices to be used in the event of an outbreak - Information from external sources on specific infections and infection control measures

Assessment module 6
Environment and safety management

Aspects

1. The home is proactive in ensuring issues related to environmental safety, security, comfort and supply of goods and equipment feeds into the continuous improvement system with positive results for care recipients.

2. The environment is monitored, problems are identified and actioned to ensure it is safe and secure.

3. A comfortable environment is provided which enhances the quality and welfare of care recipients' lives.

4. There are sufficient and appropriate goods and equipment to provide quality service to care recipients.

Process

The process followed is one using the maintenance of a safe and comfortable environment as a means of directing enquiry about the home's performance against the Accreditation Standards.

- Ascertain the home's processes for maintaining a safe and comfortable environment. This includes identification of potential and actual problems, correction, prevention and monitoring of the environment to ensure it is safe and secure.
- Interview at least 10% of care recipients/representatives in relation to the security, safety and comfort of the environment and the provision of sufficient goods and equipment.
- Evaluate if:
  - the home has systems in place to help prevent and react to safety incidents and hazards as they occur
  - the environment is safe and comfortable and meets the individual needs of care recipients
  - regular reviews of the security and safety procedures and practices are conducted
  - there are preventative and corrective maintenance processes to ensure the environment and equipment are well maintained
  - there are effective processes to ensure there are sufficient and appropriate goods and equipment to cater for care recipients' needs
  - staff have appropriate skills and knowledge in order to maintain secure, safe and comfortable living and working environments.
- Evaluate how information is used to improve the safety, security and comfort of care recipients and the provision of sufficient goods and equipment.

Assessment module 6
Environment and safety management

Australian Government
Australian Aged Care Quality Agency

Assessment process	Use information from the following to assist in assessing the home's performance against the Accreditation Standards

Aspect 1	The home is proactive in ensuring issues related to environmental safety, security, comfort and supply of goods and equipment feeds into the continuous improvement system with positive results for care recipients.
Considerations	• Management demonstrates how improvements in the home's environmental safety, security, comfort and supply of goods and equipment implemented and evaluated • There is a link between care recipient safety, security, comfort, goods and equipment needs and preferences, care recipient/representative feedback and the home's continuous improvement activities • The home has monitoring systems in place to identify and where possible, prevent issues in safety, security, comfort and supply of goods and equipment from arising and recurring
Observations	• Recent improvements to security, safety, care recipient comfort, goods and equipment • Recent improvements to environmental management and hazard control processes
Care recipient/ representative interviews	• Knowledge of any improvements in relation to safety, security and the comfort of the environment • Satisfaction with the response to any comments or complaints relating to the provision of security, safety, a comfortable living environment, goods and equipment
Staff interviews	• Knowledge of any improvements relating to care recipient security, safety, comfort, goods and equipment
Documentation	• Examples of improvements in relation to the provision of security, safety, a comfortable living environment, goods and equipment • Comments and complaints relating to environmental safety, security, comfort and supply of goods and equipment and the actions taken

Aspect 2	The environment is monitored, problems are identified and actioned to ensure it is safe and secure.

Considerations	• Systems are in place to provide a safe and secure environment for care recipients including:
	  – fire safety systems and equipment that are well maintained and regularly checked
	  – evacuation plans, clearly marked clutter free egress routes, evacuation procedures including access to current care recipient data
	  – procedures for other emergencies, such as natural disasters and dangerous animals

Aspect 2	The environment is monitored, problems are identified and actioned to ensure it is safe and secure.
Considerations	– security procedures appropriate to the mix of care recipients – safe furniture and fittings - Policies and/or procedures are in place to manage: – emergencies, breaches of security or risks to safety care recipients/representatives, visitors, staff and contractor access – missing persons reporting mechanisms – occupational health and safety - Policies and procedures regarding physical restraint, including assessment and consideration of such things as the use of alternative strategies, its minimal use and that it is monitored and regularly reassessed - The home has a system for identifying relevant legislation, regulations and guidelines and has mechanisms for monitoring compliance such as certification requirements and fire safety requirements - Education in safety such as fire safety and occupational health and safety is provided and attendance is monitored - There are systems for the reporting of potential risks, hazards, incidents and accidents - The home has preventative and corrective maintenance programs in place - External services are monitored and their quality and performance evaluated - Relevant staff know and understand procedures relating to emergencies, fire safety and incident and hazard reporting
Observations	- Fire and evacuation equipment, fire detection systems, emergency exit signage and egress routes - Security systems and management of access to the home - Staff access to forms, policies and procedures and emergency documentation - Safety signage - Staff assisting care recipients - The use of physical restraint
Care recipient/ representative interviews	- Satisfaction with safety and security including at night - Satisfaction with the maintenance of the environment - Satisfaction with and confirmation of communication about changes to the environment - Understanding of security systems such as signing in/out books - Knowledge of fire evacuation and emergency procedures

Aspect 2	The environment is monitored, problems are identified and actioned to ensure it is safe and secure.
Staff interviews	• Management in regards to processes for ensuring information relating to care recipient safety and physical security remains current • Staff regarding knowledge of hazard and incident reporting systems, fire safety procedures, security procedures and maintenance reporting systems • Staff regarding location of resources used in the event of a fire or other emergency • Confirmation staff have opportunities to discuss occupational health and safety issues • Confirmation staff have appropriate knowledge and skills to provide a safe and secure environment and opportunities for training • Management and staff regarding responsibilities relating to physical restraint use (if used) and missing person procedures • Management regarding monitoring and evaluating the quality and performance of external services • Staff regarding satisfaction with maintenance and any external services • Relevant staff in relation to corrective and preventative maintenance programs, such as testing of equipment
Documentation	• Policies and/or procedures relating to environmental management, security and safety • Environmental safety systems such as hazard identification and incident/ accident documentation, occupational health and safety records, risk assessments and internal audit results • Documentation related to safe work practices • Corrective and preventative maintenance records, maintenance requests • Fire safety and security inspection reports and records • Education records relating to providing a safe environment such as fire safety, emergencies and occupational health and safety • Documentation for recording unexplained absences of care recipients • Physical restraint documentation • Documentation related to monitoring and evaluating the quality and performance of external services

Aspect 3	A comfortable environment is provided which enhances the quality and welfare of care recipients' lives.
Considerations	• There are plans and processes for the maintenance and replacement of furnishing, fittings and equipment and capital upgrades to maintain a comfortable environment • The environment is a comfortable temperature and noise levels are controlled including at night

Assessment module 6
Environment and safety management

Aspect 3	A comfortable environment is provided which enhances the quality and welfare of care recipients' lives.
Considerations	• The environment is clean and cleaning services take into account the frequency of cleaning, the need for ad hoc cleaning and processes to minimise malodour • The environment is kept free of clutter including appropriate storage of equipment • Independence is promoted for example by the availability of hand rails • Adequate provision is made for any care recipients with sensory losses or requiring behaviour management strategies • Communal, private and outdoor areas are available for care recipients' social interactions • Laundry services take into account frequency of services and prevention of lost and damaged items

