

# Australian Retirement Village **Accreditation** **Scheme Standards**

Version 2, January 2023

# TABLE OF CONTENTS

<b>INTRODUCTION.....</b>	<b>4</b>
The ARVAS Standards.....	4
Rating Framework.....	5
Accreditation.....	5
Applicability Guidelines.....	6
<b>STANDARD 1 – COMMUNITY MANAGEMENT.....</b>	<b>7</b>
Principle.....	7
Overview.....	7
Criterion 1.1 Community Manager.....	8
Criterion 1.2 Policies and Procedures.....	10
Criterion 1.3 Resident Billing.....	12
Criterion 1.4 Information Management.....	13
Criterion 1.5 Contract Management.....	15
Criterion 1.6 Quality Improvement.....	17
<b>STANDARD 2 – HUMAN RESOURCE MANAGEMENT.....</b>	<b>20</b>
Principle.....	20
Overview.....	20
Criterion 2.1 Selection and Induction.....	21
Criterion 2.2 Performance Development.....	23
Criterion 2.3 Credentialing.....	25
Criterion 2.4 Work Health and Safety.....	28
<b>STANDARD 3 – RESIDENT ENTRY AND EXIT.....</b>	<b>31</b>
Principle.....	31
Overview.....	31
Criterion 3.1 Sales and Marketing.....	31
Criterion 3.2 Contracting.....	33
Criterion 3.3 Orientation.....	35
Criterion 3.4 Resident Exit.....	37

<b>STANDARD 4 – RESIDENT ENGAGEMENT AND FEEDBACK.....</b>	<b>41</b>
Principle.....	41
Overview.....	41
Criterion 4.1 Resident Engagement.....	41
Criterion 4.2 Resident Information.....	44
Criterion 4.3 Annual Meeting of Residents.....	46
Criterion 4.4 Resident Committee.....	48
Criterion 4.5 Resident Experience.....	50
Criterion 4.6 Complaints and Disputes.....	52
<b>STANDARD 5 – COMMUNITY ENVIRONMENT, SERVICES AND FACILITIES.....</b>	<b>54</b>
Principle.....	54
Overview.....	54
Criterion 5.1 Common Areas and Facilities.....	55
Criterion 5.2 Catering Services.....	57
Criterion 5.3 Transport Services.....	60
Criterion 5.4 Maintenance Services.....	62
Criterion 5.5 Personal Services.....	65
Criterion 5.6 Emergency Response.....	68
<b>STANDARD 6 – SAFETY AND SECURITY.....</b>	<b>71</b>
Principle.....	71
Overview.....	71
Criterion 6.1 Environmental Safety and Security.....	72
Criterion 6.2 Plant and Equipment.....	74
Criterion 6.3 Emergency and Disaster Management.....	75
Criterion 6.4 Fire Safety.....	77
<b>STANDARD 7 – RESIDENT CARE.....</b>	<b>80</b>
Principle.....	80
Overview.....	80
The Care Standard.....	81

<i>What is the Care Standard?</i> .....	81
<i>When does the Care Standard apply?</i> .....	81
<i>What if the Scheme Operator is an approved provider of Commonwealth funded home care?</i> .....	85
Criterion 7.1 Leadership and Governance.....	86
Criterion 7.2 Dignity and Choice.....	89
Criterion 7.3 Assessment and Care Planning.....	92
Criterion 7.4 Care and Service Delivery.....	94
Criterion 7.5 Quality and Safety.....	97
APPENDIX 1: COMMUNITY OPERATIONS MATRIX.....	101
APPENDIX 2: FIRE SAFETY AND REGULATORY INSTRUMENTS.....	102

## INTRODUCTION

The Australian Retirement Village Accreditation Scheme (ARVAS) is the new single-industry accreditation scheme for operators of retirement villages and seniors housing.

ARVAS is co-owned by two organisations that represent the owners and operators of retirement villages and seniors housing: Property Council of Australia and Aged & Community Care Providers Association (ACCPA). It replaces two previous schemes, Lifemark and IRCAS, and consolidates their infrastructure into a single scheme.

As part of the scheme's development process, an entirely new set of Standards has been devised to reflect the different elements of a resident's experience within a retirement village, and the evolving service offering within communities.

The ARVAS Standards are designed to work directly with the Retirement Living Code of Conduct, which is the sector's self-assessment tool. As such, any organisation wishing to apply for accreditation under ARVAS must be an active subscriber to the Retirement Living Code of Conduct.

### The ARVAS Standards

The ARVAS Standards comprise seven quality areas as follows:

- Standard 1 – Community Management
- Standard 2 – Human Resource Management
- Standard 3 – Resident Entry and Exit
- Standard 4 – Resident Engagement and Feedback
- Standard 5 – Environment, Services and Facilities
- Standard 6 – Safety and Security
- Standard 7 – Resident Care (If applicable, see p.81).

The ARVAS Standards have a three-level hierarchy comprising Standards, Criteria and Indicators. Each Standard is comprised of Criteria; each Criterion is comprised of Indicators. The ARVAS Standards are supported by explanatory notes, which provide important information for Scheme Operators, accrediting agencies and surveyors about how the ARVAS Standards should be interpreted and applied. The practical provision of the ARVAS Standards is detailed in the explanatory notes.

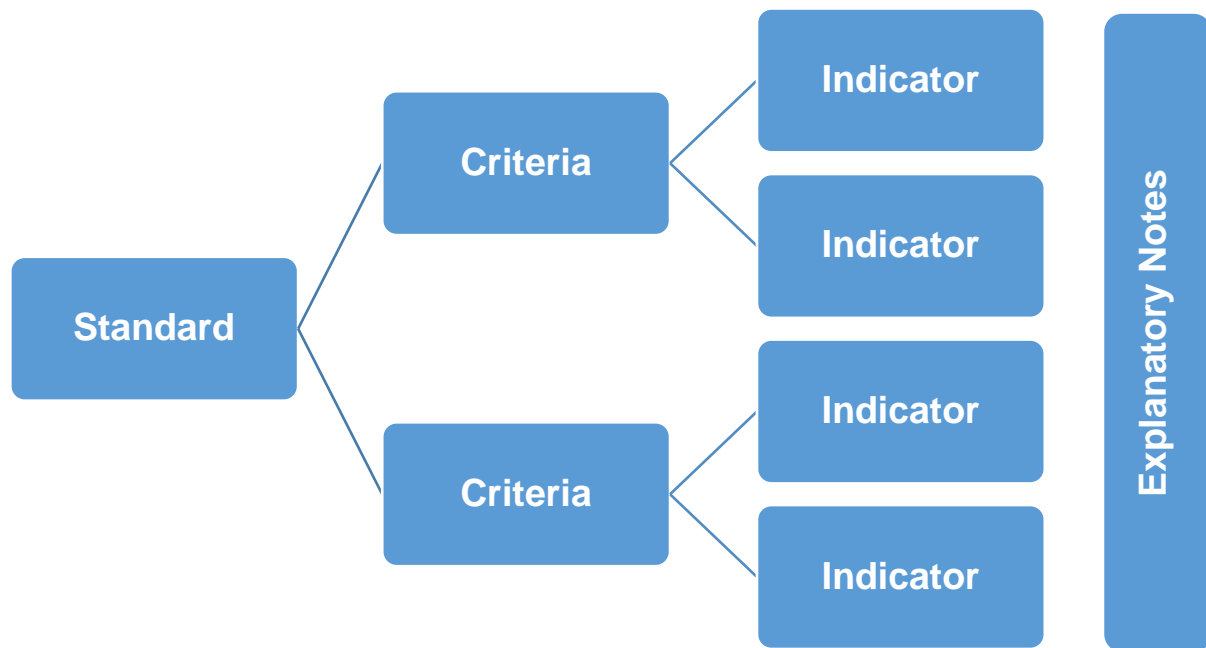
The Explanatory Notes include minimum requirements and also general considerations that are intended to be aspirational and inform quality improvement.

A Standard, in the context of the ARVAS Standards, is a high-level business system that is critical to the Retirement Community's effective functioning, the achievement of compliance and positive operational outcomes. Each Standard has a title, which describes the system overall, and an objective, which describes what the Standard is intended to achieve.

Each Standard is comprised on criteria. A Criterion is an essential component required for the objective of the Standard to be achieved. Each Criterion has a title, which describes the process, and an outcome statement, which describes what the Criterion is intended to achieve.

Each Criterion is comprised of Indicators. An Indicator is an activity, output or process that can be objectively measured through third-party assessment processes such as an interview, document review and/or inspection. It will, in combination with other specified Indicators, provide assurance that the outcome specified at Criterion level is, or is likely to be, achieved. Indicators are the level of measurement within the ARVAS Standards.

*Diagram 1: ARVAS Standards structural hierarchy*



## Rating Framework

Assessment is undertaken at Indicator level; however, ratings are applied at the level of the Indicators, Criterion and Standards. For accreditation against the ARVAS Standards, there will be two ratings, 'met' and 'not met' for each Indicator.

The algorithm for determining compliance and applying ratings at Criteria and Standard level is as follows:

- An Indicator is rated 'met' if there is objective evidence of achievement based on the Explanatory Notes and Evidence Guide. An Indicator is rated 'not met' if there is insufficient evidence of achievement based on the Explanatory Notes and Evidence Guide, including any 'required evidence' - signified with the ® symbol.
- A Criterion is rated 'met' if all applicable Indicators for the Criterion are rated 'met'. A Criterion is rated 'not met' if one or more applicable Indicators for the Criterion is rated 'not met'.
- A Standard is rated 'met' if each applicable Criterion for the Standard is rated 'met'. A Standard is rated 'not met' if one or more applicable Criteria is rated 'not met'.

## Accreditation

Accreditation is awarded where all Standards are rated 'met'.

Accreditation may be granted conditionally ('Conditional Accreditation') where up to five indicators are rated 'not met' because of minor deficiencies that can be remedied within a short time frame (three months), and where an Improvement Plan has been submitted by the Scheme Operator that sets out action to remedy minor deficiencies and achieve full compliance with the Standards.

## Applicability Guidelines

Standards 1-6 apply to all Retirement Communities. Assessment against these Standards is a requirement for accreditation. Some Criteria within each Standard may not apply to all Communities. Applicability guidelines are provided with the explanatory notes for each Criterion.

Standard 7 (Resident Care) applies to Communities that provide care services. A care service is a service provided by an employee or contractor of the Scheme Operator, where the employee or contractor:

- Comes into direct contact with the person (bathing, dressing, grooming etc).
- Provides medication support services
- Provides a service that is within the scope of practice for a regulated health practitioner as defined by the Australian Health Practitioner Regulation Authority (AHPRA).
- Provides the service under the direction/supervision of an AHPRA registered health practitioner (medical officer, registered nurse, physiotherapist etc).

Detailed information about care services is provided in the pre-amble to Standard 7 and/or in the Explanatory Notes for specific Criterion within Standard 7.

Standard 7 is applicable where the care service is provided as an included service in the residence contract/lease agreement or as an additional service on a fee-for-service basis (and provided directly by the Scheme Operator).

Standard 7 does not apply to care services that are government funded and otherwise regulated such as Home Care Packages (HCPs) provided under the Commonwealth's Home Care Package Programme, home support provided under the Commonwealth Home Support Programme (CHSP), and services funded by the Department of Veterans' Affairs (DVA) such as Community Nursing and Veterans' Home Care.

## STANDARD 1 - COMMUNITY MANAGEMENT

### Principle

*The Community is managed efficiently and effectively; the Community Manager is a positive and proactive leader of the Community team with a strong customer service orientation.*

### Overview

Criteria	Indicators
1.1 Community Manager	1.1.1 There is a designated point of responsibility for management of the Community, who is sufficiently accessible in the Community to meet operational requirements.
1.2 Policies and Procedures	1.2.1 A management system (policies, procedures and operational tools) is in place, aligned to the scope of Community operations and applicable regulatory requirements.
	1.2.2 Policies are implemented, communicated and accessible, relevant to roles and responsibilities.
1.3 Resident Billing	1.3.1 The recurrent fees and charges that residents are expected to pay are documented and communicated, including any changes.
	1.3.2 Transparent invoicing and billing process are operational, which enables the resident to reconcile invoices to advertised fees and charges.
1.4 Information Management	1.4.1 An individual file (electronic and/or paper-based) is maintained for each resident, which includes all documents, records and communications relevant to that resident/unit; resident files are stored securely and accessible only to those who need it.
	1.4.2 An individual file (electronic and/or paper-based) is maintained for each employee, which includes all documents, records and communications relevant to that employee; employee files are stored securely and accessible only to those who need it.
	1.4.3 Information is managed in accordance with the requirements of applicable privacy legislation.
	1.4.4 Computer security protocols are operational to ensure the privacy of personal information.
1.5 Contract Management	1.5.1 Contracts are in place for key externally sourced goods and services, and set out service levels, safety and quality requirements.



	1.5.2 The quality of externally sourced goods and services is monitored and managed against contractual requirements.
1.6 Quality Improvement	1.6.1 A planned approach to quality improvement is in place to ensure opportunities for improvement are identified and acted on.

## Criterion 1.1 Community Manager

1.1.1 *There is a designated point of responsibility for management of the Community, who is sufficiently accessible in the Community to meet operational requirements.*

### Explanatory Notes

The capability and approach of the Community manager has emerged as a key theme in resident consultation and survey data. Ensuring a Retirement Community has an appropriately skilled and experienced Community manager — who is present and available to residents and familiar with the regulatory environment of retirement living in Australia — is a key way Scheme Operators can contribute to positive operational outcomes and experiences for residents.

The ARVAS Standards recognise that Communities vary significantly in the size and complexity of their operations. Scheme Operators will need to consider the capability of the Community manager in relation to the unique characteristics of the Community they manage. For example, a person managing a Community with a Body Corporate or Owners Corporation would need to demonstrate an understanding of the regulatory requirements relevant to these types of Communities and the impact on operational processes.

The matrix at Appendix 1 provides guidance for Scheme Operators about capability requirements of Community managers in the context of the Community/Communities they manage.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct in relation to Community management.

The Standards recognise Scheme Operators will not always be able to secure Community manager candidates that demonstrate all the required skills and experience. A structured programme of training, mentoring and/or professional development can support resolution of identified capability gaps.

The approach and personal style of the Community manager is as important as technical/industry knowledge. Openness to feedback, a proactive approach to resident and community engagement, and a strong orientation toward customer service will contribute to a positive culture and strong operational outcomes.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. It is equally important in this model that residents know who to contact to

resolve issues and that the nominated person is reasonably available, responsible and capable relative to their assigned roles.

This Criterion cross-references to Standard 2 Human Resource Management in relation to the recruitment, training, monitoring and development of Community managers. Effective management of the Community manager will support positive performance in this Criterion. For example:

- Recruitment, selection, induction and performance development processes that are linked to capability requirements
- Position expectations documented in employment contract and position description
- Training and performance development linked to role priorities and any identified skill gaps

## **Cross References**

- Criterion 1.2 Policies and Procedures
- Criterion 2.1 Selection and Induction
- Criterion 4.1 Resident Engagement

## **Applicability Guidelines**

- Applies to all Communities. There are no exclusion criteria.

## **Assessment and Self-Assessment Guidelines**

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Community manager employment contract ®</li> <li>▪ Community manager position description ®</li> <li>▪ Community manager capability matrix (if completed)</li> <li>▪ Community manager induction records</li> <li>▪ Community manager performance evaluation records ®</li> <li>▪ Community manager training and development records/plan</li> <li>▪ Feedback (comments and complaints) about the Community manager gathered through internal staff and resident surveys or feedback mechanisms</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators must evaluate resident experience and satisfaction with village management through feedback mechanisms</li> <li>▪ Assessors will interview residents in relation to their access to, and experience with, the Community manager</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider the responsibilities of Community managers in relation to the requirements of the ARVAS Standards</li> <li>▪ Assessors will interview the Community manager or equivalent</li> <li>▪ Assessors may interview the middle and senior management, e.g. the Community manager's direct supervisors and the person with executive responsibility for the Community operationally</li> </ul>

	<ul style="list-style-type: none"> <li>Assessors may consider staff feedback provided during the accreditation survey about the Community manager's approach and performance</li> </ul>
Observation	<ul style="list-style-type: none"> <li>Assessors will make opportunistic observations throughout the assessment process about the approach and personal style of the Community manager and interactions with staff and residents</li> </ul>

## Criterion 1.2 Policies and Procedures

- 1.2.1 *A management system (policies, procedures and operational tools) is in place, aligned to the scope of Community operations and applicable regulatory requirements.*
- 1.2.2 *Policies are implemented, communicated and accessible, relevant to roles and responsibilities.*

### Explanatory Notes

Comprehensive policy guidelines that are accurate and accessible are a key way Scheme Operators can define their intent in specific operational areas and comply with regulatory requirements.

Scheme Operators should consider establishing policy guidelines that cover all aspects of the ARVAS Standards at a minimum, and other aspects of the Community operations based on risk and local requirements.

Policy guidelines may be paper-based or electronic, or a combination of both. Key considerations to meet the requirements of this Criterion are as follows:

- Policies are accurate, contemporary and reviewed periodically
- Policies are comprehensive, addressing all aspects of the subject matter sufficiently to provide guidance
- Policies are accessible, staff can access policies that relate to their role easily
- Policies are supported by operational tools such as forms and documents
- Policies are implemented through induction and ongoing training programmes
- Policies are regularly reviewed

In an increasingly digital world, Scheme Operators may choose to make policies available electronically. There are many advantages to electronic policies in relation to efficient updating and change management. Regardless of how policies are made available, Scheme Operators will need to consider how staff at all levels of the organisation can access and refer to the policies required to undertake their roles.

It is vital that policies guide operational processes. The following strategies can assist Scheme Operators to be assured operational practice aligns with the requirements or organisational policy.

- Incorporating key policy requirements into induction, communication and ongoing training programmes
- Periodic review of policies in consultation with those involved in operationalising them
- Incorporating key policy requirements into internal audit and quality improvement programmes

A structured process for the periodic review of policies is important to ensure they remain relevant and contemporary. The ARVAS Standards do not define the manner or frequency of policy review. To meet the requirements of this Criterion, Scheme Operators will need to demonstrate their process for policy review and change management.

To meet the requirements of this Criterion, Scheme Operators must also comply with any policy requirement set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Policy guidelines that are readily available to staff are vitally important in all contexts of retirement living.

## Cross References

- Criterion 1.4 Information Management
- Criterion 1.6 Quality Management

## Applicability Guidelines

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Quality management policies or equivalent ®</li> <li>▪ Document management policies</li> <li>▪ Policies/policy manual (paper or online) ®</li> <li>▪ Procedures and operational tools</li> <li>▪ Records of policy review</li> <li>▪ Resident communications such as handbooks, newsletters and memos showing communication of policies relevant to residents</li> <li>▪ Records of training/communication in relation to policy implementation</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate the degree of compliance with policies and procedures, and how key policies are communicated to residents, through surveys</li> <li>▪ Assessors will interview residents in relation to their awareness of key policies that are relevant to them</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider how responsibility for the management of policies and procedures is assigned through the staffing structure, including developing, implementing, reviewing and changing policies and procedures</li> <li>▪ Assessors will interview the policy owner about their policy-management processes</li> <li>▪ Assessors will interview staff about their access to policies required to perform their roles, awareness of key policy topics and training provided about key policies ®</li> </ul>

Observation	<ul style="list-style-type: none"> <li>Assessors will make observations about the location and accessibility of policies; any software systems used to store policies and procedures, and arrangements for the physical storage of policies and procedures</li> </ul>
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## Criterion 1.3 Resident Billing

- 1.3.1 *The recurrent fees and charges that residents are expected to pay are documented and communicated, including any changes.*
- 1.3.2 *Transparent invoicing and billing processes are operational, which enables the resident to reconcile invoices to advertised fees and charges.*

### Explanatory Notes

Consultation and survey data show clarity and transparency about fees, charges and billing are a key concern for residents and advocacy groups in the retirement living sector.

Fixed fees and charges related to the purchase or lease of a Retirement Community unit or apartment, including departure/deferred management fees are included under Standard 3 Entry and Exit. Criterion 1.3 Resident Billing sets out the requirements related to invoicing and billing about recurrent fees and charges, including weekly general services fees and fees and charges for additional services, including additional personal services.

Recurrent fees and charges must be consistent with any relevant provision in the purchase or lease agreement regarding the range and quantum of fees and charges. They must also be consistent with any arrangement for billing and payment. Key factors for Scheme Operators when considering their compliance with this Criterion include:

- Providing information about fees and charges in a simple, plain-English format that enables residents to reconcile invoices to advertised fees and charges
- A timely and effective way for residents to seek explanation and clarification about fees and charges
- Providing a range of ways for residents to pay for fees and charges, including electronic funds transfer, cheque or cash payments if requested.

To meet the requirements of this Criterion, Scheme Operators must also comply with any relevant employment requirement set out in the Retirement Living Code of Conduct related to billing, fees and charges.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Transparent billing and charging processes are vitally important in all contexts of retirement living.