Observations	• The living environment including:
	  – temperature, noise levels and freedom from malodour
	  – cleanliness, storage of equipment and freedom from clutter
	  – aids for mobilising or special arrangements for care recipients with sensory losses or requiring behaviour management strategies
	  – communal, private and outdoor areas
	  – sufficient and appropriate furniture and fittings
	• Care recipient rooms for comfort, privacy and appropriate equipment to assist with independence or security such as call bells

Care recipient/ representative interviews	• Satisfaction with the comfort of the environment including their room and communal areas • Satisfaction with the temperature and noise levels • Satisfaction with the cleanliness of the environment • Satisfaction with laundry services • Access to equipment such as call bells and mobility aids to assist in maintaining independence
Staff interviews	• Staff could describe how the design of the environment and the use of equipment promotes care recipient independence. • Management can describe how the design of the environment assists with behaviour management • Cleaning staff regarding knowledge of cleaning processes and the use of cleaning equipment • Laundry staff regarding knowledge of laundry processes including methods utilised to prevent lost items
Documentation	• Meeting minutes, surveys • Cleaning records and programs

Assessment module 6
Environment and safety management

Aspect 4	There are sufficient and appropriate goods and equipment to provide quality service to care recipients.

Considerations	• Goods and equipment are provided to care recipients according to legislative requirements and in accordance with their high/low care status
	• The home assesses what goods and equipment care recipients, management and/or staff need for quality service delivery
	• The home reviews and maintains stocks of goods and equipment, for example:
	  – new equipment is assessed for suitability and staff understand correct procedures for usage
	  – inappropriate or unsuitable goods and equipment are removed and/or replaced
	• Goods and equipment are stored appropriately to prevent damage to the items and to maintain a safe environment

Observations	• Storage, condition and accessibility of goods and equipment relating to care and service provision • Staff use of equipment including personal protective equipment • Chemical storage, material safety data sheets
Care recipient/ representative interviews	• Satisfaction with access to and maintenance of goods and equipment to meet their individual needs such as mobility and eating aids
Staff interviews	• Staff regarding sufficiency of goods and processes for replacement • Staff regarding sufficiency of equipment
Documentation	• Documentation related to ordering and maintaining sufficient levels of goods • Equipment replacement information

Assessment module 7
Nutrition, hydration, oral and dental care

Australian Government
Australian Aged Care Quality Agency

Aspects

1. The home is proactive in ensuring quality care and services regarding nutrition, hydration, oral and dental care with improvements being made in consultation with care recipients, representatives and staff.

2. There is initial and ongoing assessment of needs and preferences in relation to the home's provision of nutrition, hydration, oral and dental services.

3. Care recipients' nutrition, hydration, oral and dental care needs are actioned.

Process

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

- Ascertain the home's processes for ensuring the provision of nutrition, hydration oral and dental services.

- Review the home's processes for ensuring care recipients receive adequate nourishment and hydration and oral and dental care in accordance with their needs and preferences.

- Interview at least 10% of care recipients/representatives and review at least 10% of care recipients' records.

- Evaluate if:

  - care recipients are appropriately assessed for their care needs in relation to nutrition, hydration, oral and dental care

  - assessment includes consultation with the care recipient/representative and health care professionals as appropriate

  - reassessment and evaluation is timely and appropriate actions are carried out

  - staff have skills and knowledge to ensure appropriate care in these areas are provided.

- Evaluate how information is used to improve the home's nutrition, hydration, oral and dental care services.

Assessment module 7
Nutrition, hydration, oral and dental care

Australian Government
Australian Aged Care Quality Agency

Assessment process	Use information from the following to assist in assessing the home's performance against the Accreditation Standards
Aspect 1	The home is proactive in ensuring quality care and services regarding nutrition, hydration, oral and dental care with improvements being made in consultation with care recipients, representatives and staff.
Considerations	• Management demonstrates how improvements in nutrition, hydration, oral and dental care are implemented and evaluated • There is a link between care recipient nutrition, hydration, oral and dental care needs and preferences, care recipient/representative feedback and the home's continuous improvement activities • The home has monitoring systems in place to identify and where possible, prevent issues in nutrition, hydration, oral and dental care from arising and recurring
Observations	• Recent improvements relating to nutrition, hydration, oral and dental care
Care recipient/ representative interviews	• Knowledge of any improvements to the provision of nutrition, hydration, oral and dental care • Satisfaction with the response to any comments or complaints relating to the provision of nutrition, hydration, oral and dental care
Staff interviews	• Knowledge of any improvements to the provision of nutrition, hydration, oral and dental care
Documentation	• Examples of improvements to the provision of nutrition, hydration, oral and dental care • Comments and complaints in relation relating to the provision of nutrition, hydration, oral and dental care and the actions taken

Aspect 2	There is initial and ongoing assessment of needs and preferences in relation to the home's provision of nutrition, hydration, oral and dental services.
Considerations	• The home ensures regular assessments of the care recipients' nutrition, hydration, oral and dental care needs are conducted and documented by appropriate staff such as: – consultation and communication with medical and health professionals about care recipients' care needs and preferences – assessment when moving into the home and on an ongoing basis – identification of care recipients at risk of having or developing malnutrition or dehydration due to clinical or emotional issues – increased monitoring of care recipients at risk of poor nutrition due to changes in dietary intake or illness – identification of care recipients at risk of poor oral and dental care and oral infections

Assessment module 7
Nutrition, hydration, oral and dental care

Aspect 2	There is initial and ongoing assessment of needs and preferences in relation to the home's provision of nutrition, hydration, oral and dental services.
Considerations	– possible effects of challenging behaviours on the administration of oral and dental care – specific needs and issues are identified such as allergies, texture of foods, effects of medications, dysphagia, chewing difficulties – consideration of any cultural, religious and personal dietary preferences • Plans of care are documented and communicated to the relevant staff and: – reflect assessment and consultation with care recipients/representatives and appropriate health professionals – include any prescriptions or instructions by medical and health professionals – describe each care recipient's specific needs and preferences such as assistance required – care recipients' general health such as skin integrity, body weight and fluid intake are monitored – are updated as a result of changes in care recipients' needs • The menu takes into account care recipients' preferences and is reviewed by appropriate specialists
Observations	• Staff availability and interactions with care recipients • Displayed menus • Equipment to aid and assist with meals, fluid intake, oral and dental hygiene
Care recipient/ representative interviews	• Satisfaction with consultation in regards to special dietary needs and dental needs and preferences • Satisfaction with access to specialists such as dentists, dieticians and speech pathologists • Satisfaction with consultation and actions taken in regards to the menu
Staff interviews	• Staff consultation with care recipients/representatives during assessment and care planning processes which identify individual needs and preferences • Management or staff regarding strategies for care recipients who do not wish or cannot visit a dentist or dental hygienist • Care and catering staff consultation with care recipients/representatives about food services including any cultural or spiritual requirements • Communication processes between care and catering staff • Actions taken as a result of changes in a care recipient's needs such as formal monitoring of nutritional intake or referrals • Staff confirm information is passed from specialists to relevant staff and is transferred to care and catering documentation

Assessment module 7
Nutrition, hydration, oral and dental care

Aspect 2	There is initial and ongoing assessment of needs and preferences in relation to the home's provision of nutrition, hydration, oral and dental services.
Documentation	- Assessments, care plans, progress notes and information from doctors/allied health professionals - Weight charts, supplements lists, fluid and nutrition charts - Evidence of oral and dental checks - Evidence of consultation with care recipients/representatives on menus, for example surveys and meeting minutes - Menus and any reviews by specialists

Aspect 3	Care recipients' nutrition, hydration, oral and dental care needs are actioned.
Considerations	- The home has a system for identifying relevant legislation, regulations and guidelines and has mechanisms for monitoring compliance including having a food safety program - Management demonstrates staff and the management team have the knowledge and skills required for effective performance of their duties - Management, staff, care recipients and representatives confirm the adequacy of staff skills - Staff have access to and use of accurate information to assist with the development of care recipients' assessments and care plans to ensure delivery of appropriate care - There is effective communication among departments of the home - Oral and dental care are provided in accordance with health and hygiene standards - There is sufficient clean, well maintained equipment for the provision of nutrition, oral and dental care, such as scales to weigh care recipients and denture mugs - There are sufficient supplies for the provision of nutrition, oral and dental care and they are stored appropriately - Provision of appropriate dining arrangements - Meals are generally on time, well presented and at an appropriate temperature - Special dietary requirements are catered for such as tube feeding, diabetic, thickened fluids, texture modified meals and nutritional supplements - Specialised nursing care such as PEG tubes, diabetes and tracheostomy care is provided as needed by appropriately qualified staff - Information on the menu is provided to care recipients and alternative meals are available

Assessment module 7
Nutrition, hydration, oral and dental care

Aspect 3	Care recipients' nutrition, hydration, oral and dental care needs are actioned.
Observations	- Care recipients' general appearance including indications of dehydration, malnutrition and poor oral hygiene/care - Dining areas, presentation and serving of meals and availability of drinks - Availability of supplies such as oral care products, nutritional supplements and specialised nursing equipment
Care recipient/ representative interviews	- Satisfaction with meals and snacks including such things as variety, quantity, temperature, availability and assistance - Where applicable satisfaction with any specialised care such as PEG feeds, tracheostomy care, pureed meals and thickened fluids - Satisfaction with the home's approach to managing and meeting care recipients' oral and dental care needs and preferences
Staff interviews	- Staff regarding time allocation for assisting care recipients with meals, drinks and oral and dental care - Catering staff in relation to ensuring meals are provided in accordance with food safety guidelines and take into account care recipient preferences - Staff regarding their knowledge and skills for completing allocated tasks related to nutrition, hydration and dental care and opportunities for training
Documentation	- Documents as in previous aspect - Dietary requirements/preference documentation and displayed information, for example on whiteboards in the kitchen - Education and any skill assessment records

Assessment module 8
Staffing management systems

Aspects

1. The home is proactive in ensuring staffing levels, skills and knowledge are sufficient to provide services at a high standard and improvements to staffing levels and skills are made achieving positive results for care recipients.

2. The home identifies and monitors appropriate staffing levels to ensure the needs of individual care recipients are met and the physical environment is safe and comfortable.

3. Management monitors staff qualifications, skills and knowledge to ensure they provide for care recipients' individual needs and ensures any regulatory requirements are met.

Process

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

- Ascertain the home's processes for ensuring staffing levels, skills and knowledge are appropriate. This includes processes used to recruit staff, review staffing levels and skill mix, replace staff unable to attend shifts, review knowledge and skills and ensure adequate training and communication. It involves reviewing the home's processes in relation to the care recipients' individual needs, staff practices and the home's monitoring systems.

- Interview at least 10% of care recipients/representatives in relation to the adequacy of staffing for providing care and services and corroborate information where necessary through documentation review.

- Evaluate if:
  - the home has systems in place to review staffing levels, skills and knowledge
  - the home's human resource management systems ensure care recipients' individual needs are met
  - staff have appropriate skills and knowledge to meet the specific needs of care recipients and maintain a safe and comfortable homelike environment
  - there is effective staff communication.

- Evaluate how information is used to improve the home's human resource management systems.

Assessment module 8
Staffing management systems

Assessment process	Use information from the following to assist in assessing the home's performance against the Accreditation Standards
Aspect 1	The home is proactive in ensuring staffing levels, skills and knowledge are sufficient to provide services at a high standard and improvements to staffing levels and skills are made achieving positive results for care recipients.
Considerations	• Management demonstrates how improvements to human resource systems are implemented and evaluated • There is a link between care recipient needs and preferences in relation to staffing levels, skills and knowledge, care recipient/representative feedback and the home's continuous improvement activities • The home has monitoring systems in place to identify and where possible, prevent issues in human resource management from arising and recurring
Observations	• Recent improvements to human resource management systems of the home
Care recipient/ representative interviews	• Knowledge of any changes to staffing and their impact • Satisfaction with the response to any comments or complaints relating to human resource management
Staff interviews	• Knowledge of any changes or improvements in staffing levels and/or work allocation and their effects
Documentation	• Examples of improvements to human resource management systems • Comments and complaints relating to human resource management and the actions taken

Aspect 2	The home identifies and monitors appropriate staffing levels to ensure the needs of individual care recipients are met and the physical environment is safe and comfortable.
Considerations	• The provision of care and services in all aspects of the home is provided at a high standard • Management demonstrates there is a system to identify and monitor appropriate staffing levels at all times • Management has processes to review staff numbers and skill mix in relation to changes in care recipients' care needs and preferences which may include access to specialist services, additional workload and supervision requirements, feedback from care recipients/representatives and considerations of changes to equipment or the physical environment • Staff conduct tasks in accordance with their qualifications and designated roles • Staffing levels are designed in such a way that care recipients are encouraged to exercise independence, choice and control over their lifestyles