### Cross References

- Criterion 1.2 Policies and Procedures
- Criterion 4.4 Annual Meeting of Residents
- Criterion 4.6 Complaints and Disputes

## Applicability Guidelines

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Policies and procedures about billing and charging for recurrent fees and charges ®</li> <li>▪ Purchase/lease agreement provisions about recurrent fees and charges</li> <li>▪ Documented resident information about fees and charges</li> <li>▪ Invoices/statements about recurrent fees and charges</li> <li>▪ Complaint register showing the management of complaints related to fees and charges</li> <li>▪ Records of dispute resolution facilitated by external bodies</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience and satisfaction with billing through surveys</li> <li>▪ Assessors will interview residents about billing processes</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider how responsibility for resident billing is assigned through the staffing structure</li> <li>▪ Assessors will interview finance/administration staff about billing processes and how they respond to queries about billing ®</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Assessors will make opportunistic observations about billing processes and information systems used to manage billing</li> </ul>

## Criterion 1.4 Information Management

- 1.4.1 *An individual file (electronic and/or paper-based) is maintained for each resident, which includes all documents, records and communications relevant to that resident/unit; resident files are stored securely and accessible only to those who need it.*
- 1.4.2 *An individual file (electronic and/or paper-based) is maintained for each employee, which includes all documents, records and communications relevant to that employee; employee files are stored securely and accessible only to those who need it.*
- 1.4.3 *Information is managed in accordance with the requirements of applicable privacy legislation.*
- 1.4.4 *Computer security protocols are operational to ensure the privacy of personal information.*

## Explanatory Notes

Effective management of resident information (paper-based or electronic) will enable Scheme Operators to demonstrate their interaction with residents throughout the continuum of their residence.

Resident files should include at a minimum:

- A copy of the purchase or lease agreement for each resident/unit, including any disclosure documents provided to the resident
- Correspondence received from, and provided to, the resident/s during their tenure
- Copies of any incidents or complaints in relation to the resident/s

Effective management of employee information in an aggregate file (paper-based or electronic) will enable Scheme Operators to demonstrate their human resource management process throughout the continuum of employment.

Employee files should include at a minimum:

- Employment records, including the employment contract and position description
- Original (or certified copies) of any qualifications or certificates the employee is required to hold
- Performance development and training records
- Correspondence received from and provided to the employee
- Incident or grievance records

The ARVAS Standards recognise that for larger Scheme Operators, key aspects of both resident and employee information and files may be held at a corporate office or location. Scheme Operators must consider which aspects of resident and employee information is required at the Community level to enable the Manager to perform their functions and comply with the ARVAS Standards to ensure such information is readily accessible.

In Australia, information privacy is regulated under the *Privacy Act 1988 (Cth.)*, which incorporates the National Privacy Principles (NPPs). The Privacy Act addresses the protection of a person's personal information, that is, information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained from the information or opinion.

The Privacy Act regulates how personal information is handled. For example, it covers the collection, use, disclosure and accuracy of personal information an organisation holds, including a person's general right to access personal information held about them. To comply with the requirements of the ARVAS Standards, Scheme Operators are required to establish privacy policies, procedures and protocols aligned to the requirements of the Privacy Act and NPPs. Scheme Operators will also need to identify and meet privacy requirements set out in State and Territory legislation.

To meet the requirements of this Criterion, Scheme Operators must also comply with any relevant information management requirement set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Effective management of employee and resident information is vitally important in all contexts of retirement living.

### **Key Considerations**

- A privacy policy that meets the requirements of the Privacy Act and NPP
- A Privacy Statement



- A single point of responsibility for privacy and privacy requests (for eg nominated Privacy Officer)
- Ensuring both resident and employee records are stored securely as required by privacy legislation, whether paper-based or electronic
- Ensuring staff have access, as required, to resident and employee records, including appropriate computer access
- Induction and ongoing training of staff in relation to privacy obligations

## Cross References

- Criterion 1.2 Policies and Procedures

## Applicability Guidelines

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Privacy policy ®</li> <li>▪ Privacy statement ®</li> <li>▪ Document and/or records management policies/procedures</li> <li>▪ Employee files ®</li> <li>▪ Resident files ®</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Assessors will interview residents about their experience requesting access to their personal information</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider how responsibility for information management and information systems is assigned through the staffing structure</li> <li>▪ Assessors will interview staff about their access to resident records and information systems required to perform their roles effectively, their access to computer and software systems as required to access relevant documents, their awareness of privacy obligations and the action to take in the event of a suspected privacy breach</li> <li>▪</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Privacy statement on Company webpage</li> <li>▪ Information systems used to stored documents and records</li> <li>▪ Physical onsite storage for resident/employee files</li> </ul>

## Criterion 1.5 Contract Management

- 1.5.1 *Contracts are in place for key externally sourced goods and services, and set out service levels, safety and quality requirements.*
- 1.5.2 *The quality of externally sourced goods and services is monitored and managed against contractual requirements.*



## ***Explanatory Notes***

Ensuring that externally sourced services are provided to an acceptable standard is important to provide a quality retirement living service and a positive resident experience. Scheme Operators remain responsible for the safety and quality of externally sourced services.

The ARVAS Standards do not expect that a documented contract or Service Level Agreement will be in place for all externally sourced goods and services. Scheme Operators should apply a risk management approach to determine where a structured approach is required. Where contracts or Service Level Agreements are not considered necessary, preferred supplier arrangements can provide a degree of assurance about quality.

A contract or Service Level Agreement should be considered for goods and services that have a significant impact on service quality and resident experience (where they are externally sourced). For example:

- Food and catering
- Linen and cleaning services
- Grounds and garden maintenance
- General maintenance
- Care services
- Transport service

To meet the requirements of this Standard, Scheme Operators will need to demonstrate how procurement and contracts are managed, and how their performance is monitored.

To meet the requirements of this Criterion, Scheme Operators must also comply with any relevant procurement or contract requirement set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Effective management of key externally provided services is vitally important in all contexts of retirement living.

## ***Key Considerations***

- Comprehensive contracts/agreements that articulate clearly the required service level
- A single point of responsibility for procurement contracting
- Clear communication with service providers about service-level expectations
- A process for resolving issues and disputes with service providers
- A dedicated point of responsibility within the organisation for monitoring service quality and managing the relationship with the provider
- Monitoring the quality of externally sourced services

## ***Cross References***

- Criterion 1.1 Community Management
- Criterion 1.2 Policies and Procedures
- Criterion 1.6 Quality Improvement

- Standard 5 Community Environment and Services
- Standard 6 Safety and Security

## Applicability Guidelines

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Contract or Service Level Agreements ®</li> <li>▪ Preferred supplier list or register</li> <li>▪ Records of evaluation or feedback about service quality ®</li> <li>▪ Records of discussions with the service provider about service provision and service quality</li> <li>▪ Internal audit results that show an evaluation of service quality with externally sourced services</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident satisfaction with key externally sourced services through surveys</li> <li>▪ Assessors will interview residents about the quality of key externally sourced services gathered through internal survey and feedback mechanisms</li> <li>▪ Resident feedback about the quality of externally sourced services provided at accreditation survey</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider how responsibility for contract management is assigned through the staffing structure</li> <li>▪ Assessors will interview staff about how they provide feedback regarding quality for key externally sourced services</li> <li>▪ Assessors will interview management about the process of contracting and management of contracts for key externally sourced services</li> <li>▪ Assessors may interview the contract or procurement manager, if there is one, in relation to contracting and contract management</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Assessors may make opportunistic observations about key externally sourced services being provided</li> </ul>

## Criterion 1.6 Quality Improvement

1.6.1 *A planned approach to quality improvement is in place to ensure opportunities for improvement are identified and acted on.*

## Explanatory Notes

Quality improvement is a structured and ongoing process aimed at making changes that will lead to better business and resident outcomes. The ARVAS Standards do not prescribe any methodology or approach to quality improvement; Scheme Operators should adopt the quality improvement systems and process that align best with business needs.

At its simplest, quality improvement is a cyclical process that involves:

- Monitoring service quality
- Evaluating the results of monitoring activities
- Identifying strengths and opportunities to improve
- Implementing improvements and evaluating their effectiveness

Monitoring activities are those that provide insight or a measure into quality or compliance, such as audits (internal or external), surveys, and statistical reports and trends. Data on incidents, hazards, complaints and suggestions can provide valuable insights into the effectiveness of business processes.

Evaluation of monitoring data will identify both strengths and opportunities for improvement. For example, analysis of complaint data may identify a trend that can be addressed through quality improvement action.

Quality improvement processes operate most effectively in an organisational culture where the focus is on systems and processes rather than the performance of individuals within the system.

It may be useful to record planned improvements on a register to track improvement efforts. Where Scheme Operators choose not to track improvement action on a register, they will need to consider other ways to demonstrate their quality improvement achievements.

Providing feedback to residents about quality improvements that have resulted from their feedback is a key way that Scheme Operators can demonstrate a commitment to being responsive to resident input.

To meet the requirements of this Criterion, Scheme Operators must also comply with any relevant quality management requirements set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Quality improvement is a vital process in all contexts of retirement living.

### **Key Considerations**

- Mechanisms for monitoring service quality
- Quality monitoring schedule
- Quality improvement plan
- Quality activity evaluation

### **Cross References**

- Criterion 1.2 Policies and Procedures
- Criterion 2.4 Work Health and Safety
- Criterion 4.5 Resident Experience
- Criterion 4.6 Complaints and Disputes

### **Applicability Guidelines**

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Quality plan/internal audit plan</li> <li>▪ Quality improvement records plan</li> <li>▪ Quality coordinator position description (if applicable)</li> <li>▪ Audit and survey results ®</li> <li>▪ Complaint and suggestion data ®</li> <li>▪ Incident and hazard data ®</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience using responses to suggestions and feedback</li> <li>▪ Assessors will interview residents about their experience making suggestions and the way changes and improvements are managed</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider how responsibility for quality management/improvement is assigned through the staffing structure</li> <li>▪ Assessors will interview the Manager about the Communities approach to quality management and quality improvement</li> <li>▪ Assessors may interview the Quality Manager or Quality Coordinator if one is in place about quality improvement</li> <li>▪ Assessors will interview staff about how they act on resident suggestions and make suggestions</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Assessors will make opportunistic observations of quality improvements undertaken</li> </ul>

## STANDARD 2 - HUMAN RESOURCE MANAGEMENT

### Principle

*The Community's employment management practices ensure that the quality and quantity of staff are sufficient to meet operational needs.*

### Overview

Criteria	Indicators
2.1 Selection and Induction	2.1.1 Recruitment processes ensure that employees have the knowledge and skills to perform their roles effectively.
	2.1.2 Role expectations are communicated to employees at the commencement of employment and whenever a role changes.
2.2 Performance Development	2.2.1 The Community manager actively monitors and manages employee performance.
	2.2.2 Community employees and volunteers receive induction and ongoing training and professional development appropriate to their role.
2.3 Credentialing	2.3.1 Community employees hold qualifications, licences and/or certifications they are required to hold under their employment contract (or the duties they perform), including but not limited to: <ul style="list-style-type: none"> <li>- A current police certificate/declaration;</li> <li>- First aid certifications;</li> <li>- AHPRA registration for Enrolled and Registered Nurses;</li> <li>- Personal care worker certifications;</li> <li>- Relevant driver licences for employees responsible for driving or transport services;</li> <li>- Applicable food services certifications and credentials.</li> </ul>
2.4 Work Health and Safety	2.4.1 A work health and safety programme is implemented and operational as per regulatory requirements.
	2.4.2 First aid kits are located at a range of locations throughout the Community and are regularly audited and replenished.

## Criterion 2.1 Selection and Induction

- 2.1.1 *Recruitment processes ensure that employees have the knowledge and skills to perform their roles effectively.*
- 2.1.2 *Role expectations are communicated to employees at the commencement of employment and whenever a role changes.*

### Explanatory Notes

The employee quality cycle can be thought of a cyclical process that involves:

- Defining role and performance expectations (Indicator 2.1.1)
- Communicating role and performance expectations (Indicator 2.1.2)
- Monitoring role satisfaction and performance (Indicator 2.2.1)
- Improving role satisfaction and performance (Indicator 2.2.1)

The focus of Criterion 2.1 is the first two steps of this cycle; Criterion 2.2 covers steps 3 and 4.

Scheme Operators can promote and enhance role clarity by providing clear information about the scope and boundaries of each role. Position descriptions are a useful way to document and communicate role expectations. They will be most useful and effective if they are accurate and reasonably comprehensive, covering each component of the role.

Position descriptions can be used to design recruitment advertisements and interview questions. These discussions enable prospective employees to talk about their approach and experience for each requirement of the role. This will provide insight into the person's suitability and capacity to perform the role effectively.

Linking each component of the role to measurable performance criteria will give employees a clear sense of the achievements expected, and how their performance in the role will be measured. This provides a transparent link between the position description and the performance evaluation processes.

Performance evaluation processes are a useful opportunity to review position descriptions for accuracy and completeness, from both an employee and organisational perspective. Documenting agreed changes to the scope of a role as it happens will contribute to the ongoing alignment of employee activities and performance with organisational expectations. Asking employees to sign off on agreed changes in their role provides a record that the change was discussed and agreed.

Beyond the functional and operational aspects of employee performance expectations, position descriptions are a useful way to align employee behaviour to the organisational vision, mission, values and philosophy, and to relational aspects of the role, such as customer service, quality and safety.

To meet the requirements of this Criterion, Scheme Operators must also comply with any relevant employment requirement set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a

defined site. Effective recruitment processes are vitally important in all contexts of retirement living.

## Key Considerations

- Position descriptions are documented and reviewed
- Employment contracts set out role requirements
- Employment advertisements align with the position description
- Interview notes align with position descriptions
- Performance evaluations include a review of position descriptions
- Performance evaluations include a discussion about the ongoing accuracy of position descriptions
- Employees sign off on changes in their role position description

## Cross References

- Criterion 1.1 Community Manager
- Criterion 1.2 Policies and Procedures
- Criterion 2.2 Performance Development
- Criterion 2.3 Credentialing
- Criterion 4.5 Resident Experience

## Applicability Guidelines

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Recruitment policies and/or procedures ®</li> <li>▪ Position descriptions and/or similar documentation ®</li> <li>▪ Employment contracts ®</li> <li>▪ Employment advertisements</li> <li>▪ Interview and evaluation records</li> <li>▪ Referee check records ®</li> <li>▪ Performance evaluation records ®</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider how responsibility for recruitment and induction is assigned through the staffing structure</li> <li>▪ Scheme Operators may wish to evaluate resident experience with staff, including their approach and personal style</li> <li>▪ Assessors will interview residents about the staff approach</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Assessors will interview the Manager about processes for recruitment and induction</li> <li>▪ Assessors may interview Human Resources staff about recruitment and induction</li> <li>▪ Assessors will interview staff about their experiences with induction and the degree to which they felt well prepared for their role</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Not applicable</li> </ul>



## Criterion 2.2 Performance Development

- 2.2.1 *The Community manager actively monitors and manages employee performance.*
- 2.2.2 *Community employees and volunteers receive induction and ongoing training and professional development appropriate to their role.*

### **Explanatory Notes**

The knowledge, skills and personal style of the staff employed in a Community will impact significantly on safety, quality and resident experience. As outlined in the explanatory notes for Criterion 2.1, Criterion 2.2 covers monitoring and improving role satisfaction and performance.

It is important that performance monitoring is undertaken against documented performance expectations - it is difficult for employees to achieve performance standards they are not aware of, or that change frequently.

Criterion 2.1 discusses the importance of role clarity and the value of articulating and documenting performance expectations using tools such as employment contracts and position descriptions. Performance expectations set out in an employee's position description should be the basis on which performance monitoring and evaluation is undertaken. Establishing performance standards that are objectively measurable is a useful way to establish the degree to which expectations are met (noting that behavioural performance expectations can be hard to measure objectively). Performance development is a cyclical process; it is important performance evaluation processes are linked to any outcomes and plans arising from previous performance development processes.

Research has shown the value of employee self-evaluation as part of the performance evaluation process. This is where an employee has the opportunity to reflect on, and rate, their performance. Self-evaluation, combined with a face-to-face meeting with a direct supervisor, enables two-way dialogue about performance and development needs. Providing employees with documented feedback about their performance will provide transparency about any areas in which performance needs to be developed or improved.

The ARVAS Standards do not prescribe the method or frequency of performance evaluation. To meet the requirements of the ARVAS Standards, Scheme Operators will need to demonstrate performance evaluation occurs in accordance with defined human resource management policies and procedures. Conducting performance evaluation at least annually is considered generally to be a minimum standard. However, modern approaches to performance evaluation advocate for performance evaluation scheduled on an individual as-needs basis.

A performance evaluation schedule is an important tool that will assist Scheme Operators to track when performance evaluations are due, and ensure they are undertaken as scheduled. This may be undertaken electronically or in paper form.

Performance evaluation is a significant management activity that requires skill and experience. Scheme Operators are encouraged to consider the knowledge, skills and experience of their managers and supervisors concerning performance evaluation, and to provide support and professional development as required.



Where opportunities for performance improvement are identified they should be recorded and actioned. This may include providing professional development opportunities to fill skill gaps. For some employees, participating in ongoing professional development will be a requirement to maintain registration/certifications. Scheme Operators should consider credentialing requirements when planning individual professional development, that is, ensure that staff have training opportunities that enable them to meet any professional registration requirement.

A professional development plan is an important way Scheme Operators can ensure that both organisational and individual professional development needs are scheduled. A planned approach to professional development ensures that general professional development activities, mandatory activities, and activities arising from performance evaluation are considered as part of the overall professional development needs of the Community's employees.

Early identification of diminished performance is also important. Diminished performance may be able to be remediated where it is identified early, and constructive developmental action taken. Scheme Operators must define procedures for managing diminished performance that balance an employee's rights against the need for a reasonably high standard of achievement.

To meet the requirements of this Criterion, Scheme Operators must also comply with any relevant employment requirement set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Effective management of staff performance is vitally important in all contexts of retirement living.

### ***Key Considerations***

- Conducting performance evaluation processes against pre-defined performance expectation as set out in position descriptions
- Establishing objective and measurable performance standards
- Providing employees with the opportunity to undertake self-evaluation
- Management feedback about the outcomes of performance evaluation
- The frequency of performance evaluation, e.g. annual or as required
- Management knowledge and skill in relation to conducting performance evaluations

### ***Cross References***

- Criterion 1.1 Community Manager
- Criterion 1.2 Policies and Procedures
- Criterion 2.1 Selection and Induction
- Criterion 2.3 Credentialing
- Criterion 4.5 Resident Experience

### ***Applicability Guidelines***

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Performance development policies and/or procedures ®</li> <li>▪ Employment contracts</li> <li>▪ Position descriptions/amendments</li> <li>▪ Performance development plans</li> <li>▪ Performance development schedules</li> <li>▪ Performance development interview records ®</li> <li>▪ Education/professional development plans</li> <li>▪ Resident experience feedback</li> <li>▪ Professional development attendance records</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to engage with residents about areas they feel staff would benefit from additional training and development</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider how responsibility for performance development is assigned through the staffing structure</li> <li>▪ Scheme Operators may wish to evaluate staff experience of training and development processes through surveys</li> <li>▪ Assessors will interview the person with designated responsibility for staff training and development including mandatory training activities</li> <li>▪ Assessors will interview staff about training and development opportunities</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Not applicable</li> </ul>

## Criterion 2.3 Credentialing

- 2.3.1 *Community employees hold qualifications, licences and/or certifications they are required to hold under their Employment Contract (or the duties they perform), including but not limited to:*
- *A current police certificate/declaration;*
  - *First aid certifications;*
  - *AHPRA registration for Enrolled and Registered Nurses;*
  - *Personal care worker certifications;*
  - *Relevant driver licences for employees responsible for driving or transport services.*
  - *Applicable food services certifications and credentials.*

## Explanatory Notes

Credentialing is the process of ensuring that employees hold and maintain any professional or vocational qualifications, registrations and/or certifications that are a requirement of their position. Credentialing has traditionally been associated with healthcare practitioners. However, the ARVAS Standards take a broader view of credentialing that encompasses all dimensions as applicable in the retirement living sector.

Key credentials that an employee of a retirement living Community might be required to hold and maintain may relate to both suitability and capability. For example:

- A current police certificate/declaration
- First aid certificate
- AHPRA registration (Registered and Enrolled Nurses)
- Personal care worker qualifications
- Driver licences for employees responsible for driving or transport services
- Food services certifications

It is essential Scheme Operators establish policies and/or procedural guidelines to define credentialing requirements, how it is undertaken, and who is accountable. A credentialing policy should cover the following specific aspects:

- Who requires a police check and how frequently it must be renewed (unless regulated)?
- What offences on a police check make a person unsuitable?
- Who pays for police checks – at the commencement of employment and ongoing?
- How police check declarations are used?
- What level and type of first aid training is acceptable to meet credentialing requirements?
- Who requires first aid certification and how frequently it must be reviewed?
- Who pays for first aid training – at the commencement of employment and ongoing?
- What specific certifications are acceptable for personal care workers (and any certifications or qualifications that are considered to be equivalent to them)?
- What level and type of driver licence is required for driving for each role?
- How credentialing is undertaken for volunteers?

The first step in the credentialing process is to define the minimum essential qualifications, registrations and certifications that are required by each position, then to ensure requirements are clearly expressed in employment contracts and position descriptions. For health practitioners required to be registered with the AHPRA, this process also involves defining the scope of the practitioner's role in that position.

Credentialing is undertaken before the commencement of employment to ensure a potential employee holds the required credentials, and at intervals throughout the employment continuum to ensure the required credentials are maintained. Scheme Operators will need to maintain a register of staff who have credentialing requirements and/or have assurance that staff hold any qualifications they are required to hold. This can be incorporated into existing employee information systems and databases, or it can be managed manually. Assigning a single point of accountability for ongoing credentialing will increase accountability and ensure the policy is operational.

Scheme operators are encouraged to align certification for unregulated care workers to requirements set out under the Aged Care Act 1997 for unregulated care workers e.g. in relation to training and police-checks. Scheme Operators should also have regard to jurisdictional regulatory requirements related to suitability and credentialing (where they apply).