Assessment module 8
Staffing management systems

Aspect 2	The home identifies and monitors appropriate staffing levels to ensure the needs of individual care recipients are met and the physical environment is safe and comfortable.
Considerations	• Care recipients whose language is not the one predominantly used at the home have access to staff or services enabling them to communicate their needs
Observations	• Care recipients' health and personal care needs are being met, including specialised nursing care where required • Timeliness of assistance to care recipients • Interactions with care recipients including the manner and responsiveness of staff, such as assistance with meals and mobility • Care recipients' appearance and behaviours • Leisure activities • Appropriateness of tasks undertaken by staff to their role • Staff practices such as occupational health and safety
Care recipient/ representative interviews	• Satisfaction with care and service delivery including for evenings and weekends • Satisfaction with the way care is provided, for example not being rushed when receiving assistance and being treated with dignity and respect • Satisfaction with responsiveness of staff • Satisfaction with their ability to exercise choice about care, lifestyle and services such as personal care regimes, toileting routines, waking and retiring routines
Staff interviews	• Management in relation to processes for establishing and monitoring sufficient staffing levels • Management and staff in relation to changes to the roster including the provision of relief staff • Staff regarding their ability to complete tasks during each shift • Management and staff regarding processes to follow when additional resources are required to provide care • Management regarding processes involved in recruitment and orientation/induction
Documentation	• Policies and/or procedures and handbooks • Communication with care recipients, representatives and staff related to changes to staffing where required, such as meeting minutes and newsletters • Rosters • Information on relief arrangements such as replacements and the use of agency staff • Information on job specifications

Assessment module 8
Staffing management systems

Aspect 3	Management monitors staff qualifications, skills and knowledge to ensure they provide for care recipients' individual needs and ensures any regulatory requirements are met.

Considerations	• The home has a system for identifying relevant legislation, regulations and guidelines and has mechanisms for monitoring compliance:
	  – information on legislative changes and professional guidelines is used to improve care and services to care recipients
	  – staffing levels are consistent with regulatory requirements where appropriate
	  – changes in key personnel are reported to the Department of Health and Ageing
	  – all relevant individuals including volunteers and external service providers as required have a current criminal record check
	• Management demonstrates staff and the management team have the knowledge, skills and qualifications required for effective performance in relation to the provision of care and services in accordance with care recipients' needs and preferences
	• There is a range of assessments for a variety of skill sets and appropriate staff are assessed
	• Education and training needs are reviewed on a regular basis and staff are encouraged to undertake training
	• A range of educational opportunities is provided to staff and management, such as any responsibilities under the *Aged Care Act 1997,* to ensure they have the knowledge and skills to provide a high standard of care
	• Specialised nursing care is delivered consistent with care recipients' identified needs

Observations	• Staff access to policies and/or procedures and other information on their duties • Staff access to forms in relation to providing care and services, such as those used to record personal care
Care recipient/ representative interviews	• Satisfaction with the way the home manages relief staff, for example whether relief staff also provide care and services at a high standard • Satisfaction with staff skills and knowledge
Staff interviews	• Management and staff regarding methods for assessing skills and other staff performance • Examples demonstrating staff cater for care recipients' choices relating to care, lifestyle and services • Management and staff regarding processes for monitoring staff qualifications and conducting visa and criminal record checks • Management and staff regarding processes for reviewing information on job specifications • Management, staff and any relief staff regarding processes involved in communication • Staff opinion of the ability of relief staff to understand and apply the home's processes

Staff interviews	• Staff regarding access to documentation required for completing their roles such as handbooks, care documentation, policies, procedures and job specifications
Documentation	• Professional registrations and criminal record checks • Job specifications • Recruitment documentation and orientation/induction records • Education records • Competency or skill records • Information on reviewing staff performance • Any documentation that provides evidence of care recipient choices in care or lifestyle

Assessment module 9
Improvements and feedback

Aspects

1. The home is proactive in seeking improvements and monitoring performance against the Accreditation Standards. Care recipients/representatives, staff and others have opportunities for input into the continuous improvement system, the implementation of improvements is monitored, the results evaluated and feedback provided.

2. There are systems available to allow and encourage care recipients/representatives, staff and others to make complaints. Complaints are responded to in a timely manner with feedback provided.

Process

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

- Ascertain the home's processes for identifying opportunities for improvement, for monitoring compliance and for capturing and actioning formal and informal complaints.

- Interview at least 10% of care recipients/representatives and discuss their ability to contribute suggestions and raise complaints. Discuss whether they are aware of improvements occurring on an ongoing basis, if they receive feedback in relation to complaints and if they are satisfied with actions taken as a result of suggestions or complaints.

- Review the results of monitoring processes such as audits and evaluate if appropriate actions have been taken.

- Select a sample of at least eight improvements across the Accreditation Standards from the past year. Evaluate:
  - how the area of improvement was identified
  - how the area of improvement was planned for example prioritising, setting goals, allocation of responsibility and determining timeframes
  - how outcomes were monitored and evaluated
  - if outcomes are sustainable and link to the provision of care and services for care recipients
  - if there was consultation with and feedback provided to relevant people during the planning, implementation and evaluation of the improvement
  - if changes to processes or procedures as a result of improvements are communicated to the relevant people
  - where applicable when an improvement activity has been deemed successful, the ongoing evaluation and monitoring of this is incorporated into the home's broader monitoring system.

- Evaluate if:
  - suggestions and complaints are captured and adequately followed up
  - complaints are resolved in a timely manner and feedback given to the complainant
  - issues raised are systemic of wider problems within the home
  - the home is proactive in preventing recurrence of issues by analysing any trends in complaints or suggestions and where applicable feeding suggestions and complaints into the continuous improvement system
  - there are processes for ensuring all care recipients/representatives, staff and others have access to and knowledge of ways of making suggestions and complaints.

Assessment module 9
Improvements and feedback

Australian Government
Australian Aged Care Quality Agency

Assessment process	Use information from the following to assist in assessing the home's performance against the Accreditation Standards
Aspect 1	The home is proactive in seeking improvements and monitoring performance against the Accreditation Standards. Care recipients/representatives, staff and others have opportunities for input into the continuous improvement system, the implementation of improvements is monitored, the results evaluated and feedback provided.

Considerations	• The home has a framework that assists it to actively pursue continuous improvement taking into consideration:
	  – a self-assessment approach and methods of measuring and reviewing performance against the Accreditation Standards to ensure the changing needs and preferences of care recipients continue to be met
	  – mechanisms to ensure care recipients/representatives, staff and others have opportunities for involvement
	  – tracking and capture of opportunities for improvement to ensure they are not lost
	  – the framework used is cyclical and regular
	  – the planning of improvements including prioritising, setting goals, allocation of responsibility and determining timeframes
	  – relevant people are consulted throughout the implementation of the improvement activity
	  – monitoring during implementation allows processes and activities to be altered to ensure maximum success
	  – evaluation of improvements including their impact on care recipients, staff and others
	  – feedback to care recipients, staff and others including information on changes to procedures and any training for staff
	• Issues or problems identified are resolved in a timely manner which assists in preventing recurrence
	• The continuous improvement and monitoring system tools are reviewed
	• Management demonstrates staff and the management team have the knowledge and skills required to effectively manage improvements and monitoring processes
	• Where applicable when an improvement activity has been deemed successful, the ongoing evaluation and monitoring of this is incorporated into the home's broader monitoring system
	• There are mechanisms to ensure that changes in relevant legislation, regulations and guidelines are incorporated into the home's policies and/or procedures

Assessment module 9
Improvements and feedback

Aspect 1	The home is proactive in seeking improvements and monitoring performance against the Accreditation Standards. Care recipients/representatives, staff and others have opportunities for input into the continuous improvement system, the implementation of improvements is monitored, the results evaluated and feedback provided.
Observations	• Recent examples of improvements • Availability of forms for input into the continuous improvement system such as improvement logs, suggestions, incident and hazard • Availability of information related to continuous improvement such as how the system operates, meeting minutes, monitoring and survey results
Care recipient/ representative interviews	• Recent examples of improvements • Knowledge of ways to make comments or suggestions such as forms, meetings or surveys • Level of consultation about possible changes and improvements, for example discussion at meetings • Satisfaction with the feedback given and actions taken as a result of suggestions or other input
Staff interviews	• Management and staff regarding recent examples of improvements • Management and staff regarding how care recipients and other interested parties are informed about and encouraged to participate in continuous improvement • Key staff regarding the planning of improvements including prioritising, setting goals, allocation of responsibility, determining timeframes, progress monitoring and evaluation methods • Key staff regarding steps taken to ensure the sustainability of improvement activities such as communicating changes to staff and ongoing monitoring • Staff regarding willingness to raise issues and make suggestions • Staff in relation to their understanding of the continuous improvement system and monitoring processes • Staff satisfaction with feedback and actions taken as a result of suggestions for improvements
Documentation	• Examples of improvements • Policies and/or procedures relevant to the home's continuous improvement system and monitoring processes • Continuous improvement plans • Forms for input into the continuous improvement system such as improvement logs, suggestions, incident and hazard • Audit and survey schedules, results and trend data • Memoranda, meeting minutes, newsletters, reports • Evidence of review of the home's continuous improvement and monitoring systems such as reviews of monitoring tools • Evidence of actions taken to address identified weaknesses or problems

Assessment module 9
Improvements and feedback

Australian Government
Australian Aged Care Quality Agency

Aspect 1	The home is proactive in seeking improvements and monitoring performance against the Accreditation Standards. Care recipients/representatives, staff and others have opportunities for input into the continuous improvement system, the implementation of improvements is monitored, the results evaluated and feedback provided.
Documentation	• Evidence of monitoring and evaluation of improvements to ensure they are sustainable • Evidence of informing care recipients and staff of changes as a result of improvements such as new procedures • Education records in relation to continuous improvement

Aspect 2	There are systems available to allow and encourage care recipients/representatives, staff and others to make complaints. Complaints are responded to in a timely manner with feedback provided.
Considerations	• Improvements as a result of complaints • Management demonstrates how improvements as a result of complaints are implemented and evaluated • The home informs and regularly reminds care recipients, representatives, staff and others about internal and external complaints mechanisms including for those with cognitive, communication and other special needs • That information on the complaints' mechanisms which may include brochures, handbooks or complaint forms is readily available to care recipients and staff • The home has systems to manage written and verbal complaints • There is a system to manage reportable assaults which meets legislative requirements • The home maintains care recipient privacy and confidentiality throughout the complaint process where necessary • Management ensures care recipients and staff are protected from harassment, retaliation and victimisation • Management, staff, care recipients and representatives confirm the adequacy of staff skills in relation to the management of complaints • Outcomes of investigations and actions as a result of formal and informal complaints are communicated to relevant individuals
Observations	• Recent improvements as a result of complaints • Access to complaints forms • Access to information on internal and external complaint mechanisms such as brochures, posters, handbooks and information on noticeboards • Access to information on advocacy services • Access to information in other languages as appropriate • Ways of making an anonymous/confidential complaint

Assessment module 9
Improvements and feedback

Aspect 2	There are systems available to allow and encourage care recipients/representatives, staff and others to make complaints. Complaints are responded to in a timely manner with feedback provided.
Care recipient/ representative interviews	• Knowledge of any improvements as a result of complaints • Knowledge of the internal and external complaint processes and advocacy services • Perceived access, opportunity and comfort with raising issues within the home such as at meetings, using the complaints system and informally with management and staff • Satisfaction with timeliness, communication and actions taken as a result of raising a complaint
Staff interviews	• Management regarding how complaints feed into the continuous improvement system to help prevent recurrence of issues • Management regarding processes for informing care recipients and representatives of internal and external complaints mechanisms and advocacy services when care recipients move into the home and on an ongoing basis • Management regarding processes for facilitating access for care recipients with limited English or literacy skills or who have a disability limiting their use of formal systems • Management regarding processes for informing staff of complaints mechanisms • Management regarding processes for managing reportable assaults • Management regarding processes for ensuring the confidentiality and anonymity of complaints where appropriate • Staff knowledge of any improvements as a result of complaints or improvements which enhance the system • Staff in relation to their access to complaints mechanisms and their willingness to raise issues • Staff regarding knowledge of formal and informal internal processes for care recipients/representatives and staff and what to do when they receive a complaint • Staff regarding satisfaction with actions, timeliness and communication of outcomes of complaints
Documentation	• Examples of any improvements as a result of complaints or review of the system • Documented evidence of complaints and any trends • Reportable assaults' register • Documented actions and evaluations for individual complaints • Any documentation linking issues to the continuous improvement system for example an action plan or focused audit • Handbooks, care recipient agreements, newsletters • Evidence of other care recipient or staff complaints such as meeting minutes and surveys - consider participation levels • Evidence of capturing verbal complaints

Aspect 2	There are systems available to allow and encourage care recipients/representatives, staff and others to make complaints. Complaints are responded to in a timely manner with feedback provided.
Documentation	• Policies and/or procedures relating to the complaints' system • Any education records on complaints' management

Assessment module 10
Supporting independent lifestyle and preferences

Aspects

1. The home is proactive in ensuring care recipients are supported in an independent lifestyle and demonstrates responsiveness to their preferences. This includes processes for ensuring information on independent lifestyle preferences feeds into the continuous improvement system.

2. There is initial and ongoing assessment of needs and preferences of care recipients which promotes the provision of an independent lifestyle and considers their needs for emotional support, independence, privacy, dignity and confidentiality, cultural and spiritual needs, leisure interests and activities, choice and decision-making, security of tenure and knowledge of their responsibilities.

3. The independent lifestyle needs and preferences of care recipients are promoted and actioned.

Process

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

- Ascertain the home's processes for ensuring care recipients receive support to achieve an independent lifestyle. Consideration of processes to include support for care recipients' physical, intellectual, emotional, cultural, social and civic independence.

- Review the home's processes in relation to identifying care recipients' independent lifestyle needs and preferences.

- Interview at least 10% of care recipients/representatives in relation to how the home supports care recipients' independent lifestyles and preferences and review at least 10% of care recipients' records.

- Evaluate if:
  - care recipients are appropriately assessed for their independent lifestyle needs and preferences
  - assessment includes consultation with the care recipient/representative and health care or other professionals as appropriate
  - actions carried out are appropriate
  - reassessment and evaluation is timely
  - staff have appropriate skills and knowledge to ensure the independent lifestyle needs and preferences of care recipients are met
  - the home uses information on care recipients' needs to monitor the appropriateness of its own processes.