In relation to first-aid training and certification, Scheme Operators should refer in first instance to the jurisdictional Work Health and Safety Codes of Practice related to first aid (Codes). The Codes sets out requirements for the number of first aid trained staff based on workplace size, risk (and other matters). For most Communities, the low-risk category will apply which requires at least one first aid trained person to be available. There is no requirement for all staff to hold first aid certifications – Scheme Operators will need to determine the type and quantum of staff to train in order to meet the requirement for trained first-aiders to be available at all times that staff are present within the Community. Scheme Operators are encouraged to consider the degree to which residents may require first aid in determining who and how many staff will be trained in first aid. For example, Communities that provide care to residents that have a greater degree of frailty may have a greater need for staff with first-aid certification.

To meet the requirements of this Criteria, Scheme Operators must also comply with any relevant credentialing requirements set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Credentialing of staff is vitally important in all contexts of retirement living.

## Key Considerations

- Documented credentialing policies and procedures in place
- Required credentials recorded in employment contracts and position descriptions
- Scope of practise clearly defined for the AHPRA-registered health practitioners
- Credentials sighted and confirmed before appointment
- Copies of required credentials held on file
- Ongoing credentialing checks conducted e.g. annually for AHPRA registered health practitioners
- Action taken where employees are identified not to hold required credentials

## Cross References

- Criterion 1.2 Policies and Procedures
- Criterion 2.1 Selection and Induction

## Applicability Guidelines

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Credentialing policies ®</li> <li>▪ Employment contract/s</li> <li>▪ Position descriptions/amendments</li> <li>▪ Employee file</li> <li>▪ Credentialing register</li> <li>▪ Copies of current credentials ®</li> <li>▪ Credentialing check records</li> </ul>
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	<ul style="list-style-type: none"> <li>Records of action taken where employees cease to hold required credentials</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
Staff	<ul style="list-style-type: none"> <li>Scheme Operators may wish to consider how responsibility for credentialing is assigned through the staffing structure</li> <li>Assessors will interview the person with designated responsibility for credentialing about their process</li> <li>Assessors will interview staff about their understanding of their obligations to maintain credentials</li> </ul>
Observation	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>

## Criterion 2.4 Work Health and Safety

- 2.4.1 *A work health and safety programme is implemented and operational as required by regulatory requirements.*
- 2.4.2 *First aid kits are located at a range of locations throughout the Community and are regularly audited and replenished.*

### Explanatory Notes

Work health and safety (WHS) is concerned with protecting the safety, health and welfare of people engaged in work or employment. Work health and safety involves the identification and mitigation of work-related risks in consultation with employees, aimed at the establishment of safe work practices and a secure work environment.

In July 2008, the Council of Australian Governments formally committed to the harmonisation of work health and safety laws. An Australian Government agency, Safe Work Australia, was established in 2008 to lead the harmonisation process by establishing a model regulatory framework for work health and safety.

To meet the requirements of the ARVAS Standards, Scheme Operators are required to establish a WHS programme that is aligned with the applicable State/Territory legislation and Codes. This should include work health and safety policies, procedures and protocols appropriate to workplace risks relevant to Retirement Communities.

Leadership and coordination are vital to effective work health and safety. Scheme Operators should assign a single point of responsibility for leading and coordinating the work health and safety programme. It is important the nominated person has appropriate training, knowledge and skills.

It is vital that Retirement Community employees are aware of their work health and safety rights and responsibilities, they are engaged in the process of identifying and managing workplace risks, and clear on the establishment of strategies aimed at safe work practices and a safe workplace. A workplace health and safety committee are an effective way to manage consultation with employees. Where there is not a regulatory requirement for a work health and safety committee (and employees do not wish to form one), work health and safety can be incorporated into general team meetings.

Key areas in which consultation and engagement are valuable include:

- WHS policy/procedure development
- Hazard and risk assessment and management
- Safe work practices
- Occupational exposure risk management
- Environmental safety inspection
- Incident management
- First aid management

Regular monitoring of the physical environment will identify workplace risks and hazards. Inspections should be scheduled on a regular basis and their findings incorporated into risk assessment and quality improvement processes.

While the focus of work health and safety effort is preventing incident and injury in the workplace, Scheme Operators should ensure that processes for first aid treatment are in place in the event of misadventure. The type, number and location of first aid kits is defined by a Safe Work Code of Practice, as are the requirements for training of staff in relation to first aid. Monitoring workplace issues through a process of incident reporting will enable Scheme Operators to identify risks and incident trends.

To meet the requirements of this Criterion, Scheme Operators must also comply with any relevant requirements set out in the Retirement Living Code of Conduct.

### ***Key Considerations***

- Dedicated responsibility for workplace health and safety
- WHS policies and procedures
- Employee engagement and consultation
- WHS induction and ongoing training
- Environmental safety assessment
- Risk assessment
- Hazard and incident management
- Instruction on safe work practices
- Personal protective equipment and apparel
- Safety reporting
- Return to work and workers compensation processes

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Work health and safety is equally important in all contexts of retirement living. Where there are no common resident facilities, first aid kits will not be required. However, from a work health and safety perspective, first aid kits will need to be accessible to staff, for example in offices.

### ***Cross References***

- Criterion 1.2 Policies and Procedures
- Criterion 2.2 Performance Development

### ***Applicability Guidelines***

- 2.4.1 Applies to all Communities. There are no exclusion criteria.

- 2.4.2 Applies to all Communities where there is a defined geographic site; but does not apply to geographically dispersed retirement residences where there are no common facilities.

## **Assessment and Self-Assessment Guidelines**

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Work health and safety policies ®</li> <li>▪ Employee induction records</li> <li>▪ Employee training records</li> <li>▪ Records of employee consultation relation to WHS, e.g. WHS Committee minutes</li> <li>▪ WHS Manager/Coordinator position description ®</li> <li>▪ Environmental safety inspection reports ®</li> <li>▪ Hazard reports and hazard register</li> <li>▪ Incident reports and incident register</li> <li>▪ Risk assessments</li> <li>▪ Lost Time Injury (LTI) reports</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident perceptions of the safety and security of the Community through surveys</li> <li>▪ Assessors will interview residents about their perception of the safety of the Community</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider how responsibility for work health and safety is assigned through the staffing structure</li> <li>▪ Assessors will interview the person with designated responsibility for work health and safety</li> <li>▪ Assessors will interview staff about their understanding of key work health and safety processes</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Assessors will make opportunistic observations about work health and safety, such as first aids kits</li> </ul>



## STANDARD 3 – RESIDENT ENTRY AND EXIT

### Principle

*The Community's processes for managing resident entry and exit are effective and focus on a positive resident experience.*

### Overview

Criteria	Indicators
3.1 Sales and Marketing	3.1.1 Sales and marketing material and information is complete, accurate and unambiguous.
3.2 Contracting	3.2.1 Residence contracts and disclosure documents comply with regulatory requirements, as certified by a legal practitioner or registered with a jurisdictional authority.
3.3 Orientation	3.3.1 A comprehensive orientation process is operational and supports new residents in their transition.
3.4 Resident Exit	3.4.1 Resident exit is managed in accordance with applicable regulatory requirements.

### Criterion 3.1 Sales and Marketing

3.1.1 Sales and marketing material and information is complete, accurate and unambiguous.
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### Explanatory Notes

The decision to move to a Retirement Community represents a significant life choice, logistically, socially and financially. Consumers face a large volume of complex information about services, tenure and financial arrangements.

Consultation and survey data shows accuracy and transparency in all marketing collateral and interactions are key concerns for residents and advocacy groups in the retirement living sector.

To meet the requirements of this Criterion, Scheme Operators will need to demonstrate how they have sought to make sales and marketing messages and information complete, accurate, unambiguous and aligned to applicable regulatory requirements; and how sales and marketing staff are trained and prepared to provide accurate information.

To meet the requirements of this Criterion, Scheme Operators must also comply with any relevant requirements set out in the Retirement Living Code of Conduct.

The first contact a person will have with a Retirement Community is generally via marketing and advertising material, whether provided in person, as print advertising, or on another form of media such as the internet.



Good governance over sales and marketing activities is a key aspect of achieving a high level of transparency. Sales and marketing activity must be aligned to and integrated with operational processes such that Scheme Operators can deliver on any promises made in sales and marketing material.

Scheme Operators have a duty to ensure sales and marketing materials are representative of current conditions within the Community, such that prospective residents can make an informed choice about its suitability for their needs. In addition to the real estate-based information that is required by legislation, information should be provided about planned or proposed changes or developments in, or surrounding, the Community which could change the aesthetic or amenity, e.g. the loss of views due to a neighbouring development.

Scheme Operators should consider the full range of advertising and marketing options, including:

- Printed sales and marketing material, including in sales packs
- Information printed in publications
- Radio and television advertising
- Internet-based sales and marketing material, including websites
- Advertising banners and billboards
- Information provided by sales consultants

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant sales and marketing requirements set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Accurate and transparent sales and marketing information and processes are vitally important in all contexts of retirement living.

### **Key Considerations**

- Sales and marketing policies and procedures
- Governance arrangements including approval of sales and marketing material
- Sales and marketing information that is honest, current, clear, accurate, and compliant with relevant laws
- Regular review and sales and marketing information
- Training of sales and marketing staff

### **Cross References**

- Criterion 1.2 Policies and Procedures
- Criterion 1.3 Resident Billing
- Criterion 1.4 Information Management
- Criterion 1.5 Contract Management
- Criterion 3.2 Contracting
- Criterion 3.4 Resident Exit

### **Applicability Guidelines**

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>Documents or records required by the Retirement Living Code of Conduct and jurisdictional regulatory requirements ®</li> <li>Printed sales and marketing material ®</li> <li>Sales kit used to provide tours and information to prospective residents</li> <li>Sale/lease agreements</li> <li>Public information/disclosure document/s</li> <li>Information related to additional service and care options including costs and likely future building developments (if any) in or adjacent to the village that could impact the amenity of residents</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>Scheme Operators may wish to evaluate resident perceptions of sales and marketing material through surveys</li> <li>Assessors will interview residents about their perception of the accuracy and helpfulness of sales and marketing material</li> </ul>
Staff	<ul style="list-style-type: none"> <li>Scheme Operators may show how responsibility and accountability for sales and marketing is assigned and governed within the organisational structure</li> <li>Assessors will interview the person responsible for the residence contract and other information provided to prospective residents (including review, amendment and document control)</li> <li>Assessors will interview sales and/or marketing staff</li> </ul>
Observation	<ul style="list-style-type: none"> <li>Assessors will make opportunistic observations of advertising and sales material and activity as described in the explanatory notes</li> <li>Assessors will evaluate the degree to which amenities and facilities are consistent with marketing material</li> </ul>

## Criterion 3.2 Contracting

3.2.1 *Residence contracts and disclosure documents comply with regulatory requirements, as certified by a legal practitioner or registered with a jurisdictional authority.*

### Explanatory Notes

Consultation and survey data show that simple contracts are very important to residents and resident advocacy groups in the retirement living sector. A significant proportion of complaints to consumer regulators relate to the length and complexity of contracts as well as contracting processes.


Retirement living regulations in all Australian States and Territories set out specific requirements concerning contractual arrangements. Some jurisdictions set out additional requirements in relation to disclosure documents.

Designated responsibility for the management of residence contracts is important to ensure

consistency and accountability. It is vital the designated person has a good working knowledge of the regulatory requirements relevant to the State or Territory in which the Community operates. Because of the complexity of regulatory requirements related to the residence contracts, input and advice from an appropriately skilled legal practitioner will be required to ensure compliance.

To comply with the requirements of this Criterion, Scheme Operators must ensure sale/lease agreements meet jurisdictional regulatory requirements and are certified as compliant by a qualified legal practitioner. It is not expected each individual contract and contracting process is legally certified, though Scheme Operators may opt for this approach. As a minimum, the standard template contract/agreement must be certified as compliant by a legal practitioner.

A key aspect of the contracting process is a face-to-face meeting with the prospective resident before signing contractual documents. The purpose of this meeting is to explain the contract and to confirm that the prospective resident's needs can be met within the Community.

Beyond support provided by Community staff to understand contracts, prospective residents must be advised and encouraged to seek independent legal advice on the contract terms and documents. Scheme operators are encouraged to formalise this process in a structured documented entry process. A standard pre-entry meeting agenda or checklist is a useful way to ensure all required information is communicated to prospective residents during the entry meeting. 

To meet the requirements of this Indicator, Scheme Operators must also comply with any relevant requirements set out in the Retirement Living Code of Conduct related to contracts.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Contracting that complies with jurisdictional regulatory requirements is vitally important in all contexts of retirement living.

### **Key Considerations**

- Contracting and resident entry policies and procedures
- Designated responsibility for management of contracts and ensuring compliance with regulatory requirements
- Legal certification contracts comply with regulatory requirements (or registration with a jurisdictional authority)
- Contracts that are as clean, concise and simple as possible
- Structured meetings with prospective residents to explain contracts
- Advice and encouragement to prospective residents to seek independent legal advice

### **Cross References**

- Criterion 1.2 Policies and Procedures
- Criterion 1.3 Resident Billing
- Criterion 1.4 Information Management
- Criterion 1.5 Contract Management
- Criterion 3.1 Sales and Marketing

- Criterion 3.4 Resident Exit

## Applicability Guidelines

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>• Contracting policies and/or procedures ®</li> <li>• Documents or records required by the Retirement Living Code of Conduct</li> <li>• Sale/lease agreements ®</li> <li>• Public information/disclosure document/s</li> <li>• A letter from a solicitor stating the contract/agreement template meets jurisdictional legislative requirements ®</li> <li>• Resident entry policies</li> <li>• Pre-entry meeting agenda or checklist</li> <li>• Records of completed pre-entry meetings</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>• Scheme Operators may wish to evaluate the resident experience of the contracting process through surveys</li> <li>• Assessors will interview residents who have recently moved in to identify if a pre-entry meeting occurred, the degree to which contracts were explained, fees and charges were explained, and whether they were encouraged to seek independent legal advice</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• Assessors will interview village staff responsible for providing this information to residents to gauge their understanding of the documents and process</li> <li>• Assessors will interview the single point of responsibility and accountability for the management and ongoing review of residence contracts</li> <li>• Assessors will interview the Community manager and other personnel involved in conducting a pre-entry meeting</li> </ul>
Observation	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## Criterion 3.3 Orientation

3.3.1 *A comprehensive orientation process is operational to support new residents in their transition.*

## Explanatory Notes

Moving into a Retirement Community represents a major life change, logistically and emotionally, involving the changing of homes, reduction in possessions and a change in social environment. A structured and comprehensive orientation is a key way that Scheme

Operators can reduce stress and facilitate a positive entry experience. Effective orientation is likely to assist residents to integrate successfully into the Community.

A documented orientation programme or checklist is a useful way to ensure a consistent and comprehensive orientation is provided to all residents.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant resident induction requirements set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Orientation of resident is vitally important in all contexts of retirement living.

### **Key Considerations**

- Resident orientation policies and procedures
- Designated responsibility for the design and delivery of the resident orientation programme
- Periodic review and evaluation of the orientation programme
- Resident experiences of the effectiveness of the orientation programme
- The inclusion of high priority aspects of the orientation as soon as reasonably possible after move-in, e.g. fire safety and emergency procedures, emergency call bell arrangements
- Orientation to the physical environment including facilities, equipment and common areas
- Introduction to staff and other residents
- Orientation to communication processes including management and resident forums
- Orientation to maintenance and hazard reporting procedures
- Orientation to complaint mechanisms

### **Cross References**

- Criterion 1.2 Policies and Procedures
- Criterion 4.1 Resident Engagement
- Criterion 4.2 Resident Information
- Criterion 4.4 Resident Experience
- Criterion 4.6 Complaints and Disputes
- Criterion 5.1 Common Areas
- Criterion 5.2 Leisure and Recreation Facilities
- Criterion 5.4 Transport Services
- Criterion 5.5 Maintenance Services
- Criterion 5.8 Emergency response
- Criterion 5.9 Disability Access

### **Applicability Guidelines**

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Entry/orientation policies and/or procedures ®</li> <li>▪ Documents or records required by the Retirement Living Code of Conduct ®</li> <li>▪ Documented resident orientation programme/procedures</li> <li>▪ Resident orientation checklist or similar ®</li> <li>▪ Resident entry policies/procedures that include information about resident orientation</li> <li>▪ Completed resident orientation records/checklists</li> <li>▪ Orientation support material such as a Resident Handbook, site plan and emergency response information</li> <li>▪ Records of feedback from residents about the effectiveness of the orientation process</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience with the move-in and orientation process through surveys</li> <li>▪ Assessors will interview residents about whether they received an orientation and if so, their orientation experience</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators should consider how responsibility for design, evaluation and delivery of resident orientation is assigned within the staffing structure</li> <li>▪ Assessors will interview staff responsible for delivering orientation programme to new residents</li> </ul>
Observation	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>

## Criterion 3.4 Resident Exit

3.4.1 Resident exit is managed in accordance with applicable regulatory requirements.

### Explanatory Notes

Resident exit from a Retirement Community may be triggered in two main ways — a resident passing away, or choosing to leave the Community to live elsewhere, e.g. in the community, another Retirement Community or an environment with higher level care.

There are significant contractual obligations and processes associated with the exit from a Retirement Community, which are potentially confusing and stressful for the resident and/or their representatives. The exit process — and in particular communication, exit fees and sales methods — has emerged as a key concern for residents and resident advocacy groups in the retirement living sector.

To comply with the requirements of this Criterion, Scheme Operators will need to demonstrate that the exit process complies with jurisdictional regulatory requirements and any requirement set out in the Retirement Living Code of Conduct.

The first step in the exit process is the provision of information to the resident, or their representative, once they give notice of their intention to exit (or pass away). Documented information about all aspects of the exit process should be provided as soon as reasonably possible. A standard Exit Information Pack is a useful way for Scheme Operators to ensure this detail is provided in a standardised way, with all the required information. It should cover everything the Scheme Operator requires to finalise the exit, including but not limited to, the calculation and payment of the exit entitlement, reinstatement and refurbishment arrangements, sale of the unit, and practical information about vacating the unit and returning keys. Where a Scheme Operator requires access to the unit before vacant possession is provided, consent will need to be sought from the exiting resident or their representative.

Calculating the exit entitlement may take some time as inputs are required about outstanding payments due, and the condition of the unit. In most jurisdictions, regulatory provision is made for the preparation of an estimated exit entitlement (that is adjusted as further information is available). In some jurisdictions, an estimate is required within specific timeframes. The process for calculating the exit entitlement, and timeframe within which it must be paid, is regulated in all jurisdictions.

An exiting resident is required under all jurisdictional regulatory frameworks to reinstate their unit to the condition at the commencement of occupation. Scheme Operators must demonstrate they understand and have processes in place to comply with jurisdictional requirements about the reinstatement works, as well as any additional refurbishment.

In most (though not all) cases, payment of the exit entitlement will be dependent on the sale of the unit to a new purchaser. Scheme Operators will need to demonstrate the marketing and sale of the unit is managed in accordance with the jurisdictional regulatory frameworks. They must also ensure there is no delay in the unit marketing and sale that would disadvantage the outgoing resident, or delay the finalisation of their contract, including payment of their exit entitlement.

It is important residents and/or their representatives are provided with accurate and appropriate information at each stage of the exit process. To comply with the requirements of this Criterion, Scheme Operators will need to demonstrate that their exit process complies with jurisdictional regulatory requirements and the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Effective management of the exit process is vitally important in all contexts of retirement living.

### **Key Considerations**

- Exit policies and procedures
- A designated point of contact for the exiting resident or their representatives
- Designated responsibility for calculating and providing information at exit, including estimates of exit entitlement
- Communication about reinstatement or refurbishment work required
- Communication and consultation with the resident/their representative about the marketing and sale of the unit
- Regular updates to the resident/their representative about progress of the sale of the



- unit (if applicable)
- A transparent process for managing complaints about the exit process

## Cross References

- Criterion 1.2 Policies and Procedures
- Criterion 1.5 Contract Management
- Criterion 3.1 Sales and Marketing
- Criterion 3.2 Contracting
- Criterion 4.2 Resident Information
- Criterion 4.4 Resident Experience
- Criterion 4.6 Complaints and Disputes

## Applicability Guidelines

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Documents and records required by the Retirement Living Code of Conduct ®</li> <li>▪ Policies, procedures related to the exit process, including the reinstatement and refurbishment process ®</li> <li>▪ Contract clauses related to the moving out process</li> <li>▪ Purchase/lease agreement provisions about final recurrent fees and charges</li> <li>▪ Exit entitlement calculation process/formula for determining final charges</li> <li>▪ Resident exit information packs (where in use)</li> <li>▪ Standard communication templates used to communicate outgoing residents, their guardians or their estates, about the moving out process</li> <li>▪ Documented meeting minutes or similar where the moving out process is discussed/ presented</li> <li>▪ Feedback/complaints from residents who are exiting/have exited</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident/representative experience of the exit process through surveys</li> <li>▪ Assessors will interview existing residents about their understanding of the exit process, fees and charges</li> <li>▪ Assessors may interview residents in the process of exiting the Community about the process and their experience</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators should consider key points of internal responsibility for managing the exit process, including providing information to exiting residents, communicating with residents about financial matters, and reinstatement and sale of units</li> </ul>



	<ul style="list-style-type: none"> <li>Assessors will interview staff with the responsibility of the exit process, including providing information to exiting residents, contract execution, communicating with the residents about financial matters, and reinstatement and sale of units</li> </ul>
Observation	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>

## STANDARD 4 – RESIDENT ENGAGEMENT AND FEEDBACK

### Principle

*The Community engages residents effectively.*

### Overview

Criteria	Indicators
4.1 Resident Engagement	4.1.1 Mechanisms are in place, both formal and informal, by which residents can communicate with management, provide feedback, ask questions and raise concerns.
	4.1.2 The Community has processes for engaging and consulting with residents.
4.2 Resident Information	4.2.1 Residents are provided with accurate and comprehensive information about all key aspects of Community life, facilities, services and procedures.
4.3 Annual Meeting of Residents	4.3.1 The Annual Meeting of Residents is managed in accordance with State/Territory regulatory requirements.
4.4 Resident Committee	4.4.1 Residents are free to form a Resident Committee if they wish.
4.5 Resident Experience	4.5.1 The Community has processes for monitoring resident experience and satisfaction.
4.6 Complaints and Disputes	4.6.1 The Community's complaint and dispute management processes comply with regulatory requirements.

### Criterion 4.1 Resident Engagement

- |       |   |
|-------|---|
| 4.1.1 | <i>Mechanisms are in place, both formal and informal, by which residents can communicate with management, provide feedback, ask questions and raise concerns.</i> |
| 4.1.2 | <i>The Community has processes for engaging and consulting with residents.</i>  |

### Explanatory Notes

Consultation and survey data show residents and advocacy groups see open and effective two-way communication between management and residents as an essential aspect of effective Community management. Residents need to have a range of ways to access management to ask questions, provide feedback and raise concerns. Managers need a

forum by which they can keep residents informed of any operational matters that may impact on residents or be relevant to them.

Overly rigid communication structures can impede effective communication. Informal communication channels are ad hoc methods that enable residents to access and communicate with management without an appointment. An open-door policy is an example of an informal channel of communication. It is an approach to communication that means the manager of the Community is available to residents at any (or most) times. It sends a clear message the manager values communication with residents and is flexible about how communication occurs. This approach can be structured around times designated for other management and operational tasks. For example, specific time periods each week might be designated for drop-in visits from residents.

Regular management-initiated meetings with Community residents are a valuable way to give and receive information about operational matters and should be formal in structure with a defined agenda and minutes taken of items discussed and actions agreed. Whilst Residents' Committees may hold meetings with residents, these committees are resident-owned and organised, with management attendance being only at the invitation and discretion of the Residents' Committee.

Beyond structural mechanisms to facilitate effective two-way communication, Scheme Operators should also have regard to the importance of culture in effective communication. Effective leadership of the Community, characterised by openness and transparency, is the foundation of strong communication and is as important as proper communication structures.

A resident experience survey is a useful way for Scheme Operators to evaluate culture and the degree to which residents feel able to contact and communicate with management.

Face-to-face communications can be supplemented by written communications in the form of letters, notices and newsletters. As above, the existence of resident-initiated newsletters and notices does not preclude management from providing regular written information about village activities and operational matters that may be relevant and of interest to residents.

To meet the requirements of this Criterion, Scheme Operators must comply with any relevant resident engagement requirements set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Effective resident engagement is vitally important in all contexts of retirement living.

### ***Key Considerations***

- Requirements set out in the Retirement Living Code of Conduct
- A culture of openness and transparency
- Proactive communication and consultation about significant operational changes
- Flexible, informal mechanisms for communication
- A management-initiated resident forum
- Timely and effective follow-up of residents' feedback
- Regular and relevant written communications

- Management-initiated written communications (letters, notices and newsletters)
- A resident survey about access to and communication with management

## Cross References

- Criterion 1.1 Community Manager
- Criterion 1.2 Policies and Procedures
- Criterion 4.2 Resident Information
- Criterion 4.3 Annual Meeting of Residents
- Criterion 4.4 Resident Committee
- Criterion 4.5 Resident Experience
- Criterion 5.4 Maintenance Services

## Applicability Guidelines

- Indicators 4.1.1 and 4.1.2 apply to all Communities; there are no exception criteria.

## Assessment/Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with these Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Policies and procedures related to resident engagement and communication ®</li> <li>▪ Management-initiated resident forum - terms of reference ®</li> <li>▪ Management-initiated resident forum - meeting schedule</li> <li>▪ Management-initiated resident forum - agendas/minutes</li> <li>▪ Resident Handbook (a reference to communication mechanisms)</li> <li>▪ Letters, notices and newsletters ®</li> <li>▪ Records of communications, formal and informal</li> <li>▪ Residents' feedback about their access to and communication with management</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators will evaluate resident experience of communication with management through feedback mechanisms</li> <li>▪ Assessors will interview existing residents about their access to and communication with management through formal and informal channels</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators should consider key points of internal responsibility for resident communication</li> <li>▪ Assessors will interview the manager about their approach to communication and how they foster a culture of positive communication</li> <li>▪ Assessors will interview staff with the responsibility for communication, formal and informal, verbal and written</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Assessors will make opportunistic observations throughout site survey about communication interactions between residents and village staff</li> </ul>

## Criterion 4.2 Resident Information

4.2.1 *Residents are provided with accurate and comprehensive information about all key aspects of Community life, facilities, services and procedures.*

### **Explanatory Notes**

A comprehensive, accurate and up-to-date compendium of information about Community procedures, services and activities is vital to ensure residents are aware of and can access such services. A Resident Handbook (or similar document) is a useful way for Scheme Operators to communicate this information to residents and provides an ongoing reference that can be referred to as required.

To comply with the requirements of this Criterion, Scheme Operators must demonstrate how key information about the Community's operation is communicated to residents.

Consultation with residents of Retirement Communities and retirement living advocacy groups indicates the resident value information concerning:

- The Community's rules and by-laws (if they exist)
- Key personnel within the Community that residents may need to contact, such as management, administration, finance and maintenance staff/offices
- Hours of operation for administration offices
- Catering arrangements (if they exist)
- After hours emergency contact arrangements
- Emergency response systems and processes
- Common areas of the Community, including common facilities and equipment, including safety arrangements in relation to such equipment
- Recreational activities and programmes including outings
- Information about available additional services, and any fees that apply
- Procedures in relation to pets and pet control
- Communication mechanisms, both formal and informal
- Information about the annual meeting of residents
- Security arrangements
- How to request maintenance and report hazards
- How to provide feedback, make a suggestion or complain internally
- External avenues of complaint
- Information about resident advocacy groups and services
- Transport arrangements, internal and external
- Fire safety and emergency procedures

An annual or periodic review of the Resident Handbook will help Scheme Operators to ensure information remains current. From this perspective, it is important to designate responsibility for the Resident Handbook, including providing updates.

Scheme Operators may wish to consider engaging residents about the kind of information they would like to see included in the Resident Handbook and evaluate satisfaction with the information provided through surveys.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Availability of comprehensive information about services and procedures is vitally important in all contexts of retirement living.

## Key Considerations

- Resident communication policies/procedures
- Resident Handbook or equivalent
- Designated responsibility for review and update of the Resident Handbook
- Engaging residents about the information they require
- Evaluating the usefulness of the Resident Handbook

## Cross References

- Criterion 1.2 Policies and Procedures
- Criterion 4.1 Resident Engagement
- Criterion 4.3 Annual Meeting of Residents
- Criterion 4.4 Resident Committee
- Criterion 4.5 Resident Experience
- Criterion 5.2 Personal Services
- Criterion 5.4 Maintenance Services

## Applicability Guide

- Applies to all Communities. There are no exception criteria.

## Assessment/Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and are reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Policies and procedures related to resident information ®</li> <li>▪ Resident Handbook (or equivalent) ®</li> <li>▪ Records of reviews and amendments to the Resident Handbook</li> <li>▪ Resident feedback about the Resident Handbook</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident/representative satisfaction with key information provided in the Resident Handbook (or equivalent) through feedback mechanisms</li> <li>▪ Assessors will interview existing residents about whether they were provided with a Resident Handbook (or equivalent) and their perception of its usefulness/completeness</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators should consider key points of internal responsibility for the management of key resident information, including the Resident Handbook</li> <li>▪ Assessors will interview the manager or person responsible for managing resident information/the Resident Handbook</li> </ul>

Observation	<ul style="list-style-type: none"> <li>Assessors will make opportunistic observations throughout site survey about information, notices, posters, memos etc. posted in communal areas, including whether Community rules and/or by-laws are displayed</li> </ul>
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## Criterion 4.3 Annual Meeting of Residents

4.3.1 *The Annual Meeting of Residents is managed in accordance with State/Territory regulatory requirements.*

### Explanatory Notes

Retirement living regulatory frameworks in all States and Territories (other than the Northern Territory) include an obligation for Scheme Operators to hold an annual meeting of residents. The annual meeting of residents is focussed on the presentation of audited financial statements for the previous year; other purposes for the meeting are prescribed by some jurisdictions.

In most jurisdictions, Scheme Operators are required to invite questions on notice from residents to be dealt with at the meeting (about financial and other matters). It is recommended that this process be observed where it is not prescribed.

The timing of the annual meeting is prescribed in most (though not all) jurisdictions, but in general, they must occur after the end of the financial year and before the end of the calendar year (as soon as reasonably possible after financial reporting, through to six months after the end of the financial year). Where the timing is not prescribed, the meeting should occur before the end of the calendar year at the latest. When determining the date for the annual meeting of residents, Scheme Operators must ensure that it does not coincide with another meeting held under a regulatory obligation, e.g. such meetings should not occur simultaneously (and this is prescribed by some jurisdictions).

Notice periods to advise residents about the annual meeting of residents are prescribed by some jurisdictions. These vary from 10 to 21 days, where they are prescribed. Where a notice period is not prescribed, Scheme Operators are encouraged to provide residents with at least two weeks of notice (being the minimum prescribed notice period). The notice of the annual general meeting must be accompanied by specific documents in some jurisdictions. For example, an agenda, financial statements and/or an invitation to submit questions.

The annual meeting of residents is management initiated and organised. While the requirement for the meeting to be chaired by a representative of the Scheme Operator is not prescribed in all jurisdictions, this is recommended.

Additional regulatory requirements may apply to the annual meeting of residents where the Community is also an Owners Corporation or Body Corporate, e.g. *Corporations Act 2001*.

As a key activity for resident engagement, communication and information sharing, Scheme Operators may wish to consider evaluating resident experience and satisfaction with the coordination of the annual meeting of residents.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct related to the Annual Meeting of Residents.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Jurisdictional regulatory requirements at a minimum must be complied with in such settings.

## Key Considerations

- Annual meeting of residents' policies/procedures aligned to jurisdictional requirements
- The annual meeting of residents' template agenda aligned to jurisdictional requirements
- Designated responsibility for coordinating and chairing the meeting
- Timing of the meeting date is in accordance with jurisdictional requirements and other regulated meetings
- Plans to ensure notice requirements for the meeting are met
- Invitations to all residents to attend the meeting
- Provision of required documents along with notice
- Appropriate physical location for the meeting to be held
- Designated responsibility for recording the meeting minutes
- Provision of the meeting minutes to residents
- Evaluating resident experience and satisfaction

## Cross References

- Criterion 1.1 Community Manager
- Criterion 1.2 Policies and Procedures
- Criterion 4.1 Resident Engagement
- Criterion 4.2 Resident Information
- Criterion 4.4 Resident Committee
- Criterion 4.5 Resident Experience

## Applicability Guidelines

- Applies to all Communities. There are no exception criteria.

## Assessment/Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with these Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Policies and procedures (annual meeting of residents) ®</li> <li>▪ Notices of the annual meeting of residents ®</li> <li>▪ Agenda templates</li> <li>▪ Agenda of the previous annual meetings ®</li> <li>▪ Minutes of the previous annual meetings ®</li> <li>▪ Papers associated with the previous annual meetings</li> </ul>
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Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident/representative experience of the annual meeting of residents through surveys</li> <li>▪ Assessors will interview residents who attended the last annual meeting about their experience and satisfaction</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators should consider key points of internal responsibility for managing the annual meeting of residents</li> <li>▪ Assessors will interview management about the coordination of the annual meeting of residents ®</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Posters and notices about the annual meeting of residents in communal areas</li> </ul>

## Criterion 4.4 Resident Committee

4.4.1 *Residents are free to form a Resident Committee if they wish.*

### Explanatory Notes

A key aspect of the retirement living offering is the non-tangible element of 'community' that it provides. Residents of Retirement Communities have the freedom to form groups and committees for a range of purposes, including representation, advocacy, and social and recreational purposes.

A Resident Committee, as the name suggests, is a forum established by residents, for residents. Residents must be free to form a Committee and determine its terms of reference, including:

- The Committee's purpose
- Membership and election procedures
- Frequency of meetings
- How the agenda is formed
- Methods of managing business
- How business is recorded
- How management will be engaged (if at all)

There should be no impediment to residents forming a Committee for any purpose. Scheme Operators are encouraged to support the formation of such a Committee by providing practical assistance, such as the use of a photocopier for the production of documents and records.

Where the Committee is formed for representation and advocacy in relation to resident issues, there must be a mechanism for the Committee to communicate with and seek feedback from management. This may be through a meeting of Committee members with management, provision of the minutes or the agenda, or management attendance at the Committee meeting (or part thereof). The Resident Committee should feel free to engage and communicate with management in whatever way it chooses.

Where the Committee is formed for social and recreational purposes, there may be little need for management engagement beyond approval to use communal facilities, equipment and resources.

Where residents choose to form a Committee, management should be actively engaged in any way requested (within reason). For example, providing advice and information about operational matters, attending meetings, or actioning items assigned for feedback.

Where residents have opted not to form a Resident Committee, Scheme Operators will need to demonstrate how they communicate to residents that they are free to do so if they wish. This might be through the Resident Handbook or in another way.

To comply with the requirements of this Criterion, Scheme Operators will need to demonstrate residents of the Community are free to form a Resident Committee if they choose. This may be demonstrated through the existence of a Resident Committee, or by written information indicating management support for a Resident Committee.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements related to Resident Committees set out in the Retirement Living Code of Conduct related to Resident Committees.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. While the formation of a Resident Committee may be less likely in this setting, Scheme Operators should not prevent the formation of such a group.

### **Key Considerations**

- Policies and/procedures about the Resident Committee
- Resident Handbook or other information that communicates to residents that they are free to form a Committee
- Resident Committee terms of reference or Constitution (where the Resident Committee is happy to provide a copy)
- Resident Committee schedules
- Agenda and minutes of the Resident Committee (where the Resident Committee is happy to provide a copy)
- Records of management action in response to requests from the Resident Committee

### **Cross References**

- Criterion 1.1 Community Manager
- Criterion 1.2 Policies and Procedures
- Criterion 4.2 Resident Information
- Criterion 4.3 Annual Meeting of Residents
- Criterion 4.5 Resident Experience

### **Applicability Guidelines**

- Applies to all Communities. There are no exception criteria.

## Assessment/Self-Assessment Guidelines

Documents	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with these Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Resident Committee policies and procedures</li> <li>▪ Resident Handbook</li> <li>▪ Resident Committee - terms of reference</li> <li>▪ Resident Committee - meeting schedule</li> <li>▪ Resident Committee – meeting notices</li> <li>▪ Resident Committee - agendas/minutes</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident/representative experiences of management support for a Resident Committee</li> <li>▪ Assessors will interview Resident Committee members (where a Committee exists) to gain their perceptions of management support and engagement</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators should consider key points of internal responsibility for liaison with the Resident Committee and/or to ensure it is clear residents are free to form a Committee</li> <li>▪ Assessors will interview the manager about their approach to communication and how they foster a culture of positive interaction</li> </ul>
Observation	N/A

## Criterion 4.5 Resident Experience

4.5.1 *The Community has processes for monitoring resident experience and satisfaction.*

### Explanatory Notes

Evaluating resident experience is a key way that Scheme Operators can monitor the effectiveness of their retirement living offering and identify opportunities for improvement. The ARVAS Standards do not prescribe the scope, contents or method by which resident experience and satisfaction should be monitored, Scheme Operators should do this in a way that is best suited to their business.

Scheme Operators are encouraged to align monitoring of resident experience and satisfaction to the ARVAS Standards to evaluate improvement in their performance against the Standards.

In establishing a resident experience or satisfaction survey, Scheme Operators will need to consider:

- What aspects of resident experience/satisfaction to measure?
- How the survey will be applied, e.g. method and frequency
- How results will be analysed and evaluated
- How results will be acted on and aligned with quality improvement activity

To comply with the requirements of this Criterion, Scheme Operators will need to demonstrate a process to measure resident experience and satisfaction aligned to the ARVAS Standards.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct related to monitoring resident satisfaction or experience.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Monitoring resident experience is a key aspect for quality management in all retirement living settings.

## Key Considerations

- Policies and procedures in relation to quality/quality management/quality improvement
- Resident experience/satisfaction monitoring tools or framework
- Resident experience monitoring results or themes
- Quality improvement plans aligned to the findings of resident experience and satisfaction monitoring
- Feedback to residents about survey results and any planned improvement actions

## Cross References

- Criterion 1.2 Policies and Procedures
- Criterion 1.6 Quality Improvement
- Criterion 4.1 Resident Engagement
- Criterion 4.2 Resident Information
- Criterion 4.6 Complaints and Disputes

## Applicability Guidelines

- Applies to all Communities. There are no exception criteria.

## Assessment/Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Quality improvement/resident experience monitoring policies and procedures ®</li> <li>▪ Resident satisfaction monitoring tool or framework ®</li> <li>▪ Collated results of resident experience/satisfaction data ®</li> <li>▪ Quality improvement plans aligned to resident satisfaction/experience outcomes</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators must evaluate resident/representative experience of the survey process, results and outcomes</li> <li>▪ Assessors will interview Resident Committee members (where a Committee exists) about management support for the Committee</li> </ul>

Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators should consider key points of internal responsibility for liaison with the monitoring resident satisfaction/experience</li> <li>▪ Assessors will interview the manager about the process for monitoring resident satisfaction/experience</li> </ul>
Observation	N/A

## Criterion 4.6 Complaints and Disputes

4.6.1 *The Community's complaint and dispute management processes comply with regulatory requirements.*

### Explanatory Notes

Effective complaint handling offers many practical benefits. Complaints deliver direct information from clients about ineffective decisions, poor service delivery, and faulty systems and processes. Complaint data can be used to:

- Provide suitable remedies to complainants
- Maintain good relationships with stakeholders
- Evaluate the quality of programmes and services
- Inform decision making about future service delivery
- Inform quality improvement activity

To meet the requirements of this Criterion, Scheme Operators will need to demonstrate they have an effective system for managing complaints and disputes that includes at a minimum:

- Complaint and dispute policy guidelines, aligned to jurisdictional retirement village regulatory requirements
- Evidence the complaints process is communicated to residents
- A register that shows the date each complaint was received and resolved
- Evidence complaints are acknowledged (verbally or in writing) and that complainants are provided with information about steps in the complaint resolution process
- Evidence significant complaints are investigated
- Evidence of corrective action, where appropriate
- Evidence the outcome of the complaint investigation is communication to the complainant

Scheme Operators are encouraged to undertake a periodic analysis of complaint data to identify trends and systemic opportunities for improvement.

Beyond complaint management systems and infrastructure, Scheme Operators are encouraged to consider the significance of a complaint culture, and the value of actively working towards a positive complaint culture where complaints are valued and viewed as feedback and an opportunity to improve.

Complaint management systems and processes should reflect the principles of natural justice, openness and procedural fairness.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct.

The complaint-management framework and the templates and tools provided in the Code are based on AS/NZS 10002:2014 Guidelines for complaint management in organisations. The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. Effective complaint and dispute management in all retirement living settings.

## Key Considerations

- Complaint and dispute policies
- Complaints register
- Complaint investigation processes
- Internal and external complaint mechanisms

## Cross References

- Criterion 1.2 Policies and Procedures
- Criterion 1.6 Quality Improvement
- Criterion 4.2 Resident Information
- Criterion 4.3 Annual Meeting of Residents
- Criterion 4.5 Resident Experience

## Applicability Guidelines

- Applies to all Communities. There are no exception criteria.

## Assessment/Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Complaint/feedback and dispute policies and procedures ®</li> <li>▪ Complaint/feedback records or reports</li> <li>▪ Complaint/feedback registers ®</li> <li>▪ Collaged complaint/feedback themes</li> <li>▪ Quality improvement plans linked to complaints/feedback</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>• Scheme Operators may wish to evaluate resident/representative experience of the complaint process through survey</li> <li>• Assessors will interview residents about their experience with the complaint process, survey processes, and the degree to which they feel able to make complaints and provide feedback</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• Scheme Operators should consider key points of internal responsibility for complaint and feedback management</li> <li>• Assessors will interview the Community manager about their approach to complaint management</li> </ul>
Observation	<p>Assessors to observe dispute resolution policies are posted in community areas as required by the relevant jurisdiction.</p>

## STANDARD 5 – COMMUNITY ENVIRONMENT, SERVICES AND FACILITIES

### Principle

*The Community environment, service and facilities are managed effectively and in accordance with contractual obligations.*

### Overview

Criteria	Indicators
5.1 Common Areas and Facilities	5.1.1 Common areas, facilities and equipment are clean and fit for purpose.
	5.1.2 Grounds and common areas have required disability access and facilities.
5.2 Catering Services	5.2.1 Catering, where provided, is in accordance with regulatory requirements.
	5.2.2 Residents' special dietary requirements are managed and met.
5.3 Transport Services	5.3.1 Vehicles used for Community operations, including for transporting residents, are registered, insured, serviced and maintained.
5.4 Maintenance Services	5.4.1 The Community has processes for planned, preventative and corrective maintenance.
	5.4.2 Corrective maintenance requests made by residents are responded to promptly (relative to risk and priority).
5.5 Personal Services	5.5.1 Personal services are provided as contractually required.
	5.5.2 Where additional personal services are available on request, they are provided as set out in a documented request.
	5.5.3 A mechanism is in place for responding to indicators that a resident may no longer be able to reside safely in the Community.
5.6 Emergency Response	5.6.1 Where an emergency call system is in place, as required by the sale/lease agreement, that is monitored and tested on a regular basis to ensure proper operation.
	5.6.2 Emergency call points are located in common areas and are in easily accessible locations.
	5.6.3 Where the emergency call system is contracted to a third party, service quality is monitored and managed.