- Evaluate how information is used to improve the home's processes for supporting independent lifestyle and preferences.

Assessment module 10
Supporting independent lifestyle and preferences

Assessment process	Use information from the following to assist in assessing the home's performance against the Accreditation Standards
Aspect 1	The home is proactive in ensuring care recipients are supported in an independent lifestyle and demonstrates responsiveness to their preferences. This includes processes for ensuring information on independent lifestyle preferences feeds into the continuous improvement system.
Considerations	• Management demonstrates how improvements in supporting care recipients' independence, lifestyle and preferences are implemented and evaluated • There is a link between supporting care recipients' independence, lifestyle, preferences and needs, care recipient/representative feedback and the home's continuous improvement activities • The home has monitoring systems in place to identify and where possible, prevent issues in supporting care recipients' independence, lifestyle and preferences from arising and recurring
Observations	• Recent improvements which may impact on care recipient lifestyle and preferences such as new procedures, equipment or activities
Care recipient/ representative interviews	• Knowledge of any improvements in supporting care recipients' independent lifestyle • Satisfaction with the response to any comments or complaints relating to their lifestyle
Staff interviews	• Knowledge of any improvements in supporting care recipients' independent lifestyle
Documentation	• Examples of improvements for supporting independent lifestyle and preferences • Comments and complaints relating to supporting care recipients' independent lifestyle and preferences and the actions taken

Aspect 2	There is initial and ongoing assessment of needs and preferences of care recipients which promotes the provision of an independent lifestyle and considers their needs for emotional support, independence, privacy, dignity and confidentiality, cultural and spiritual needs, leisure interests and activities, choice and decision-making, security of tenure and knowledge of their responsibilities.

Considerations	• There are initial and ongoing assessments of care recipients' independent lifestyle needs. These are carried out by appropriately qualified staff and involve consultation with care recipients/representatives and others as needed
	• Assessments conducted are aimed to achieve maximum independence, for example there is:
	  – assessment of behavioural management needs when promoting independence
	  – consideration of cognitive deficits such as their decision making ability and communication needs

Aspect 2	There is initial and ongoing assessment of needs and preferences of care recipients which promotes the provision of an independent lifestyle and considers their needs for emotional support, independence, privacy, dignity and confidentiality, cultural and spiritual needs, leisure interests and activities, choice and decision-making, security of tenure and knowledge of their responsibilities.
Considerations	– identification of existing friendships and community involvement consideration of emotional support and any spiritual and cultural needs – consideration of care recipients' leisure interests and activities including specific needs, limitations and risks involved - Plans of care are documented and care requirements are communicated to the relevant staff and: – reflect assessment and consultation with care recipients, representatives and appropriate health and other professionals, cultural or religious representatives – describe each care recipient's specific needs and preferences
Observations	- Staff interactions with care recipients and representatives - Any visitors such as family and health professionals
Care recipient/ representative interviews	- Satisfaction with the information provided to assist in making decisions - Confirmation and satisfaction that individual choice, independence, lifestyle, cultural and spiritual needs are taken into consideration - Access to appropriate external health professionals
Staff interviews	- Staff regarding consultation with care recipients during initial and ongoing assessments and care planning concerning their individual needs and preferences in relation to: – emotional support when moving into the home and on an ongoing basis as needed – physical independence – participation in the life of the home and in the community – privacy, dignity and confidentiality – leisure interests and activities, including consideration of capabilities, and past and current interests – cultural and spiritual needs - Management in relation to legal rights such as ability to vote, powers of attorney, guardianships, security of tenure, consent for particular treatments and any special financial arrangements - Staff in relation to care recipient choice and decision-making
Documentation	- Assessments, plans of care, progress notes, communication books - Evidence of consultation with care recipients/representatives on individual care recipients' needs and preferences - Documentation relating to health and other professionals, such as interpreters or pastoral care workers - Evidence of information provided to care recipients which informs them of lifestyle options such as activities available

Assessment module 10
Supporting independent lifestyle and preferences

Aspect 3	The independent lifestyle needs and preferences of care recipients are promoted and actioned.
Considerations	• The adequacy of staff skills • There is effective communication across the home with staff having access to and use of accurate information on care recipients' lifestyle needs and preferences • Emotional support is provided initially and on an ongoing basis by staff and from external agencies and professionals as required • Independence is promoted in the different aspects of care and lifestyle such as provision of physical aids, support strategies to attend activities and support of legal and civic rights as applicable • Privacy, dignity and confidentiality are promoted by staff • Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them including any specific cultural or spiritual needs • The living environment supports care recipients' independent lifestyle through providing safe, well maintained buildings and equipment and sufficient, appropriate personal and communal areas • Care recipients/representatives have opportunities to participate in decision making • Care recipients/representatives are provided with appropriate information in relation to their rights and responsibilities at the time of entry and on an ongoing basis

Observations	• Care recipients' general appearance
	• Care recipients participating in activities and interactions with staff
	• Care recipients with any physical restraint
	• Facilities and equipment to assist with lifestyle choices and independence
	• Care recipient access to information about their rights, for instance, Charter of care recipients' rights and responsibilities and complaints information
	• Living environment to ensure:
	  – care recipient safety, for instance, lighting and egress routes
	  – care recipients' privacy, dignity and confidentiality is maintained
	• Staff practices such as call bell responses and discussions at handover

Care recipient/ representative interviews	• Satisfaction with assistance with the moving in process and emotional support at that time and on an ongoing basis • Examples of encouraging care recipient independence in relation to such things as legal and civic issues and participation in the life of the home and in the wider community • Visitor access such as hours and visiting areas • Satisfaction with and examples of staff supporting their privacy, dignity and confidentiality, such as not being rushed and staff speaking respectfully • Any examples of cultural and spiritual needs being met

Assessment module 10
Supporting independent lifestyle and preferences

Aspect 3	The independent lifestyle needs and preferences of care recipients are promoted and actioned.
Care recipient/ representative interviews	• Confirmation care recipients are informed about activities and assisted to attend • Examples of participation in decisions about care recipients' care needs and preferences
Staff interviews	• Communication across the home such as handover, meetings, communication books and plans of care • Examples of assisting care recipients emotionally when they first move in and on an ongoing basis • Examples of promoting physical independence and participation in the life of the home and the wider community • Examples of methods used to support care recipients' rights to privacy, dignity and confidentiality • Provision of activities such as the amount, timing, variety, care recipient input, informing and assisting care recipients to attend • Any examples of meeting specific cultural and spiritual needs of care recipients • Management examples of encouraging care recipient independence in relation to such things as legal and civic issues and communicating rights and responsibilities • Management and staff regarding provision of education programs in relation to independent lifestyle issues • Any visiting consultants such as physiotherapists, religious representatives and cultural group representatives regarding their communication with the home and actions taken
Documentation	• Documentation as in previous aspect • Documentation providing evidence of care recipient choice and involvement such as attendance records at activities and activity evaluations • Care recipient agreements • Training records in relation to care recipient choice, decision making and lifestyle activities

Assessment module 12
Pain management and palliative care

Aspects

1. The home is proactive in ensuring quality care and services regarding care recipients' pain management and palliative care needs, with improvements being made in consultation with care recipients, representatives, staff and other health professionals.

2. There is initial and ongoing assessment of needs and preferences in relation to the provision of pain management and where applicable palliative care services.

3. Care recipients' pain management and palliative care needs are actioned.

Process

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

- Ascertain the home's processes for ensuring the provision of pain management and palliative care services.

- Review the home's processes for ensuring the provision of pain management and palliative care services are in accordance with care recipients' needs and preferences.

- Interview at least 10% of care recipients/representatives and review at least 10% of care recipients' records, which may include a sample of deceased care recipients' files.

- Evaluate if:
  - care recipients are appropriately assessed for their pain management and palliative care needs
  - assessment includes consultation with the care recipient/representative and health care professionals as appropriate
  - actions carried out are appropriate
  - reassessment and evaluation is timely
  - staff have appropriate skills and knowledge to ensure the care needs of care recipients are met.

- Evaluate how information is used to improve the home's pain management and palliative care services.

Assessment module 12
Pain management and palliative care

Australian Government
Australian Aged Care Quality Agency

Assessment process	Use information from the following to assist in assessing the home's performance against the Accreditation Standards

Aspect 1	The home is proactive in ensuring quality care and services regarding care recipients' pain management and palliative care needs, with improvements being made in consultation with care recipients, representatives, staff and other health professionals.
Considerations	• Management demonstrates how improvements in pain management and palliative care are implemented and evaluated • There is a link between care recipient pain management and palliative care needs and preferences, care recipient/representative feedback and the home's continuous improvement activities • The home has monitoring systems in place to identify and where possible, prevent issues in pain management and palliative care from arising and recurring
Observations	• Recent improvements to the living environment and equipment/supplies which assist in the provision of pain management and palliative care
Care recipient/ representative interviews	• Knowledge of any improvements in pain management strategies and practices to maintain the comfort and dignity of care recipients • Satisfaction with the response to any comments or complaints relating to the provision of pain management
Staff interviews	• Knowledge of any improvements in pain management and palliative care
Documentation	• Examples of improvements to pain management and palliative care • Comments and complaints in relation relating to pain management and palliative care and the actions taken

Aspect 2	There is initial and ongoing assessment of needs and preferences in relation to the provision of pain management and where applicable palliative care services.

Considerations	• The home ensures regular assessments of the care recipients' pain management and palliative care needs are conducted and documented by appropriate staff such as:
	  – care recipients/representatives have access to information to assist them in making decisions about care recipients' pain management and palliative care needs, including in relation to refusing treatment
	  – consultation and communication with medical and health professionals about care recipients' care needs and preferences occurs
	  – assessment when moving into the home and on an ongoing basis

Assessment module 12
Pain management and palliative care

Aspect 2	There is initial and ongoing assessment of needs and preferences in relation to the provision of pain management and where applicable palliative care services.
Considerations	– identification of care recipients at risk of pain or requiring palliative care – identification of indicators of pain such as poor appetite, impaired mobility and dexterity, challenging behaviours, depression or agitation – determining and documenting the pain type, intensity, frequency and location – observation of nonverbal signs of pain – review of medications – consideration of non-pharmacological therapies – consideration of any cultural, religious and emotional support preferences • Plans of care are documented and care requirements are communicated to the relevant staff and: – reflect assessment and consultation with care recipients, representatives and appropriate health professionals – include any prescription or instructions by medical professionals • describe each care recipient's specific needs and preferences including specific instructions relating to privacy, dignity, choice and decision making, such as the right to refuse treatment
Observations	• Staff interactions with care recipients and representatives • Any visiting doctors, allied health professionals, religious representatives and counselling support services in relation to pain management and palliative care
Care recipient/ representative interviews	• Satisfaction with consultation in regards to pain management and where applicable palliative care needs and that preferences related to cultural, spiritual or emotional needs are considered • Satisfaction with access to medical officers and other specialists such as pain management specialists, palliative care teams, religious representatives and counselling support services
Staff interviews	• Staff in relation to care planning processes and identification of care recipients' individual needs and preferences in relation to pain management and palliative care including: – related aspects of care where they affect these areas such as skin care, oral care, nutrition and hydration and specialised nursing care – pharmacological, non-pharmacological and alternative therapies – cultural and spiritual needs, independence, privacy, dignity and choice

Assessment module 12
Pain management and palliative care

Australian Government
Australian Aged Care Quality Agency

Aspect 2	There is initial and ongoing assessment of needs and preferences in relation to the provision of pain management and where applicable palliative care services.
Staff interviews	• Actions taken in response to a change in needs such as referrals • How information from doctors, allied health professionals, religious representatives and counselling services is communicated to staff and is transferred into care documentation
Documentation	• Assessments, care plans, progress notes • Verbal and non verbal pain monitoring tools, observation charts, medication charts • Evidence of consultation with care recipients/representatives • Information from doctors and other health professionals related to pain management and palliative care • Where applicable, evidence of consultation with religious representatives or counselling services

Aspect 3	Care recipients' pain management and palliative care needs are actioned.
Considerations	• Information on legislative changes and professional guidelines is used to improve pain management and palliative care services to care recipients • Management, staff, care recipients and representatives confirm the adequacy of staff knowledge and skills at the home in relation to pain management and palliative care practices • Staff have access to and use of accurate information to assess care recipients' needs and develop care plans to ensure delivery of appropriate care • There is effective communication among departments of the home • Care needs are met in a way which ensures the privacy, dignity and respect of care recipients such as sufficient time for care to be carried out • Specialised nursing care such as complex pain management and palliative care is provided as needed by appropriately qualified staff • Supplies and equipment used for the provision of pain management and palliative care are maintained and stored appropriately
Observations	• Care recipients' general appearance in relation to comfort and emotional wellbeing • Availability of aids and equipment in relation to pain management • Availability of specialised nursing equipment in relation to palliative care • Living and working environment to ensure the privacy and dignity of care recipients is preserved • Call bell responses • Facilities for visiting families/friends • Any dedicated palliative care room and equipment

Aspect 3	Care recipients' pain management and palliative care needs are actioned.
Care recipient/ representative interviews	- Satisfaction with the home's approach to managing care recipients' pain needs and assistance to be as free from pain as possible - Satisfaction with the home's approach to managing care recipients' palliative care needs including physical, emotional, cultural and spiritual support needs - Confirmation of participation in decisions about care recipients' pain and where applicable palliative care management
Staff interviews	- Care staff in relation to assisting care recipients with pain management and palliative care - Staff in relation to assisting care recipients' with cultural, spiritual and emotional support - Communication among staff and access to information on care recipients' needs - Knowledge and skills for completing allocated care tasks and opportunities for training - Staff regarding their ability to complete tasks during their shifts and time available to provide emotional support to care recipients
Documentation	- Care recipients' care documentation as in previous aspect - Pain monitoring charts - Case conference information if available - Communication of information such as diaries and meeting minutes - Training records in relation to pain and palliative care

Assessment module 13
Care recipient satisfaction

Aspects

1. The home is proactive in ensuring quality care and services are provided for care recipients with improvements being made in consultation with care recipients and representatives.