## Criterion 5.1 Common Areas and Facilities

- 5.1.1 *Common areas, facilities and equipment are clean and fit for purpose.*
- 5.1.2 *Grounds and common areas have required disability access and facilities.*

### **Explanatory Notes**

A Retirement Community sale/lease agreement typically gives a resident/s the right to reside in a unit as well as access to/use of a range of communal areas, facilities or equipment. The scope of the common amenity is defined in the sale/lease agreement and related disclosure documents.

Common areas of the Community typically include the entrance to the Community, roads, paths, communal grounds and gardens. Communal areas may also include specified equipment including sports and recreational facilities and spaces, and communal buildings such as community halls, a dining room, garden sheds, workshops, library, and media room.

To meet the requirements of this Criterion, Scheme Operators will need to demonstrate that common areas, facilities and equipment are managed and maintained such that they are usable and accessible, including for people with a disability (subject to Building Code requirements at the time of building).

While disability access is optimal, it is recognised that age or the building in relation to regulatory requirements related to disability access will need to be considered. Disability access must be provided to the extent required the Building Code applicable to the time of construction and any obligation in the sale/lease agreement in relation to disability access.

Roads and paths must be well maintained and safe. Streets within the Community must be sign-posted, and each unit must have a number that is visible from the street. Where streets are not sign-posted and alternative method for visitors to locate residents must be available.

Scheme Operators are encouraged to consider directional signage to assist visitors and emergency services to locate specific common areas, residential addresses and administrative areas.

Where a swimming pool, spa or sauna is included in the scope of common facilities, a programme of management and maintenance, compliant with jurisdictional regulatory requirements, is required. For example:

- Documented and visible emergency management and first aid procedures
- Security fencing in accordance with regulatory requirements
- Water hygiene systems in accordance with regulatory requirements
- Rescue devices (e.g. personal floatation) in accordance with regulatory requirements
- Pool rules and conduct guidelines visible
- Emergency access e.g. ambulance trolley

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct related to common areas and facilities.



The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. It is recognised that where there is not a defined Community precinct, there may not be common areas and facilities in this model of retirement living.

## **Key Considerations**

- Provision of common areas, facilities and equipment as outlined in the sale/lease agreement/disclosure documents
- Designated responsibility for management of common areas
- Cleaning schedule for common areas appropriate to need and frequency of use
- Sufficient cleaning staff, equipment and resources
- A preventative maintenance schedule for common areas
- Environmental audit of common areas
- Community signage and directional guidance
- Consideration of resident feedback about common areas

## **Cross References**

- Criterion 1.2 Policies and Procedures
- Criterion 3.1 Contracting
- Criterion 4.5 Resident Experience
- Criterion 5.4 Maintenance Services

## **Applicability Guidelines**

- Indicators 5.1.1 and 5.1.2 apply to all providers other than those that provide retirement living in non-traditional ways where there is no Community precinct, common areas or facilities.

## **Assessment/Self-Assessment Guidelines**

Documents	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Sale/lease agreement/disclosure documents in relation to common areas, facilities and equipment ®</li> <li>▪ Policies and procedures in relation to management and maintenance of common areas, cleaning and maintenance ®</li> <li>▪ Planned preventative maintenance schedule and records in relation to common areas, facilities and equipment</li> <li>▪ Cleaning schedule in relation to common areas, facilities and equipment</li> <li>▪ Cleaning/environmental audit results in relation to common areas, facilities and equipment</li> <li>▪ Equipment maintenance and service records</li> <li>▪ Hazard reports in relation to common areas, facilities and equipment</li> <li>▪ Resident feedback about common areas, facilities and equipment</li> </ul>
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	<ul style="list-style-type: none"> <li>Records of incidents in relation to common areas, facilities and equipment</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>Scheme Operators may wish to evaluate resident perception and satisfaction with common areas, facilities and equipment through surveys</li> <li>Assessors will interview residents about their perception of common areas, facilities and equipment including the degree to which they are accessible, clean and maintained</li> </ul>
Staff	<ul style="list-style-type: none"> <li>Scheme Operators should consider where overall responsibility for the management of common areas, facilities and equipment is held</li> <li>Assessors will interview staff with designated responsibility for the management of common areas, facilities and equipment</li> <li>Assessors may also interview the Community manager about overall management processes for common areas, cleaning staff and maintenance staff</li> </ul>
Observation	<ul style="list-style-type: none"> <li>Scheme Operators may wish to make observations and inspection of cleaning and maintenance of common areas, facilities and equipment through audit or other quality processes</li> <li>Assessors will inspect common areas and make observations of their cleanliness, general repair and general safety as well as observing the use of common areas by residents</li> </ul>

## Criterion 5.2 Catering Services

- 5.2.1 *Catering, where provided, is in accordance with regulatory requirements.*
- 5.2.2 *Residents' special dietary requirements are managed and met.*

### Explanatory Notes

Many Communities choose to provide a catering service for the benefit of residents. Catering may be provided as an included personal service in the sale/lease agreement, in a related personal services agreement, or as an additional personal service on a fee-for-service basis (or using a combination of both). Catering may be provided in an onsite dining room/restaurant, or on a delivery basis.

Where a catering service is provided Scheme Operators must ensure services are provided in accordance with State and Territory regulatory requirements concerning food safety. Operators must also identify and comply with applicable local government requirements related to the operation of a food service.

Where a catering service is provided, information must be documented and communicated to residents that sets out the scope of the catering service, including:

- What catering is available, e.g. breakfast, lunch, dinner, snacks, other
- How the catering service is provided, e.g. in a dining room/restaurant or by delivery
- The degree to which the service caters for special dietary needs

Special dietary requirements are those that are medically necessary and prescribed by a medical or allied health professional or Registered Nurse. Examples of special diets include:

- A diet free of a specific allergen
- A diet required for a specific medical condition such as diabetes or Coeliac disease
- A texture-modified diet for those with swallowing difficulties

Providing a catering service that can accommodate special dietary requirements is a significant commitment for a Scheme Operator, which will need to be resourced, managed and monitored. Scheme Operators are under no obligation to cater for the special dietary requirements of residents, but where this service is advertised and provided, additional systems and processes must be in place to gather information about dietary needs and ensure they are met.

A dietary profile form is a useful way to gather and record this information and communicate it to the catering service. The catering service must have the capacity, capability, equipment and resources to provide for special diets. Special dietary requirements may be communicated by residents in writing or through assessment by health practitioners.

Scheme Operators are encouraged to consider advisory support from a nutritional professional such as a dietician to design their menus and ensure optimal nutrition and variety. Dietician advice about special diets will enhance quality and reduce risks to residents.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct related to food and catering services.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. This Criterion is applicable to such providers to the extent that food and catering services are provided.

### **Key Considerations**

- Catering service offered in line with any commitment in a sale/lease agreement
- Dining room capacity for the number of residents that use the catering service
- Acquisition of food licences, where there is a regulatory requirement
- Food handling/food safety programme implementation, e.g. HACCP
- Training for/certification of food service staff aligned to regulatory requirements
- Provision of special diets
- Dietician advice about menu design and special diets (if provided)
- Monitoring resident satisfaction with the catering service
- Food safety auditing program

### **Cross Reference**

- Criterion 1.2 Policies and Procedures
- Criterion 3.1 Contracting
- Criterion 4.5 Resident Experience

## Applicability Guidelines

Indicator 5.3.1 applies to Communities that provide a catering service only. This Indicator applies to catering services provided by the Scheme Operator, under contract on behalf of the Scheme Operator, or provided within the Community by a third party.

Indicator 5.3.2 applies to Communities that offer a catering service that provides for the special dietary needs of residents. Operators are under no obligation to provide for special dietary needs; however, this must be documented and communicated to residents, e.g. via the Resident Handbook.

## Assessment/Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Sale/lease agreement and any related personal services agreement about catering as an included personal service or additional personal service available on request ®</li> <li>▪ Documented information about the scope of the catering service, what is available, how it is provided, and whether special dietary requirements are catered for ®</li> <li>▪ Policies and procedures about catering services including menu design and food hygiene and quality monitoring ®</li> <li>▪ Policies and procedures about special dietary requirements (where provided) ®</li> <li>▪ Catering staff position descriptions and duty lists</li> <li>▪ Food licences (if applicable)</li> <li>▪ Food safety programme documentation</li> <li>▪ Menu/s and information about menu design and preparation</li> <li>▪ Records of advice from a nutritional professional/dietician</li> <li>▪ Records of food/catering-related feedback from residents</li> <li>▪ Records of food/catering-related incidents/hazards</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience and satisfaction with the catering/food services through surveys</li> <li>▪ Assessors will interview residents about the availability of catering services and resident satisfaction with them</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators should consider how accountability and responsibility for the catering service is assigned within the organisational structure</li> <li>▪ Assessors will interview the person with overall responsibility for the catering service</li> <li>▪ Assessors may also interview catering service middle managers, chefs/cooks and catering/food service staff about their role generally, and understanding of food hygiene procedures</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Assessors will inspect and make observations of: <ul style="list-style-type: none"> <li>- Restaurant/dining room areas</li> <li>- Restaurant/dining room operations during meal-service times</li> <li>- Catering area/kitchen</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Catering staff referring to dietary requirements while plating meals</li> <li>- Use of personal protective apparel by staff</li> <li>- Meals served/delivered to residents</li> <li>- Meal service processes</li> </ul>
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## Criterion 5.3 Transport Services

5.3.1 *Vehicles used for Community operations, including for transporting residents, are registered, insured, serviced and maintained.*

### Explanatory Notes

Many Retirement Communities choose to provide a transport service for the benefit of residents. Transport services may be provided as an included personal service provided for in the sale/lease agreement, in a related personal services agreement or as an additional personal service on a fee-for-service basis (or a combination of both may be provided).

Where Scheme Operators provide a transport service, they must ensure it is in accordance with regulatory requirements. This includes licensing and registration to ensure the health, safety and well-being of both residents and staff is protected.

Where a transport service is provided, information must be documented and communicated to residents about the scope of the service, and any fees and charges that apply if it is not an included service:

- Internal transport around the Community via buggies or other vehicles
- Bus/es for outings and recreational activities
- Cars for transport to appointments

Beyond registration and licensing requirements, where transport services are provided for residents, Scheme Operators must be able to demonstrate that:

- A first aid kit is available within any vehicle transporting residents
- There is a way of contacting the Community and/or emergency services in the event of an emergency or health event e.g. a telephone

While not mandatory, Scheme Operators are encouraged to consider the acquisition of bus/es that provide disability access to ensure residents with disability-access needs have an equal opportunity to benefit from recreational activities and outings.

Beyond the use of vehicles to provide transport for residents, Scheme Operators may also use vehicles to support other aspects of the Community's operations, such as maintenance, gardening and care services (e.g. transporting staff to the resident's unit to deliver care).

Where a Scheme Operator authorises the use of employee vehicles for Community operations or for transporting residents, they must ensure that the registration, servicing, licensing and general safety requirements set out in these notes are complied with. They must hold records of the required registrations and credentials on file. Scheme Operators should consider the degree to which the insurance of employee-owned vehicles covers work-related use, as they may be liable for claims. Scheme Operators will need to be

similarly diligent where they use the services of volunteers to provide transport services (in company-owned vehicles or their vehicle)

To comply with the requirements of this Indicator, Scheme Operators will need to demonstrate management and maintenance of vehicles (whether used for general operations or to transport residents) in accordance with regulatory requirements related to registration and licensing (for both employees and volunteers); and reasonable risk management to ensure the health, safety and well-being of staff and residents as set out in these guidelines.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements related to transport set out in the Retirement Living Code of Conduct.

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a defined site. This Criterion is applicable to such providers to the extent that they have vehicles and provide transport services.

### **Key Considerations**

- A dedicated point of responsibility for fleet management
- Policies and procedures about fleet management
- Policies and procedures about involvement of volunteers in providing transport for residents e.g. driving the Community bus
- Registration of company-owned vehicles
- Maintenance, cleaning and servicing of company-owned vehicles
- Insurance of company-owned vehicles
- Licence checks of employees that drive company-owned vehicles
- First aid kits in any company-owned vehicles used for transporting residents
- A means of contact, such as a telephone, in company-owned vehicles used for transporting residents
- Disability access to vehicles, particularly buses used for outings and recreation
- Checks of registration, maintenance, servicing, cleanliness and insurance for employee-owned vehicles used for transporting residents
- Vehicle inspection programme
- Resident-vehicle safety guidelines

### **Cross references:**

- Criterion 1.2 Policies and Procedures
- Criterion 1.6 Quality Improvement
- Criterion 2.3 Credentialing
- Criterion 2.4 Work Health and Safety
- Criterion 3.2 Contracting
- Criterion 4.2 Resident Information
- Criterion 4.5 Resident Experience
- Criterion 5.4 Maintenance Services
- Criterion 6.3 Emergency and Disaster Management

## Applicability Guidelines

Indicator 5.3.1 applies to Communities that utilise vehicles for Community operations, including general operations and transporting residents, and/or to Communities that authorise the use of employee-owned vehicles for operational purposes, including transporting residents.

Indicator 5.3.2 applies to all Communities. There are no exemption criteria.

## Assessment/Self-Assessment Guidelines

Documents and records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Sale/lease agreement about the provision of transport services (as an included or additional service) ®</li> <li>▪ Fleet register ®</li> <li>▪ Transport service documents and schedules</li> <li>▪ Records of vehicle registration and insurance ®</li> <li>▪ Records of vehicle maintenance and cleaning ®</li> <li>▪ Records of licences for employees who drive vehicles for operational purposes</li> <li>▪ Records of transport-related resident feedback</li> <li>▪ Records of transport-related incidents and hazards</li> </ul>
Residents	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience and satisfaction with transport services through surveys</li> <li>▪ Assessors will interview residents about their experiences and satisfaction with transport services</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators should consider how accountability and responsibility for transport services is assigned within the organisational structure</li> <li>▪ Assessors will interview the person with overall responsibility for fleet management and review documents and records (listed above) as a part of this interview</li> <li>▪ Assessors may also interview staff who drive vehicles as part of their role, including transporting residents (including volunteers involved in transport)</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Company-owned vehicles, e.g. cleanliness and general repair</li> <li>▪ Presence of a first aid kit in company-owned vehicles that transport residents</li> <li>▪ Transport being provided for residents</li> </ul>

## Criterion 5.4 Maintenance Services

5.4.1 *The Community has processes for planned preventative and corrective maintenance.*

5.4.2 *Corrective maintenance requests made by residents are responded to promptly (relative to risk and priority).*



## *Explanatory Notes*

Scheme Operators have an obligation within sale/lease agreements, to manage and maintain aspects of the Retirement Community. Subject to the scope of the sale/lease agreement, this may include areas of residents' units and common areas, facilities and equipment. The maintenance obligation also extends to areas of the Community not directly for resident use, such as administration and storage areas and offices.

Consultation and survey data from residents and retirement living advocacy groups indicates the effectiveness of maintenance in relation to individual units and common areas is a significant issue for residents. It is an important aspect in providing a positive resident experience.

To comply with the requirements of this Criterion, Scheme Operators will need to demonstrate systems, processes and outcomes related to both preventative and corrective maintenance that comply with the Retirement Living Code of Conduct.

Preventative maintenance is maintenance that is regularly performed on an asset or item to maintain aesthetic appeal and/or reduce to the likelihood of fault or failure. It is proactive in focus in that it is performed before a problem arises. Preventative maintenance is typically planned and scheduled in a way that ensures any required resources are available – often triggered by time or usage. For example, an air-conditioner may be maintained annually before the summer peak use period, a vehicle may be serviced every 10,000kms.

Scheme Operators will be required to show a risk management approach about the application of preventative maintenance strategies to show they are applied where an item:

- Has a critical operational function
- Has critical aesthetic importance
- Relates to a contractual obligation
- Has failure patterns that are preventable with regular maintenance
- Has a likelihood of failure that increases with time or use

Some retirement living regulatory frameworks specify additional requirements if there is a Maintenance Reserve Fund (MRF) that requires independent expert opinion about the quantum of maintenance and the way the MRF funds are utilised. Scheme Operators that have an MRF will need to demonstrate policies and practices that comply with these requirements.

Corrective maintenance is performed in response to an issue, fault or failure in order to return an asset to proper working order or aesthetic state. In the retirement living setting, corrective maintenance may be triggered by a request from a resident. A system must be in place by which:

- A person (resident or employee) can request corrective maintenance
- The request will be logged and prioritised
- High priority corrective maintenance items will be remediated promptly

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways. For example, in geographically dispersed residences rather than on a



defined site. This Criterion is applicable to such providers to the extent they provide maintenance services as a contractual obligation.

## Key Considerations

- A dedicated point of responsibility for preventative and corrective maintenance
- Policies and procedures about preventative and corrective maintenance
- Preventative maintenance plan/schedule
- Budgetary provision for the resourcing of planned preventative maintenance
- Records of completed preventative maintenance
- Corrective maintenance request processes
- Records of prioritisation of corrective action requests

## Cross References

- Criterion 1.2 Policies and Procedures
- Criterion 1.5 Contracting
- Criterion 3.2 Credentialing
- Criterion 2.4 Work Health and Safety
- Criterion 4.2 Resident Information
- Criterion 4.5 Resident Experience
- Criterion 6.1 Environmental Safety
- Criterion 6.2 Plant and Equipment

## Applicability Guidelines

Applies to all Communities. There are no exclusion criteria.

## Assessment/Self-Assessment Guidelines

Documents and records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors as part of the accreditation process:</p> <ul style="list-style-type: none"> <li>▪ Sale/lease agreement about the provision of maintenance services (as an included or additional service) and MRF arrangements ®</li> <li>▪ Policies and procedures about preventative and corrective maintenance and long-term maintenance arrangements, Asset Management Plans (AMP), MRF®</li> <li>▪ Quantity surveyor reports (where applicable) Planned preventative maintenance schedule/plan ®</li> <li>▪ Equipment maintenance schedule ®</li> <li>▪ Village budget showing provision for preventive maintenance</li> <li>▪ Records of preventative maintenance undertaken</li> <li>▪ Contracts for outsourced preventative maintenance</li> <li>▪ Corrective maintenance requests actioned ®</li> <li>▪ Records of maintenance-related resident feedback</li> <li>▪ Records of maintenance-related incidents and hazards</li> </ul>
Residents	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience and satisfaction with maintenance services through surveys</li> </ul>

	<ul style="list-style-type: none"> <li>Assessors will interview residents about their experience and satisfaction with maintenance services</li> </ul>
Staff	<ul style="list-style-type: none"> <li>Scheme Operators should consider how accountability and responsibility for preventative and corrective maintenance is assigned within the organisational structure</li> <li>Assessors will interview the person with overall responsibility for maintenance</li> <li>Assessors may also interview staff who undertaken preventative and corrective maintenance</li> </ul>
Observation	<ul style="list-style-type: none"> <li>General repair of assets, capital items and equipment</li> <li>Preventative maintenance recently completed as per plan</li> <li>Preventative maintenance on foot</li> <li>Resources for preventative maintenance</li> <li>Corrective maintenance undertaken recently</li> </ul>

## Criterion 5.5 Personal Services

- 5.5.1 *Personal services are provided as contractually required.*
- 5.5.2 *Where Additional Personal Services are available on request, they are provided as set out in a documented request.*
- 5.5.3 *A mechanism is in place for responding to indicators that a resident may no longer be able to reside safely in the Community.*

### Explanatory Notes

Personal service is a service supplied or made available for the benefit, care or enjoyment of a resident of a retirement village. Personal services may include (but are not limited to):

- Catering and meals
- Cleaning and services
- Linen and laundry services
- Personal care services
- Clinical care service
- Health promotion services
- Social and recreational support
- Maintenance services
- Domestic support services such as gardening and pet care
- Transport services

In the retirement living sale/lease agreements, personal services are typically provided for in one of two ways (or a combination of both):

1. Included personal services – services that are covered by recurrent fees, or
2. Additional personal services – services available on request on a fee-for-service basis

Retirement living regulatory frameworks in all States and Territories make provision for both included and additional personal services.

Included personal services may be:

- Provided for in the sale/lease agreement (or in a personal services agreement that forms part of the sale/lease agreement) for an individual resident, or
- Provided for through the Community budget, by agreement of the residents for the benefit of all residents

An example of an included personal service provided for in a sale/lease agreement would be any combination of catering, cleaning, linen and laundry services provided in a serviced apartment-style Retirement Community. To meet the requirements of the ARVAS Standards, Operators must demonstrate services are provided as outlined by lease/sale agreements (personal services agreements).

An example of an included personal service provided by the Community through agreement of residents would be a person employed to provide an onsite response to emergency calls. To comply with the requirements of the ARVAS Standards, Operators must demonstrate that services funded through the Community budget are provided as agreed.

An example of an additional personal service is individual assistance with bathing. Because additional personal services are not set out in the sale/lease agreement or the Community budget, it is vitally important Scheme Operators establish transparent processes for:

- Communicating available services
- Communicating the fees and charges that apply to the services
- Documenting a resident's request for the service
- Recording each episode of service provision
- Billing for the services

The focus of Criterion 5.6 is on the alignment between service level and contractual obligation. However, specific Indicators within Criterion 5.6 cross-reference to other Standards and Criterion. For example, if an Operator is obliged to provide a catering service, it must be provided in accordance with the sale/lease agreement to meet the requirements of Criterion 5.6, but also in accordance regulated food safety requirements to meet the requirements of Criterion 5.3.

Where personal services (included or additional) are care services, Scheme Operators are required to comply with the requirements of Standard 7 of these Standards. The definition of a care services is set out in the explanatory notes for Standard 7.

To comply with the requirements of Criterion 5.3, Scheme Operators must also provide personal services in a way that complies with any requirements in the Retirement Living Code of Conduct.

Retirement communities increasingly accommodate and provide for the needs of residents with a degree of frailty, which may require support. Whether or not personal services are provided (included or additional), Scheme Operators must have processes in place to respond to increasing frailty, and indicators a person may no longer able to live safely in the Retirement Community. Scheme Operators are not expected to monitor the health status of residents but must have processes in place to:

- Recognise the early warning signs of clinical and cognitive deterioration
- Act on feedback from residents, visitors and other stakeholders about clinical and cognitive decline, incidents and complaints

- Act on complaints and incidents related to clinical and cognitive deterioration

The ARVAS Standards recognise that some Scheme Operators provide retirement living in non-traditional ways, for example in geographically dispersed residences rather than on a defined site. This Criterion is applicable to such providers to the extent they provide personal services.

## **Key Considerations**

- Personal services being provided as contractually required
- Processes for residents to request additional personal services
- Identification of personal services that are care services
- Record of the provision of additional personal services
- Documentation and communication of fees and charges for additional personal services
- Policies and procedures about personal services (included and additional)

## **Cross References**

- Criterion 1.2 Policies and Procedures
- Criterion 3.2 Contracting
- Criterion 4.2 Resident Information
- Criterion 4.5 Resident Experience

## **Applicability Guidelines**

- Indicator 5.5.1 is applicable where sale/lease agreements for any existing residents provide for included and/or additional personal services
- Indicator 5.5.2 is applicable where the sale/lease agreement provides for additional personal services on request
- Indicator 5.5.3 applies to all Communities. There are no exception criteria

## **Assessment/Self-Assessment Guidelines**

Documents and records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors as part of the accreditation process:</p> <ul style="list-style-type: none"> <li>▪ Sale/lease agreement about personal services (included or additional service) ®</li> <li>▪ Policies and procedures about personal services ®</li> <li>▪ Policies and procedures for managing people who may no longer be suitable for their accommodation ®</li> <li>▪ Resident information on available additional personal services ®</li> <li>▪ Personal service requests</li> <li>▪ Contracts for outsourced personal services</li> <li>▪ Record of personal services delivered</li> </ul>
Residents	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience and satisfaction with personal services through surveys</li> </ul>

	<ul style="list-style-type: none"> <li>Assessors will interview residents about their experience and satisfaction with personal services</li> </ul>
Staff	<ul style="list-style-type: none"> <li>Scheme Operators should consider how accountability and responsibility for personal services maintenance is assigned within the organisational structure</li> <li>Assessors will interview the person with overall responsibility for personal services</li> <li>Assessors may also interview staff who deliver personal services</li> </ul>
Observation	<ul style="list-style-type: none"> <li>Personal services being delivered</li> <li>Personal service resources</li> </ul>

### Criterion 5.6 Emergency Response

- 5.6.1 *Where an emergency call system is in place as required by the sale/lease agreement that is monitored and tested on a regular basis to ensure proper operation.*
- 5.6.2 *Emergency call points are located in common areas and are in easily accessible locations.*
- 5.6.3 *Where the emergency call system is contracted to a third-party, service quality is monitored and managed.*

#### Explanatory Notes

Retirement living regulatory frameworks in some States and Territories oblige Scheme Operators to provide an emergency call system for residents, both in their units and in common areas of the Community.

The type of emergency call system is not prescribed, but it must be in an accessible location and be monitored, which means the call must go to someone who can respond and take action.

Monitoring systems may be onsite where an employee of the Community responds to the call, or offsite where an independent contracted company responds to the call. Where emergency calls are responded to by a contracted external company, the response must be monitored and evaluated by Scheme Operators to ensure an appropriate service level.

To comply with the requirements of this Criterion, Scheme Operators must demonstrate that where an emergency call system is in place that complies with any obligation set out in the sale/lease agreement, and that there is a system for testing the emergency call system to ensure it is functional.

Testing may involve residents being requested to make scheduled test calls at defined intervals, or a Community employee contacting each resident and requesting they test their emergency call system. The results of emergency call testing should be analysed and remedial action taken to ensure faults and failures are addressed promptly.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements related to emergency response set out in the Retirement Living Code of Conduct

## Key Considerations

- An emergency call system is in place in resident units
- Emergency call points in accessible locations in common areas
- A system for responding to emergency calls is in place
- A system for testing the emergency alarm system periodically
- Remediation of any faults or failures identified in the emergency call system
- A process for responding to emergency calls from residents

## Cross Referencing

- Criterion 1.2 Policies and Procedures
- Criterion 1.5 Contract Management
- Criterion 3.3 Orientation
- Criterion 4.2 Resident Information
- Criterion 4.5 Resident Experience
- Criterion 5.4 Maintenance Services

## Applicability Guidelines

- Indicators 5.6.1 and 5.6.2 apply to all Communities. There are no exemption criteria.
- Indicator 5.6.3 is applicable only to Communities that have contracted offsite monitoring and response to emergency calls.

## Assessment/Self-Assessment Guidelines

Documents and records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Sale/lease agreement about emergency call system and the method of monitoring and response ®</li> <li>▪ Policies and procedures about emergency call systems ®</li> <li>▪ Literature about the type of emergency call system in place</li> <li>▪ Resident information about emergency call systems and testing ®</li> <li>▪ Records of emergency call system test and remediation</li> <li>▪ Records of emergency call monitoring and response</li> <li>▪ Contracts of emergency call monitoring and response</li> <li>▪ Records of resident feedback concerning the emergency call system</li> <li>▪ Records of incidents and hazards about the emergency call system</li> </ul>
Residents	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience and satisfaction with emergency call systems through surveys</li> <li>▪ Assessors will interview residents about their experience and satisfaction with emergency call systems</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators should consider how accountability and responsibility for the selection and management of emergency call systems is assigned within the organisational structure</li> <li>▪ Assessors will interview the person with overall responsibility for emergency call systems</li> </ul>

	<ul style="list-style-type: none"> <li>Assessors may also interview maintenance staff responsible for maintenance of emergency alarm systems</li> </ul>
Observation	<ul style="list-style-type: none"> <li>Location of emergency call points in resident units ®</li> <li>Location of emergency call points in common areas ®</li> </ul>

## STANDARD 6 – SAFETY AND SECURITY

### Principle

*The Community's processes for managing safety and security are effective.*

### Overview

Criteria	Indicators
6.1 Environmental Safety	6.1.1 A system of environmental safety monitoring and inspection is in place.
	6.1.2 Risks and hazards are evaluated, and corrective action implemented where required.
	6.1.3 The Community has security protocols in place that reflect security risk assessments.
6.2 Plant and Equipment	6.2.1 A planned preventative maintenance programme is in place and operational in relation to plant and equipment.
	6.2.2 A corrective maintenance programme is active and documented in relation to plant and equipment.
	6.2.3 Residents are instructed in the safe operation of plant and equipment available for their use.
6.3 Emergency and Disaster Management	6.3.1 Emergency procedures are documented, readily accessible to staff, and staff have been trained in their use.
	6.3.2 A documented evacuation plan is in place, and practice evacuations for both staff and residents are conducted at least annually.
	6.3.3 Community access and layout information are provided to emergency services to assist in the event of an emergency.
6.4 Fire Safety	6.4.1 Fire safety systems are installed, managed and maintained in accordance with State/Territory regulatory requirements.



## Criterion 6.1 Environmental Safety and Security

- 6.1.1 *A system of environmental safety monitoring and inspection is in place.*
- 6.1.2 *Risks and hazards are evaluated, and corrective action implemented where required.*
- 6.1.3 *The Community has security protocols in place that reflect security risk assessments.*

### Explanatory Notes

Survey and consultation data show safety and security are highly valued by residents and advocacy groups.

In the retirement living sector, which is both a work and home environment, it is the responsibility of Scheme Operators to provide a safe environment for residents, staff, contractors and visitors. It is also their responsibility to develop and raise awareness of workplace health and safety policies that encourage resident and staff feedback to identify hazards, mitigate risks, and promote safety and well-being. An environmental safety system and the resultant written procedures should be prepared and modified based on the risks present in a Community.

One of the benefits of a Retirement Community for its residents, is a greater sense of personal security. It is important Scheme Operators implement appropriate risk-based security measures to ensure a secure environment for residents and protect Community and resident assets from theft, damage or destruction.

A risk management approach to village security involves identifying, assessing, and prioritising security risks, and then determining appropriate systems and processes to minimise the probability of security breaches occurring.

Security measures should be determined in consultation with residents, and resident satisfaction with security arrangements evaluated periodically.

To comply with the requirements of this Criterion, Scheme Operators will need to demonstrate they monitor environmental safety and security, and take timely remedial action where required to mitigate risks. This should include, at a minimum, periodic environmental safety monitoring audits and processes for hazards to be reported and managed. The focus of this Criterion is on internal processes for monitoring and inspection, and the way results of such monitoring are used to inform preventative and corrective action.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirement related to safety and security set out in the Retirement Living Code of Conduct.

### Key Considerations

- Environmental safety and inspection policies and procedures
- Hazard management policies and procedures
- Hazard reporting tools
- Hazard registers
- Environmental safety tools
- Environmental safety inspection programmes and schedules

- Designated responsibility for conducting environmental safety monitoring/inspections
- Collection and analysis of environmental safety data and results
- Processes for prioritising remedial action concerning environmental hazards

## Cross References

- Criterion 1.2 Policies and Procedures
- Criterion 1.5 Contract Management
- Criterion 2.4 Work Health and Safety
- Criterion 3.3 Orientation
- Criterion 4.1 Resident Engagement
- Criterion 4.2 Resident Information
- Criterion 5.4 Maintenance Services
- Criterion 6.2 Plant and Equipment
- Criterion 6.4 Fire Safety

## Applicability Guidelines

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Environmental safety policies and procedures ®</li> <li>▪ Environmental inspection and monitoring tools</li> <li>▪ Environmental inspection schedules or programmes</li> <li>▪ Staff and resident orientation records (about environmental safety)</li> <li>▪ Environmental safety inspection and audit results ®</li> <li>▪ Hazard reports</li> <li>▪ Hazard registers</li> <li>▪ Records of remedial action in relation to environmental hazards</li> <li>▪ Records of consultation with residents about security</li> <li>▪ Records of security incidents and complaints</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience of the safety and security of the physical environment, and their experience of reporting issues and concerns with the physical environment, through surveys</li> <li>▪ Assessors will interview residents about their experience of the safety and security about the physical environment and whether they are consulted about security</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider how responsibility is assigned for monitoring environmental safety and security within the organisational structure for reporting and remediating hazards</li> <li>▪ Assessors will interview the person with designated responsibility for management of environmental safety, security and hazard management</li> </ul>

Observation	<ul style="list-style-type: none"> <li>Assessors will make opportunistic observations of the safety and security of the physical environment, e.g. perimeter security, gates, security systems, roads, paths, communal areas etc.</li> </ul>
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## Criterion 6.2 Plant and Equipment

- |       |   |
|-------|---|
| 6.2.1 | <i>A planned preventative maintenance programme is in place and operational in relation to plant and equipment.</i> |
| 6.2.1 | <i>A corrective maintenance programme is active and documented in relation to plant and equipment.</i>              |
| 6.2.2 | <i>Residents are instructed in the safe operation of plant and equipment available for their use.</i>               |

### Explanatory Notes

Retirement Communities will have a range of plant and equipment, as part of the resident amenities and facilities and for operational purposes. Plant and equipment can be hazardous if not managed and maintained effectively. Accidents can result in injury, illness, legal disputes, resident and staff dissatisfaction and loss of reputation.

To comply with the requirements of this Criterion, Scheme Operators will need to demonstrate an inventory of plant and equipment and processes for both planned preventative maintenance and corrective maintenance, to ensure plant and equipment are safe, functional and fit for purpose. Plant and equipment maintenance should be performed as required in accordance with manufacturer's instructions, as required by applicable regulations, and by an appropriately skilled and qualified person.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct.

### Key Considerations

- Plant and equipment maintenance policies and procedures
- Inventory of plant and equipment
- Designated responsibility for management of plant and equipment
- Plant and equipment maintenance schedule
- Maintenance by appropriately skilled and qualified persons (where required)
- Maintenance in accordance with manufacturer's instructions

### Cross-Referencing

- Criterion 1.2 Policies and Procedures
- Criterion 1.5 Contract Management
- Criterion 4.2 Resident Information
- Criterion 5.4 Maintenance Services
- Criterion 6.4 Fire Safety

### Applicability Guidelines

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>• Plant and equipment maintenance policies and procedures ®</li> <li>• Plant and equipment inventory</li> <li>• Equipment maintenance schedule ®</li> <li>• Records of completion of maintenance</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>• Scheme Operators may wish to evaluate resident satisfaction with the maintenance of plant and equipment for the amenity of the Community</li> <li>• Assessors will interview residents about their perception of the maintenance of plant and equipment for the amenity of the Community, and about how they report faults or failures of plant and equipment</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• Scheme Operators may wish to consider how responsibility for the maintenance of plant and equipment is assigned through the staffing structure</li> <li>• Assessors will interview the person with designated responsibility for maintenance of plant and equipment</li> <li>• Assessors will interview staff about how they report faults or failures of plant and equipment</li> </ul>
Observation	<ul style="list-style-type: none"> <li>• Assessors will make opportunistic observations of plant and equipment</li> </ul>

## Criterion 6.3 Emergency and Disaster Management

- 6.3.1 *Emergency procedures are documented, readily accessible to staff, and staff have been trained in their use.*
- 6.3.2 *A documented evacuation plan is in place, and practice evacuations for both staff and residents are conducted at least annually.*
- 6.3.3 *Community access and layout information are provided to emergency services to assist in the event of an emergency.*

## Explanatory Notes

An emergency is an event, actual or imminent, which endangers or threatens to endanger health and safety, property or the environment. Emergencies include events, such as earthquakes, floods, storms, fire/bushfire, explosions, road accidents, power outages and other disruptions to essential services. Emergencies by nature have no defined pattern or preferred location. For elderly residents of a Retirement Community, the risk is further elevated by impaired mobility, vision and hearing (and general health in some cases).

Disaster and emergency processes and procedures are the foundation for achieving positive safety outcomes. It is vital that both staff and residents are aware of these procedures. Including disaster and emergency procedures including staff and resident orientations and regular update training. This can reduce the risk of harm and misadventure. Additional risk-based emergency procedures should also be considered on a risk basis. For example, a Community in a bushfire zone, would need to have a bushfire response plan.

The ARVAS Standards do not prescribe a specific approach to emergency and disaster management beyond that prescribed in law. Scheme Operators may wish to adopt Australian Standard 3745-2010 when establishing emergency and disaster systems and processes.

Scheme Operators should consider the value of Personal Emergency Evacuation Plans for residents at risk due to frailty or disability to support effective evacuation in the event of an emergency.

Under the Building Codes of Australia, Class 3, Class 6 and Class 9 buildings must be evacuated at least once per year. For example, in NSW Scheme Operators must ensure that an evacuation exercise for residents is carried out at least once each calendar year. The results of the evacuation must be recorded, including the time taken, any issues evacuating particular residents. An action plan should be prepared to mitigate the risk to those residents, which must be implemented promptly.

To comply with the requirements of this Criterion, Scheme Operators will need to demonstrate systems and process for emergency and disaster management and how they are communicated to staff and residents.

Scheme Operators must comply with any relevant requirement related to disaster and emergency management set out in the Retirement Living Code of Conduct.

### ***Key Considerations***

- Disaster and emergency policies procedures and manuals
- Disaster and emergency orientation for both staff and residents
- Fire protection systems and maintenance of same as required by regulatory frameworks
- Designated responsibility for Disaster and emergency systems

### ***Cross References***

- Criterion 1.2 Policies and Procedures
- Criterion 1.5 Contract Management
- Criterion 4.2 Resident Information
- Criterion 5.4 Maintenance Services
- Criterion 6.2 Plant and Equipment
- Criterion 6.4 Fire Safety

### ***Applicability Guidelines***

- Applies to all Communities. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>• Emergency management procedures ®</li> <li>• Documented emergency management plan ®</li> <li>• Staff training records/manuals</li> <li>• Evacuations documented and actions taken</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>• Scheme Operators may wish to evaluate resident satisfaction with emergency and disaster management processes</li> <li>• Assessors will interview residents about their preparedness for emergency and disaster and any information they have received</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• Scheme Operators may wish to consider how responsibility for emergency and disaster management systems is assigned through the staffing structure</li> <li>• Assessors will interview the person with designated responsibility for emergency and disaster management planning</li> <li>• Assessors will interview staff about their understanding of emergency and disaster procedures and any training they have received to prepare them for such an event</li> </ul>
Observation	<ul style="list-style-type: none"> <li>• Assessors will make observations related to emergency and disaster management, such as evacuation plans displayed throughout public areas of the Community ®</li> </ul>

## Key References

- Australian Standard 3745-2010 - Planning for emergencies in facilities

## Criterion 6.4 Fire Safety

6.4.1 *Fire safety systems are installed, managed and maintained in accordance with State/Territory regulatory requirements.*

## Explanatory Notes

The damaging effects of a fire, especially one which has not been responded to effectively, can be catastrophic. It can include injury, loss of human life, loss of property, legal disputes/liability, and damage to an organisation's reputation. For elderly residents of a Retirement Community, the risk is further elevated by impaired mobility, vision and hearing (and general health in some cases).

To comply with the requirements of this Criterion, Scheme Operators will need to demonstrate they safeguard the lives of residents, staff, and visitors against fire by implementing fire safety systems that meet State/Territory regulatory requirements.

Specific processes and procedures are the foundation of effective fire safety. It is vital both staff and residents are aware of fire safety procedures, including how to use first attack fire

equipment, and how to evacuate if required. The inclusion of fire safety procedures in staff and resident orientations, and regular updates such as simulation training can reduce the risk of harm and misadventure.

External inspection of fire protection systems by an authorised fire authority or agency is a requirement under most relevant State/Territory regulatory frameworks.

To meet the requirements of this Indicator, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct.

## **Key Considerations**

- Fire safety policies, procedures and manuals
- Fire safety orientation for both staff and residents
- Fire protection systems and their maintenance, as required by regulatory frameworks
- Certification of fire safety systems by an authorised person or agency
- Fire warden assignment and training
- Designated responsibility for fire safety systems
- Evacuation and simulation drills

## **Cross References**

- Criterion 1.2 Policies and Procedures
- Criterion 1.5 Contract Management
- Criterion 4.2 Resident Information
- Criterion 5.4 Maintenance Services
- Criterion 6.2 Plant and Equipment
- Criterion 6.3 Emergency and Disaster Management

## **Applicability Guidelines**

- Applies to all Communities. There are no exclusion criteria.

## **Assessment and Self-Assessment Guidelines**

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>• Fire safety policies, procedures, manuals ®</li> <li>• Certificate of maintenance for fire safety installations and equipment</li> <li>• Resident feedback about fire safety</li> <li>• Fire alarm records</li> <li>• Fire inspection records</li> <li>• Fire equipment maintenance contracts/agreements</li> <li>• Incident and complaint reports relating to fire safety</li> <li>• Fire and emergency protection equipment and systems inspection records ®</li> <li>• Records of annual training about evacuation and use of fire equipment ®</li> <li>• Staff training records/schedule and staff orientation programme ®</li> </ul>
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Resident Focus	<ul style="list-style-type: none"> <li>• Scheme Operators may wish to evaluate resident understanding of the fire and emergency process through surveys</li> <li>• Assessors will interview residents about their understanding of the fire safety procedures</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• Scheme Operators may wish to consider how responsibility for fire safety and the management of fire safety systems is assigned within the staffing structure</li> <li>• Assessors will interview fire wardens including how warden responsibilities are transferred when the designated person is absent</li> <li>• Assessors will interview staff about their understanding of first safety procedures and training they have received about fire safety</li> </ul>
Observation	<ul style="list-style-type: none"> <li>• Assessors will make opportunistic observations of the following aspects of fire safety:</li> <li>• Fire and emergency protection equipment</li> <li>• Fire and safety emergency evacuation notices, plans and posters</li> <li>• Fire exits</li> <li>• Fire panel</li> <li>• First attack fire equipment</li> </ul>

## STANDARD 7 – RESIDENT CARE

### Principle

*Residents receive safe, high-quality care consistent with their needs and preferences.*

### Overview

Criteria	Indicators
7.1 Leadership and Governance	7.1.1 There is an appropriately skilled and experienced point of responsibility within senior management for ensuring safe, high-quality care services.
	7.1.2 Executive management and the Board receive regular reports in relation to the scope, safety and quality of care services.
7.2 Dignity and Choice	7.2.1 Residents' individual choices and preferences are identified and respected.
	7.2.2 Properly authorised substitute decision-makers are identified and engaged where residents do not have the capacity to make healthcare decisions.
	7.2.3 Training of staff to understand end of life requirements
7.3 Assessment and Care Planning	7.3.1 Residents' needs are identified through assessment; assessment is undertaken by appropriately skilled and qualified staff.
	7.3.2 A documented plan of care is established based on a resident's needs and preferences; the plan of care is evaluated periodically in partnership with the resident.
	7.3.3 A copy of the plan of care is provided to the resident when it is established and whenever changes are made.
7.4 Care and Service Delivery	7.4.1 The scope of care services available to residents is clearly documented and communicated.
	7.4.2 Appropriately skilled staff are available to provide available care services in accordance with a resident's needs and preferences.
	7.4.3 Care staff have ready access to care plans to guide appropriate service delivery.
	7.4.4 Medication support is provided safely and correctly in accordance with State and Territory regulatory frameworks.
	7.4.5 Where care services are provided by a contracted third party, a documented contract or service-level

		agreement is in place that defines service-quality expectations.
	7.4.6	Care delivery is documented and recorded, including any variations to the documented plan of care.
7.5 Safety and Quality	7.5.1	A process is in place for monitoring and escalating health deterioration where a resident's care needs may no longer be able to be met.
	7.5.2	Care-related incidents and accidents are monitored, recorded and analysed to improve service quality.
	7.5.3	A programme of quality monitoring is operational in relation to care services; results are used to improve service quality.
	7.5.4	An infection control programme appropriate to the level of care services offered is operational.