2. Care recipients/representatives are satisfied with the care and services provided.

Process

The process followed is one of using information gathered from care recipient and representative interviews as a means of directing enquiry about the home's performance against the Accreditation Standards.

- Interview/observe at least 20% of care recipients/representatives. Where there are care recipients with cognitive impairment include observation of their environment, their interactions with others and short conversations to gain information.
- Evaluate if:
  - care recipients/representatives are involved in the initial assessment and ongoing care planning processes
  - care recipients/representatives' preferences are taken into account in the provision of care and services
  - reassessment and evaluation of care recipient needs and preferences is consultative and timely
  - care recipients/representatives are satisfied care and services cater to their needs
  - care recipients/representatives are satisfied staff have appropriate skills and knowledge to ensure care recipients' needs and preferences are met
  - care recipients/representatives are satisfied the home provides appropriate responses and actions in relation to their comments, complaints and feedback.
- Where issues or dissatisfaction arise in care recipient interviews follow-up with staff interviews and documentation review.

Assessment module 13
Care recipient satisfaction

Assessment process	Use information from the following to assist in assessing the home's performance against the Accreditation Standards

Aspect 1	The home is proactive in ensuring quality care and services are provided for care recipients with improvements being made in consultation with care recipients and representatives.
Considerations	• Examples of improvements in the care and services provided to care recipients • Mechanisms are used to ensure care recipients/representatives have opportunities for involvement in continuous improvement processes, such as through seeking their feedback • There is a link between care recipient needs and preferences, care recipient/representative feedback and the home's continuous improvement activities • Care recipients/representatives are informed about improvements within the home as appropriate
Observations	• Recent improvements to care and services for care recipients including where applicable those resulting from care recipient feedback
Care recipient/ representative interviews	• Examples of improvements to care and services provided • Knowledge of ways of making suggestions or complaints and if there is encouragement to do so • Satisfaction with feedback given and actions taken as a result of suggestions, complaints or other input
Staff interviews	Confirm information as necessary
Documentation	Confirm information as necessary

Aspect 2	Care recipients/representatives are satisfied with the care and services provided.
Considerations	• Care recipients/representatives are satisfied with the care and services provided by the home • Where issues are raised by care recipients/representatives follow these up with staff interviews and documentation review, guided by the Results and Processes Guide
Observations	• Access to information on care recipient's rights, advocacy services, complaints and feedback mechanisms, including in other languages as appropriate, such as brochures, posters, handbooks and information on noticeboards • Staff interactions with care recipients, including level and kinds of assistance provided and timeliness of response • Staff practices and their access to information on care recipients' needs and preferences • Care recipients mobilising, their general appearance and wellbeing

Assessment module 13
Care recipient satisfaction

Aspect 2	Care recipients/representatives are satisfied with the care and services provided.

Observations	• Availability of appropriately qualified staff to attend to any specific needs of care recipients
	• Any visitors or professionals providing support or services to care recipients
	• Meals are provided in a way which enhances care recipients' dining experience
	• The living environment including:
	  – safety and security systems
	  – cleanliness, odour, freedom from clutter and storage of equipment
	  – special arrangements for care recipients with sensory losses or requiring behaviour management strategies
	  – communal and outdoor areas, appropriate and well maintained furniture and fittings
	  – care recipient rooms for comfort including privacy and equipment to assist with independence or security such as call bells
	• Care recipients participating in leisure programs or other activities which relate to their spiritual and cultural needs and preferences

Care recipient/ representative interviews	*The following is a guide for the areas to be covered in care recipient interviews and will need to be adjusted depending on the care recipient. Not all areas will be covered with all care recipients as some questions may be inappropriate while others will need to be discussed in depth. Short interviews and observations also form an important part of the process and further investigation will be guided by care recipient responses.* • Knowledge of and comfort with making suggestions and complaints such as at meetings, discussions or in written form • Satisfaction that preferences and requests are taken into account in the provision of care and services • Satisfaction that staff have the knowledge and skills to perform their duties • Satisfaction with the manner in which care and services are provided, for example not being rushed, timeliness of requests for assistance and being treated with respect • Satisfaction with communication across the home, for example they are informed and consulted about matters related to services provided • Satisfaction with information provided and consultation in decisions about their care needs and preferences • Satisfaction with personal care provided including such things as assistance with showering and oral and dental care, skin care and continence management • Satisfaction with access to outside health and specialist services such as doctors and dentists

Assessment module 13
Care recipient satisfaction

Aspect 2	Care recipients/representatives are satisfied with the care and services provided.
Care recipient/ representative interviews	- Satisfaction that any specialised nursing care needs or sensory losses are catered for adequately - Medication management such as satisfaction with how staff administer medications - Satisfaction with any pain management including chronic, one-off pain, the use of alternative therapies and the effectiveness of treatments - Satisfaction that care recipients receiving palliative care have their physical, emotional, cultural and spiritual needs and preferences met - Satisfaction that mobility and dexterity is encouraged, for example by the provision of aids, physiotherapy programs and individual or group exercise sessions - Satisfaction there are appropriate behaviour management strategies so other care recipients do not infringe on their rights - Satisfaction with catering including such things as opportunities for input into the menu, choices available, special diets and the sufficiency, variety and presentation of meals - Satisfaction with ways natural sleep is promoted such as noise control or provision of support during the night - Satisfaction with emotional support on entry to the home and on an ongoing basis - Satisfaction with visitor access and facilities for visitors - Any examples of ways in which their civil, financial and legal independence is encouraged such as voting - Satisfaction with and examples of ways in which their privacy, dignity and confidentiality is respected - Satisfaction with leisure activities including the variety, amount and timing such as at weekends and opportunities for involvement in the community outside the home - Satisfaction with and any examples of ways in which their cultural needs, including linguistic, are met - Satisfaction with and examples of ways in which their spiritual needs are met - Satisfaction with the comfort and maintenance of the indoor and outdoor environment - Satisfaction with access to and maintenance of goods and equipment to meet their individual needs such as mobility and eating aids - Satisfaction with the level of safety and security at the home, including at night - Satisfaction with the cleanliness of the home - Satisfaction with the laundry service including in relation to lost or damaged items

Aspect 2	Care recipients/representatives are satisfied with the care and services provided.
Staff interviews	Confirm and follow-up information as needed
Documentation	Confirm and follow-up information as needed