## The Care Standard

### *What is the Care Standard?*

The ARVAS Standards reflect the changing needs of older Australians in the retirement living setting in relation to increasing frailty and need for care services. The Care Standard is an entry-level quality framework for the provision of care services in the retirement living setting, aimed at providing assurance about quality and safety.

### *When does the Care Standard apply?*

Standard 7 applies to Communities that provide care services. A care service is a service provided by an employee or contractor of the Scheme Operator, where the employee or contractor:

- Comes into direct contact with the person (bathing, dressing, grooming etc).
- Provides medication support services.
- Provides a service that is within the scope of practice for a regulated health practitioner as defined by the Australian Health Practitioner Regulation Authority (AHPRA).
- Provides the service under the direction/supervision of an AHPRA registered health practitioner (medical officer, registered nurse, physiotherapist etc).

Examples of care services includes:

Support with activities of daily living and reablement:

- Assistance with bathing, dressing, grooming, oral and dental care
- Continence care and scheduled toileting programmes
- Basic skin care and wound management
- Medication support
- Support with walking and mobility, including manual handling
- Assistance implementing a plan of care established by a health practitioner such as:

- Prompts or assistance with activities of daily living, including walking, directing or taking the resident to a specific location for an appointment or activity
  - Regular walks to preserve mobility
  - Heat rubs to assist with pain management
  - Diversional activities for residents with cognitive impairment
  - Support for hearing and vision-impaired residents
  - Preparing texture modification of food
- Assistance with the physical act of eating or drinking e.g. prompting or assisting the resident to eat and drink, including to come to a communal dining room
- Group or individual behavioural support that are therapeutic e.g. memory care programmes (for residents with cognitive impairment)
- Respite care where the respite service includes care services as defined by these Standards
- Day respite programmes

Clinical care services are care services if they are provided by employed health practitioners or health practitioners contracted by the Scheme Operator:

- Registered Nurse (or Enrolled Nurse under the supervision of a Registered Nurse)
  - Care management (assessment, care planning and care evaluation)
  - Medication administration
  - Complex skin care wound management
  - Complex pain management
  - Palliative care
- Physiotherapy
- Occupational therapy
- Podiatry
- Care provided under a Chronic Disease Management Plan coordinated by the person's medical practitioner

A Scheme Operator has a duty of care under these Standards where those services are purchased from the Scheme Operator by a resident, (whether or not those services are provided by employed or contracted care staff).

To ensure safe and appropriate care is provided, the ARVAS Standards set out the requirement for overall management of care by a health professional. This includes assessment, care planning, supervision of care and care evaluation. However, it is recognised that some personal services that meet criteria to be considered care services will involve relatively low-level care and relatively low levels of risk where overall care management may not be warranted (and may make the cost of care to residents prohibitive).

The following risk matrix provides guidance for Scheme Operators in relation to care management. To meet the requirements of the ARVAS Standards care management by a health professional is required for high-risk care services (or where there is a contractual or regulatory requirement for care management by a health professional).

Service	Low risk	Moderate risk	High risk
Personal care (bathing, dressing and grooming).	Prompt, set up, stand by and supervise.	Limited hands on care such as washing hair assisting with buttons where the resident can mobilise into the shower independently or with aids.	Full care as required based on assessed needs. May include assisting the person into the shower and ensuring their safety in the shower.
Medication support.	Prompt, set up, stand by and/or supervise.	Limited hands on support such as removing tablets from container. Dose administration aids in use to reduce risk. Support with tablets only.	Medication support beyond tablets e.g. oral liquids, creams, patches, ear drops, eye drops, inhaled medications (to the extent allowed under jurisdictional regulatory frameworks).  Medication support for cognitively impaired person.
Walking and mobilising	Prompt, set up, stand by and/or supervise. Accompanied walks.	Limited hands on support with mobilising such as holding the resident's arm, assisting them to access a mobility aid or propelling a wheelchair.	Manual assistance with transfer and or mobility involving manual handling where there is significant disability and/or falls risk.
Eating and drinking	Meal delivery. Prompt, set up, stand by and/or supervise.	Cooking meals where there are no special dietary requirements, or the dietary requirements are specified by the resident. Cutting up meals where there is no medical reason such as impaired swallowing (support is required to impaired dexterity).	Preparing special diets based on health professional prescription.  Texture modification of food and fluids for medical reason based on health practitioner direction.  Feeding a person food or fluids.

			Monitoring food or fluid intake.
Wound management	Basic first aid of skin trauma such as skin tear or abrasion.	Short-term basic dressing undertaken by following medical, allied health or hospital directions.	Ongoing wound care, basic or complex based on assessed need and under the supervision of a health professional.
Continence care	Order products as directed by resident. Prompt, set up, stand by and/or supervise.	Limited manual support with placement of aids/removal of aids. Resident is mobile and cognitively intact.	Continence support for significant incontinence based on assessed need including management of aids, management of incontinence and/or scheduled toileting.
Behavioural support	Basic orientation and re-direction of person with low level cognitive decline who is largely self-caring.	Direction, monitoring and supervision of person with moderate cognitive impairment for safety. Social, recreational, diversional support.	Direction, monitoring and supervision of resident with significant cognitive decline characterised by challenging behaviours and/or wandering. Group memory support programs.

Care management for high risk care services can be provided by any health professional that has the knowledge and skills to manage the type of care being provided. This will often be a Registered Nurse, but the person's medical officer or a suitably skilled allied health professional can also provide the care management service (within their regulated scope of practice). Examples of different approaches to care coordination/care management for high risk care services include:

- Assessment, care planning and evaluation of (high-risk) medication support by Registered Nurses, medication support by unregulated care workers within their training, capability and jurisdictional scope (under the direct or indirect supervision of the Registered Nurse).
- Assessment, planning and evaluation of (high risk) manual handling/mobility support by a Physiotherapist, manual handling/mobility support by unregulated care workers within their training, capability and jurisdictional scope (under the direct or indirect supervision of the Physiotherapist).
- Assessment, planning and evaluation of (high risk) non-pharmaceutical pain management by a Physiotherapist, massage/TENS support by unregulated care workers within their training, capability and jurisdictional scope (under the direct or indirect supervision of the Physiotherapist).

- Assessment, planning and evaluation of (high risk) foot care by a Podiatrist, foot-care by unregulated care workers within their training, capability and jurisdictional scope (under the direct or indirect supervision of the Physiotherapist).
- Assessment, planning and evaluation of (high risk) clinical care associated with chronic disease management by a Medical Officer (may or may not be under a Chronic Disease Management Plan), blood glucose monitoring by unregulated care workers within their training, capability and jurisdictional scope (under the direct or indirect supervision of the Medical Officer).
- Assessment, planning and evaluation of (high risk) an individual or group memory support program an Occupational Therapist or other health practitioner specialising in Dementia support (including DBMAS), support by unregulated care workers within their training, capability and jurisdictional scope (under the direct or indirect supervision of the coordinating health practitioner).

It is important to note that the above provisions in relation to planned, ongoing care where there is a personal/clinical care requirement. Any requirement in the ARVAS Standards in relation to management of care should not be taken to prohibit the provision of practical support on an ad-hoc basis that is low risk.

Standard 7 **does not apply** to personal and clinical care services provided through a direct relationship between a resident and an external party e.g. not contracted by the Scheme Operator.

Where care services are arranged or facilitated by the Scheme Operator e.g. the Scheme Operator requests the health practitioner attend the Community, provides a room or other facilities for the practitioner or advertises the practitioner's services, but services are purchased directly from the practitioner, (not via the Scheme Operator), the Scheme Operator is encouraged to ensure controls are in place in relation to professional registration and police checks.

Standard 7 **does not apply** to Scheme Operators that provide hotel and group lifestyle support services only. For example:

- Domestic cleaning, including bed-making
- Laundry services, including personal laundry
- Catering services provided by a central kitchen or catering service, whether or not served in a communal dining room or delivered to the person's home (this is covered under Standard 5).
- Gardening services, individual or general
- Group lifestyle and social services and activities
- Pet care

### ***What if the Scheme Operator is an approved provider of Commonwealth funded home care?***

Scheme Operators that are approved providers of Commonwealth funded home care will be deemed to comply with the requirements for the Care Standard for the purpose of accreditation to the ARVAS Standards, under the following circumstances:



- The Scheme Operator provides a declaration that non-government funded home care services are provided in the same way and to the same standard as government funded home care services.  
The Scheme Operator agrees to advise the accreditation body if it ceases to be an approved provider of Commonwealth funded home care (continuation of accreditation would be dependent on demonstrating compliance against Standard 7). AND
- Prior to 1 July 2019 or assessment against the Aged Care Quality Standards:  
The Scheme Operator can demonstrate its Approved Home Care Provider entity complies with the requirements of the Home Care Standards (formerly the Community Care Common Standards) by providing a copy of the Quality Review Report.  
If non-compliance was identified in the Quality Review Report, the Scheme Operator must be able to demonstrate the non-compliance has been remedied.  
OR
- After 1 July 2019 but before assessment against the Aged Care Quality Standards:  
The Scheme Operator can demonstrate its Approved Home Care Provider entity complies with the requirements of the Home Care Standards (formerly the Community Care Common Standards) by providing a copy of the Quality Review Report.  
If non-compliance was identified in the Quality Review Report, the Scheme Operator must be able to demonstrate the non-compliance has been remedied.
- After 1 July 2019 and assessment against the Aged Care Quality Standards:  
The Scheme Operator can demonstrate its Approved Home Care Provider entity complies with the requirements of the Aged Care Quality Standards, by providing a copy of the Quality Review Report.  
If non-compliance was identified in the Quality Review Report, the Scheme Operator must be able to demonstrate the non-compliance has been remedied.
- Approved Home Care Providers that have not yet been assessed against either the Home Care Standards or Aged Care Quality Standards:  
The Scheme Operator provides a comprehensive self-assessment undertaken by its Approved Home Care Provider that shows they comply with the requirements of the Aged Care Quality Standards and by providing a self-assessment in the format specified by the Aged Care Quality and Safety Commission.

*NB: The above provisions apply only to approved providers of Commonwealth funded home care – they do not apply to Scheme Operators that are approved providers of Commonwealth funded residential aged care only.*

### Criterion 7.1 Leadership and Governance

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| <p>7.1.1. <i>There is an appropriately skilled and experienced point of responsibility within senior management for ensuring safe, high-quality care services.</i></p> <p>7.1.2. <i>Executive management and the Board receive regular reports in relation to the scope, safety and quality of care services.</i></p> |
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### Explanatory Notes

The Australian Commission for Safety and Quality in Health Care's *National Model Clinical Governance Framework* (the Model) describes corporate governance as the establishment

of systems and processes that shape, enable and oversee management of an organisation. It states that corporate governance is the responsibility of governing bodies such as boards, and includes formulating strategy, setting policy, delegating responsibility, overseeing management and ensuring appropriate risk management and accountability arrangements are in place. The Model defines clinical governance as:

- The relationships and responsibilities established by a health service between its governing body, executive, clinicians, patients, consumers and other stakeholders.
- A process that provides assurance that systems are in place to deliver safe, high-quality care and continuous improvement in services.
- An integral component of corporate governance.
- A process for providing assurance that everyone from frontline clinicians to the members of the governing body are accountable for providing services that are safe, effective, integrated, and high quality.

While the above definition is focussed on the acute care sector and clinical services, it captures key principles that are relevant to a retirement living sector, where Scheme Operators are increasingly moving to deliver, or facilitate the delivery of, care services. In the aged and community care sectors, the concept of 'care' rather than 'clinical' governance has become popular as a way of capturing the principles of clinical governance and applying them to the broader lifestyle and wellness context of aged care.

To meet the requirements of this Criterion, Scheme Operators need to demonstrate two key elements of clinical/care governance:

- Clinical/care leadership i.e. a single point of appropriately skilled and qualified responsibility for the safety and quality of care services; and
- Clinical/care reporting i.e. a flow of information about the scope, safety and quality of care service to the governing body

Aged care is a specialist area of clinical expertise and is relatively highly regulated in terms of funding and quality. The skills, experience and qualifications of the clinical/care lead will depend on the scope of the care services that are provided. In general terms, it would be expected the lead would hold a tertiary qualification in nursing or a related allied health field and have experience in aged, home or community care and its regulatory context.

Appropriate delegation of authority and responsibility is a key aspect of effective clinical leadership. A Scheme Operator's designated care/clinical lead should have delegated authority commensurate with their roles and responsibilities, and the size and complexity of the care services that are offered, and be a member of, or have line responsibility to a member of, the organisation's executive.

The clinical/care lead will typically have responsibility for:

- The care model and related staffing structure
- Care policies and management systems
- Care-related quality monitoring

Where limited care services are provided and an employed care lead is not warranted/practical, a person with the appropriate knowledge and skills could be engaged on a contracted basis to assess the scope of care services and ensure care systems (policies and processes) are appropriate and align to the requirements of these Standards.

It is vital Scheme Operators clearly define the scope of the care services they offer and define indicators of quality and safety for those care services. Regular management reports to the organisation's executive and governing body are essential to enable the governing body to have assurance about the safety and quality of services. This information might include, but is not limited to, information about:

- Policies and care management systems
- Clinical/care related risk and risk management
- Feedback and complaints
- Incidents, specifically critical incidents
- Regulatory compliance, including compliance with these Standards
- Training, competency and credentialing of care staff
- Quality monitoring and quality improvement

Scheme Operators are encouraged to align clinical/care governance systems and processes to the requirements of the Aged Care Quality Standards and particularly Standard 8, which deals with organisational governance.

Whilst not a mandatory requirement, Scheme Operators that provide a significant volume of care services in the high-risk category are encouraged to consider the value of a care/clinical governance forum or committee responsible for the endorsement of care policy, consultation related to key care decisions, and action planning in response to care-monitoring data. Where the size and complexity of care services does not warrant a dedicated clinical/care governance forum, the above functions could be incorporated into existing operational or quality forums.

To meet the requirements of this Criterion, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct.

### ***Key Considerations***

- Clinical care governance in the organisation's structure
- Designating a single point of responsibility for care services
- Clinical/care governance framework/policies
- Documented scope of care services
- A performance framework that identifies the measures of safety and quality in relation to services offered
- Management reports from to the executive and governing body

### ***Cross References***

- Aged Care Quality Standards – Standard 8 Organisational Governance
- Criterion 1.2 Policies and Procedures
- Criterion 1.4 Information Management
- Criterion 4.1 Resident Engagement
- Criterion 5.5 Personal Services

### ***Applicability Guidelines***

- Applies to all Communities providing care services. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Organisational structure chart</li> <li>▪ Care lead statement of responsibilities ®</li> <li>▪ Performance indicators/framework</li> <li>▪ Executive/Board reports in relation to care services performance ®</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident/representative experience and satisfaction with the quality of care services</li> <li>▪ Assessors will interview residents their experience and satisfaction with care services</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators must ensure responsibility for care services is assigned within the staffing structure, having regard to the knowledge, skills and experience required to provide appropriate leadership and governance</li> <li>▪ Assessors will interview the person with designated responsibility for care services about their roles and responsibilities</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Assessors will make opportunistic observations of care staff and care in progress during the onsite survey</li> </ul>

## Criterion 7.2 Dignity and Choice

- 7.2.1 Residents' individual choices and preferences are identified and respected.
- 7.2.2 Properly authorised substitute decision-makers are identified and engaged where residents do not have the capacity to make healthcare decisions.
- 7.2.3 Training of staff to understand end of life requirements.

### Explanatory Notes

The aged and community care sector (and it's regulatory and quality frameworks) are changing. There has been a progressive and continual shift away from custodial/clinical models of care towards person-centred/consumer-directed approaches focussed on lifestyle and characterised by high levels of choice and flexibility. To meet the requirements of this Criterion, Scheme Operators will need to demonstrate a consumer-centric approach that ensures residents' individual choices and preferences are identified and respected.

Organisational culture is a cornerstone for ensuring dignity and choice. Scheme Operators are encouraged to ensure staff and contractors involved in resident care are selected and trained to value resident choices and respect diversity and individuality. The relationship of organisational mission, vision and values to its care ethos is a key consideration in building a care culture characterised preservation of resident dignity and respect for residents.

A key aspect of dignity and choice is the concept 'dignity of risk'. This is the principle that a person has the right to live the lifestyle of their choosing, including where that represents a degree of risk. For example, a person may choose to walk without prescribed aids, continue to manage their medication independently despite sensory limitations, or eat a diet contrary

to professional advice/prescription. Dignity of risk does not negate the need for appropriate assessment and clinical co-ordination.

Where a person declines assessed care, Scheme Operators are responsible for ensuring the resident is making an informed choice related to the risk they are taking. This includes providing residents with information about how the proposed care service could contribute to their safety and well-being, and the potential consequences and impact of choosing to accept a degree of risk. A resident's choice to decline care should be recorded through the assessment and care planning process.

Increasing levels of frailty and the increasing need for care services in the retirement living setting has, and will continue to, result in increased numbers of residents with early to moderate cognitive decline. Scheme Operators must ensure care management systems facilitate dignity and choice by identifying substitute decision-makers (where they are required) and engaging them in the assessment, care planning and care evaluation process (in the same way the resident would be engaged if they were able). It is equally important that care staff are able identify triggers that a person with declining cognitive function may no longer be capable of making healthcare decisions on their own behalf and therefore require a substitute decision-maker. Referral to the person's next of kin would be appropriate in the first instance to formalise substitute decision-making arrangements.

Properly authorised substitute decision-makers include, but are not limited to, Statutory Health Attorneys, a person with an Enduring Power of Attorney (for health matters) and a Public Guardian.

- A Statutory Health Attorney is a person who can make decisions on a person's behalf without the need for a formal agreement or request. A Statutory Health Attorney may be a spouse or de facto partner (as long as the relationship is close and continuing); or if there is no spouse or de facto partner, a person who is responsible for the resident's primary care (but is not a paid carer); if no informal carer, a close friend or relative over the age of 18.
- An Enduring Power of Attorney (EPOA) is a formally documented legal agreement that enables a person to appoint a trusted person (or people) to make financial, property or healthcare decisions on their behalf. An EPOA is an agreement made by choice that can be executed by anyone over the age of 18 who has full legal capacity. Scheme Operators acting under an EPOA must identify and observe key provisions of an EPOA, such as the circumstances under which it becomes active, the scope of the power the Attorney has, whether the Attorney is one or a number of people and if a group, how Attorneys must make decisions. The Scheme Operator must act in strict accordance with the provisions of any documented EPOA they hold and action.
- Public guardianship is a service offered to protect the rights, interests and wellbeing of adults with impaired decision-making capacity (and others) where a Statutory Health Attorney or EPOA are not in place. Public guardianship is provided by an independent statutory authority funded and regulated by each State/Territory government:
  - New South Wales – Public Guardian
  - ACT – Public Trustee and Guardian
  - Queensland/Tasmania/Northern Territory – Office of the Public Guardian (OPG)
  - Victoria/South Australia/Western Australia – Office of the Public Advocate

Scheme Operators will need to have regard to jurisdictional regulatory frameworks related to substitute decision-making, establish policies and processes aligned to such frameworks and ensure staff operate in accordance with those policies.

To meet the requirements of this Criterion, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct.

## Key Considerations

- Choice and dignity policies and procedures
- Model of care
- Induction of new staff to the model of care/consumer-directed care
- Assessment tools designed to facilitate choice
- Care/service plan facilitates the recording of goals and choices
- Dignity of risk and informed choice/consent
- Management of substitute decision-maker information

## Cross References

- Aged Care Quality Standards – Standard 1 Consumer Dignity and Choice
- Criterion 1.2 Policies and Procedures
- Criterion 4.2 Information Management
- Criterion 5.5 Personal Services

## Applicability Guidelines

- Applies to all Communities providing care services. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Records of assessment and discussions with the residents about their needs ®</li> <li>▪ Assessment and care planning tools ®</li> <li>▪ Progress notes ®</li> <li>▪ <a href="#">Staff training records including palliative care/end of life training in accordance with the dedicated role of the staff members</a> □</li> <li>▪ Records of resident feedback about care services</li> <li>▪ Care records noting authorised substitute decision-makers</li> <li>▪ EPOA documents</li> <li>▪ <a href="#">Advanced Care Directive</a></li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate the degree to which residents/their representatives feel their choices are recognised and respected, and the degree to which they feel that they are treated with dignity and respect</li> <li>▪ Assessors will interview residents/their representatives about the degree to which their choices are recognised and respected, and</li> </ul>



	the degree to which they feel that they are treated with dignity and respect
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider how responsibility for leadership in relation to choices and dignity is provided within care services</li> <li>▪ Assessors will interview the person with designated responsibility for care services and in particular the Community's model and philosophy of care</li> <li>▪ <u>Assessors will interview staff about their understanding of end-of-life requirements to meet each residents' individual needs and preferences.</u></li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Assessors will make opportunistic observations of care staff and care in progress during the onsite survey, with a focus on flexible care routines and respectful interactions between staff and residents</li> </ul>

### Criterion 7.3 Assessment and Care Planning

- 7.3.1 *Residents' needs are identified through assessment; assessment is undertaken by appropriately skilled and qualified staff.*
- 7.3.2 *A documented plan of care is established based on a resident's needs and preferences; the plan of care is evaluated periodically in partnership with the resident.*
- 7.3.3 *A copy of the plan of care is provided to the resident when it is established and whenever changes are made.*

#### Explanatory Notes

Where Scheme Operators are providing care as defined in these Standards, they will need to establish a care management system to ensure it is provided safely and correctly. A care management system comprises the policies, procedures and operational tools that support effective care delivery. Scheme Operators must establish processes for:

- Identifying and recording residents' goals and care needs
- Developing care/service plans in partnership with the resident
- Ensuring high levels of choice and flexibility in care planning
- Ensuring care staff understand their role in relation to assessment, care planning, care evaluation and care coordination

To meet the requirements of this Criterion, Scheme Operators will need to demonstrate that high-risk care services are provided in the context of overall care coordination (assessment and care planning by a health practitioner).

Assessment is the process of evaluating a resident's health status and identifying resident goals and support needs. Scheme Operators are encouraged to develop strengths-based assessment tools. These focus not only on the person's healthcare deficits, but also the strengths and capabilities the resident has to meet their own needs. Strengths-based



assessment recognises the significance of a person's existing support network and motivation in meeting care needs.

Consumer-directed care is an approach to care that emphasises the identification of individual residents' goals, respect for individual choices, and flexibility in care routines to enable care delivery in a way that reflects individual needs and preferences. Assessment and care planning tools must facilitate a consumer-directed approach that enables the identification of individual goals and preferences.

An enablement focus in assessment and care planning is an approach that recognises the potential for a person to return to a higher level of functioning and independence over time. Reablement is the process of providing care and support in a way that works toward the restoration of function.

Once individual goals, and the support needs required to achieve them, are identified, a plan of care is developed with the resident and documented in an individual care or service plan. Scheme Operators are encouraged to provide residents with the opportunity to sign off on their plan of care to signify their agreement to it. It is important the care or service plan is evaluated periodically with the resident to determine if it is effective in achieving the resident's goals and to make any changes required.

Where a person is in receipt of care services – care coordination (assessment, care planning and care evaluation) must be managed by a health practitioner who has the knowledge and skills to manage to care service in question. This might be a Registered Nurse, medical practitioner or allied health professional. The health practitioner responsible for care coordination does not need to be an employee of the Scheme Operator. Care coordination services can be contracted or outsourced, provided appropriate controls are in place in relation to service quality.

To meet the requirements of this Criterion, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct.

### ***Key Considerations***

- Assessment and care planning policies and processes
- Assessment and care planning delegations
- Assessment and care planning inductions and training
- Pre-entry screening
- Assessments
- Care/service planning

### ***Cross References***

- Aged Care Quality Standards – Standard 2 Ongoing Assessment and Planning with Consumers
- Criterion 1.2 Policies and Procedures
- Criterion 1.5 Contract Management
- Criterion 2.3 Credentialing
- Criterion 5.2 Catering Services
- Criterion 5.5 Personal Services

## Applicability Guidelines

- Applies to all Communities providing care services. There are no exclusion criteria.

## Assessment and Self-Assessment Guidelines

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Assessment and care planning policies, including assessment and care planning tools ®</li> <li>▪ Completed resident care assessments</li> <li>▪ Resident care plans</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience and satisfaction with assessment and care planning processes</li> <li>▪ Assessors will interview residents about their experience and satisfaction with assessment and care planning</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators must ensure responsibility for the design of care processes, including assessment and care planning, is assigned within the staffing structure</li> <li>▪ Assessors will interview care staff about their understanding of assessment and care planning processes, delegations, training and supports</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Assessors will make opportunistic observations about assessment and care planning documents and records, with a particular focus on the presence of the plan of care in resident units</li> </ul>

## Criterion 7.4 Care and Service Delivery

- 7.4.1 *The scope of care services available to residents is clearly documented and communicated.*
- 7.4.2 *Appropriately skilled staff are available to provide care services in accordance with resident's needs and preferences.*
- 7.4.3 *Care staff have ready access to care plans to guide appropriate service delivery.*
- 7.4.4 *Medication support is provided safely and correctly in accordance with State and Territory regulatory frameworks.*
- 7.4.5 *Where care services are provided by a contracted third party, a documented contract or service level agreement is in place that defines service quality expectations.*
- 7.4.6 *Care delivery is documented and recorded, including any variations to the documented plan of care.*

## Explanatory Notes

It is recognised that the type and scope of care and support services each Community opts to provide will vary significantly - ranging from basic support services through to clinical and allied healthcare. To meet the requirements of Indicator 7.4.1, Scheme Operators will need

to demonstrate they have documented and communicated the scope of care services they offer, both to prospective residents and existing residents of the Community.

The type and complexity of care services provided will determine the knowledge, skills and qualifications of the care staff required to deliver them. Scheme Operators are encouraged to align minimum requirements in relation to qualifications and probity, to the requirements of regulated home care as outlined in the *Aged Care Act 1997*. For example, in relation to police checks and minimum qualifications for unregulated care workers.

To meet the requirements of this Indicator, Scheme Operators will need to demonstrate that care services are delivered by as required to appropriately skill and qualified staff and/or contractors.

A Scheme Operator is accountable for the quality of care where a person purchases the service from the Scheme Operator (whether the service is provided by a contracted third party or not). As required by Standard 1 (Criterion 1.5), Scheme Operators must establish an appropriate contract or service level agreement in relation to any outsourced care services. Where a resident purchases a care or support service directly from a third party, the Scheme Operator is not accountable for the quality of service.

Where high risk care services are offered, it is important a copy of the agreed plan of care/support is provided to person receiving the care service and that care staff have ready access to the plan of care at the time and point of care e.g. in the person's home. To ensure transparency and accountability in relation to care delivery, staff must sign for each episode of care they provide in a way that enables the care delivered to be reconciled to the agreed plan of care.

Where medication support is within the scope of care services offered by a Community, the Scheme Operator must ensure medication support is managed safely and in accordance with State/Territory regulatory frameworks.

In each State and Territory, regulatory frameworks make provision for medication support by unregulated care workers. However, there is some variation in jurisdictional approaches. Scheme Operators will need to establish policies and operational processes to ensure medication support is safe and correct.

*Guiding principles for medication management in the community (2006)*, developed by the Australian Pharmaceutical Advisory Council, is a useful reference for Scheme Operators in the development of medication management policies and procedures.

It is vital Scheme Operators establish medication management systems and processes that reflect a community-care and consumer-directed approach. For example:

- Dignity of risk e.g. respecting a person's right to manage their medication independently even where there are indicators that support may be required
- Ensuring that all medications are stored in the unit/home of the person for whom they have been prescribed e.g. no central storage of medication
- Medication deliveries directly to the unit/home of the person the medication is dispensed for e.g. not stored centrally and distributed by Community staff
- Medication support provided in the privacy of the resident's unit rather than communal areas

To meet the requirements of this Criterion, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct.

## **Key Considerations**

- Medication policies and procedures
- Medication training and competency assessments for unregulated care workers, including numeracy and literacy
- Storage of medication
- Pharmacy delivery arrangements
- Scope of medication support by unregulated care workers
- Medication error reporting and monitoring
- Pro Re Nata (PRN) medications
- Dangerous drugs and drugs of addiction
- Medication support for cognitively impaired residents

## **Cross References**

- Aged Care Quality Standards – Standard 3 Personal Care and Clinical Care and Standard 4 Services and Support for Daily Living
- Criterion 1.2 Policies and Procedures
- Standard 2 Human Resource Management
- Criterion 4.2 Resident Information
- Criterion 5.5 Personal Services

## **Applicability Guidelines**

- These Criteria apply to all Communities providing care services.
- Indicator 7.4.4 is not applicable to Scheme Operators that do not provide medication support.
- Indicator 7.4.5 is not applicable to Scheme Operators that do not outsource care services to third parties.

## **Assessment and Self-Assessment Guidelines**

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Care policies and operational tools ®</li> <li>▪ Documented scope of care services ®</li> <li>▪ Care team organisational structure/chart ®</li> <li>▪ Care staff rosters</li> <li>▪ Medication policies and operational tools ®</li> <li>▪ Medication delivery sign sheets ®</li> <li>▪ Medication training and competency assessment records ®</li> <li>▪ Medication incident records</li> <li>▪ Care contracts with third parties (where applicable) ®</li> <li>▪ Care delivery records/sign sheets ®</li> </ul>
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Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience and satisfaction with care delivery, and the degree to which care is delivered in accordance with the agreed plan of care</li> <li>▪ Assessors will interview residents about their experience and satisfaction with care delivery and the degree to which care is delivered in accordance with the agreed plan of care</li> <li>▪ Assessors will interview residents about medication support</li> </ul>
Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators should consider how responsibility for induction, training and supervision of care staff is assigned within the staffing structure</li> <li>▪ Assessors will interview the person with designated responsibility for induction, training and supervision of care staff</li> <li>▪ Assessors will interview care staff about their role and workflows, how the access care plans, how they record care delivery including variations to planned and care and their role in medication support</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Assessors will make opportunistic observations of care delivery by both employed and contract staff (including medication support) during the survey</li> <li>▪ Assessors will observe how medications are stored within residents' units with a focus on storage of medications for cognitively impaired residents</li> <li>▪ Assessors will observe accessibility of care plans to care staff</li> </ul>

## Criterion 7.5 Quality and Safety

- 7.5.1 *A process is in place for monitoring and escalating health deterioration where resident care needs may no longer be able to be met.*
- 7.5.2 *Care-related incidents and accidents are monitored, recorded and analysed to improve service quality.*
- 7.5.3 *A programme of quality monitoring is operational in relation to care services; results are used to improve service quality.*
- 7.5.4 *An infection control programme appropriate to the level of care services offered is operational.*

### Explanatory Notes

As the age and general frailty of retirement village residents increases, an increasing number of residents will require care and support to continue living in their Retirement Community homes. While this need for care and support is important to meet the changing requirements of retirees, it is equally important that systems and processes are established to monitor the adequacy and appropriateness of available care and support services for individuals over time.

The issue of health deterioration (both acute and chronic) is relevant to residents that are in receipt of care and support services and equally to those who are not. Standard 5 (Indicator 5.3.3) addresses the requirement for Scheme Operators to recognise and act on signs that a person may no longer be able to live safely in the Retirement Community setting. Indicator 7.6.1 establishes an additional requirement in relation to health deterioration where residents

are in receipt of care and support services, to ensure such services continue to be adequate and appropriate. In the context of Indicator 5.3.3, it is expected Scheme Operators will incorporate into their care evaluation process, specific processes for evaluating the degree to which available care and support services continue to be sufficient to meet a person's needs. Where care services are provided without care coordination, Community staff will need to be vigilant for changes that may indicate deteriorating health status.

It is recognised that health deterioration may create the need for care and support on a short or long-term basis. A resident may require additional support for a period of time to enable recovery from acute illness, surgery or hospitalisation. Similarly, residents may experience short-term changes in cognitive status related to acute illness or delirium. Scheme Operators are encouraged to establish processes that recognise such needs and enable residents to access short-term support. This may be through care provided internally, through partnerships with other home or respite care providers, or through referral processes that connect the resident or their representatives to appropriate short-term care. Residents that have timely access to short-term care and support are at reduced risk of incidents and are more likely to recover and continue living in their Community.

For other residents, health deterioration may be of a chronic nature and require long-term care and support. Whether due to a sudden significant health event or the gradual decline of health or cognitive function, Scheme Operators must establish care systems that are able to identify health deterioration and determine if internally provided care and support continue to be sufficient to meet the person's needs. Processes to facilitate timely access to a higher level of care and support where internally provided care and support is no longer adequate. Scheme Operators will need to balance carefully the wishes of residents to continue living in their Retirement Community against the importance of ensuring the person is not at significant risk. Appropriate engagement of representatives may be necessary to ensure the person's best interests are served.

### ***Key Considerations (Clinical Deterioration)***

- Clinical deterioration policies and processes
- Assessment and care planning tools orientated toward the identification of clinical deterioration
- Establishment of indicators that a person may no longer be able to live safely in the Community
- Mechanisms for providing short-term support for acute illness or following surgery/hospitalisation
- Capacity for respite care or facilitating access to respite care
- Processes for escalating clinical deterioration
- Processes for facilitating a person's access to higher levels of care

A system of incident reporting and management is a fundamental aspect of an organisation's work health and safety system. Standard 2 (Criterion 2.4) addresses incident management in the context of work health and safety. Standard 7 (Indicator 7.6.2) addresses the specific incident management related to residents and care management. To meet the requirements of this Indicator, Scheme Operators will need to demonstrate a process for reporting and monitoring care-specific incidents, and in particular, those incident types that are known to occur with high frequency in aged care that have a significant impact of quality of life. For



example: falls, traumatic skin injury, pressure-related skin injury, medication errors, malnutrition, health deterioration and cognitive decline characterised by behaviours such as wandering, aggression, intrusion and elopement.

Scheme Operators will need to demonstrate incident reporting appropriate to the scope of the care services they provide. A process for investigating significant incidents and implementing remedial action to prevent recurrence, as well as the analysis of incident trends, are key aspects of effective resident incident management. Incident patterns will be a useful input when monitoring the health deterioration and the degree to which accommodation and care services continue to be suitable to meet a person's needs.

### ***Key Considerations (Incident Management)***

- Incident management policies and procedures relevant to care management
- Alignment of WHS incident management to care incident management
- Medication errors management
- Falls prevention
- Skin injury – both traumatic and pressure related
- Challenging behaviours management, such as verbal and physical aggression
- Incidents related to wandering and elopement
- Malnutrition and significant weight-loss
- Incidents related to management of diet such as allergens and texture modification
- Clinical deterioration

As above, quality improvement is a key aspect of an organisation's quality management system. Standard 1 (Criterion 1.6) addresses quality improvement in the context of the quality management, Standard 7 (Indicator 7.6.3) address the specific quality improvement actions that relate to care management. To meet the requirements of this Indicator, Scheme Operators will need to demonstrate quality monitoring processes and how they drive a quality improvement process aimed at improving the quality and safety of care.

### ***Key Considerations (Monitoring and Quality Improvement)***

- Quality monitoring policies and procedures
- Care-related internal audits
- Care-related comments, suggestion and complaint data
- Care incidents (including but not limited to those listed above)
- Care audit results – internal and external
- Care-related clinical indicator data
- Quality improvement planning

Infection control is a key aspect of clinical safety. Infection control is relevant in the context of work health and safety but has broader implications in the context of care management. To meet the requirements of this Indicator, Scheme Operators will need to demonstrate infection control and prevention strategies have been implemented, relevant to the scope of care services they provide. Scheme Operators are encouraged to take a risk-based approach, appropriate to determine the extent of their infection control programme.

Scheme Operators are encouraged to establish infection control policies and procedures aligned to the recommendations of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010)* developed by the National Health and Medical Research



Council (NHMRC), in collaboration with the Australian Commission on Safety and Quality in Healthcare. These organisations are updating the 2010 Guidelines.

To meet the requirements of this Criterion, Scheme Operators must comply with any relevant requirements set out in the Retirement Living Code of Conduct.

## **Key Considerations (Infection Control)**

- Infection control policies and procedures
- Alignment of infection control practice to the NHMRC Infection Control Guidelines
- A risk-based approach to developing an infection control programme
- Infection control induction and ongoing training
- Standard and transmission-based precautions
- Handwashing and personal protective equipment
- Sharps management and occupational exposure
- Infection incident management
- Cleaning procedures
- Food safety

## **Cross References**

- Criterion 1.2 Policies and Procedures
- Criterion 1.5 Contract Management
- Criterion 1.6 Quality Improvement
- Criterion 2.4 Work Health and Safety
- Criterion 3.4 Resident Exit
- Criterion 5.5 Personal Services

## **Applicability Guidelines**

- Applies to all Communities providing care services. There are no exclusion criteria.

## **Assessment and Self-Assessment Guidelines**

Documents and Records	<p>The following documents and records will assist Scheme Operators to demonstrate their compliance with this Criterion and may be reviewed by assessors:</p> <ul style="list-style-type: none"> <li>▪ Clinical deterioration policies ®, assessments and operational tools</li> <li>▪ Clinical deterioration escalation records</li> <li>▪ Records of successful care escalation/transfer to alternative care</li> <li>▪ Resident incident policies and operational tools</li> <li>▪ Care incident records and reports ®</li> <li>▪ Quality improvement plans and records ®</li> <li>▪ Infection control policies ® and operational tools</li> </ul>
Resident Focus	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to evaluate resident experience and satisfaction with the quality of care services, with a focus on incidents and how they were responded to</li> <li>▪ Assessors will interview residents about their experience and satisfaction with care services</li> </ul>

Staff	<ul style="list-style-type: none"> <li>▪ Scheme Operators may wish to consider how responsibility for care services quality and monitoring is assigned within the staffing structure</li> <li>▪ Assessors will interview the person with designated responsibility for care monitoring and service quality</li> </ul>
Observation	<ul style="list-style-type: none"> <li>▪ Assessors will make opportunistic observations of care staff and care in progress during the onsite survey</li> </ul>

### Appendix 1: Community Operations Matrix

Use this matrix to identify the range and extent of management skills and experience a Community manager requires, based on the scope of the Community's operations. The matrix will assist the development of position descriptions, evaluation of candidates, monitoring and management of performance, and development learning plans. The matrix can also be used as a framework for the development of policies, procedures and operational tools.

Operational Activity	N/A	Basic	Advanced
Business planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management/performance reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget development/financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales and marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human resource management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Community compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Community quality framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work health and safety systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Corporate/Owners Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital development project management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stakeholder management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grievance/conflict resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective maintenance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned preventative maintenance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catering services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linen and laundry service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency response management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic social support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services (social/recreational)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services (personal care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services (clinical care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health promotion/education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grounds maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire and emergency management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix 2: Fire Safety Regulatory Instruments

Australian Capital Territory:

- Fire safety in the Australian Capital Territory is regulated under the Emergencies Act 2004. Administered by the ACT Emergency Services Agency ([www.esa.act.gov.au](http://www.esa.act.gov.au)).

New South Wales:

- Fire safety in New South Wales is regulated under the Environmental Planning and Assessment Regulations 2000. This legislation is managed by Fire Safety NSW ([www.fire.nsw.gov.au](http://www.fire.nsw.gov.au)). Fire Safety NSW has produced publications to assist people aged 55 and older to understand fire risks and implement mitigating strategies. See Fact Sheet No 28 – Seniors Fire Safety.

Northern Territory:

- Fire safety in the Northern Territory is regulated under the Fire and Emergency Act 2012. Administered by the Northern Territory Fire and Rescue Service ([www.pfes.nt.gov.au/Fire-and-Rescue.aspx](http://www.pfes.nt.gov.au/Fire-and-Rescue.aspx)) and the brochure titled, Fire Safety and Prevention for Seniors.

Queensland:

- Fire safety in Queensland is regulated under the Fire and Rescue Service Act 1990 and the Building Fire Safety Regulation 2008. This legislation is managed by the Queensland Fire and Rescue Service (QFRS) ([www.fire.qld.gov.au](http://www.fire.qld.gov.au)). The Queensland Fire and Rescue Service has produced a guideline titled, Fire Safety Management Tool for Owner/ Occupiers, which is designed to assist owners and occupiers in managing their compliance with the Queensland regulations.

Tasmania:

- Fire safety in Tasmania is regulated under the General Fire Regulations 2000. This legislation is managed by the Tasmania Fire Service ([www.fire.tas.gov.au](http://www.fire.tas.gov.au)). The Tasmania Fire Service has produced a publication titled, Fire Safety in Buildings – Obligations of Owners and Occupiers to assist owners and occupiers in managing their compliance with the Tasmanian legislation.

Victoria:

- Fire safety in Victoria is regulated under the Building Regulations 2006. This legislation is managed by The Metropolitan Fire and Emergency Services Board (MFB) ([www.mfb.vic.gov.au](http://www.mfb.vic.gov.au)) and The Community Fire Authority (CFA) ([www.cfa.vic.gov.au](http://www.cfa.vic.gov.au))
- The CFA has produced a Workplace Emergency Management Manual online tool that assists small to medium workplaces to create plans for emergencies.

Western Australia:

- Fire safety in Western Australia is regulated under the Building Fire Safety Regulations 2008. This legislation is managed by the Fire and Emergency Services Authority of Western Australia (FESA) ([www.fesa.wa.gov.au](http://www.fesa.wa.gov.au)).

South Australia:

- Fire safety in South Australia is regulated under the Fire and Emergency Services Act 2005. This legislation is managed by the South Australian Metropolitan Fire Service ([www.mfs.sa.gov.au](http://www.mfs.sa.gov.au)) and the South Australian Country Fire Service ([www.cfs.sa.gov.au](http://www.cfs.sa.gov.au)).