



## **Assessment module 13**

Resident satisfaction



Aged Care  
Standards and Accreditation Agency Ltd

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**Enquiries:**

**General Manager, Accreditation**

**Aged Care Standards and Accreditation Agency Ltd**

**PO Box 773**

**Parramatta NSW 2124**

**AUSTRALIA**

Users of this handbook should refer to all relevant legislation, including the *Aged Care Act 1997*, the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*.

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### Aspects

1. The home is proactive in ensuring quality care and services are provided for residents with improvements being made in consultation with residents and representatives.
2. Residents/representatives are satisfied with the care and services provided.

### Process

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

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

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Assessment process	Use information from the following to assist in assessing the home's compliance or non-compliance
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<b>Aspect 1</b>	The home is proactive in ensuring quality care and services are provided for residents with improvements being made in consultation with residents and representatives.
<b>Considerations</b>	<ul style="list-style-type: none"> <li>• Examples of improvements in the care and services provided to residents</li> <li>• Mechanisms are used to ensure residents/representatives have opportunities for involvement in continuous improvement processes, such as through seeking their feedback</li> <li>• There is a link between resident needs and preferences, resident/representative feedback and the home's continuous improvement activities</li> <li>• Residents/representatives are informed about improvements within the home as appropriate</li> </ul>
<b>Observations</b>	<ul style="list-style-type: none"> <li>• Recent improvements to care and services for residents including where applicable those resulting from resident feedback</li> </ul>
<b>Resident/representative interviews</b>	<ul style="list-style-type: none"> <li>• Examples of improvements to care and services provided</li> <li>• Knowledge of ways of making suggestions or complaints and if there is encouragement to do so</li> <li>• Satisfaction with feedback given and actions taken as a result of suggestions, complaints or other input</li> </ul>
<b>Staff interviews</b>	Confirm information as necessary
<b>Documentation</b>	Confirm information as necessary

<b>Aspect 2</b>	Residents/representatives are satisfied with the care and services provided.
<b>Considerations</b>	<ul style="list-style-type: none"> <li>• Residents/representatives are satisfied with the care and services provided by the home</li> <li>• Where issues are raised by residents/representatives follow these up with staff interviews and documentation review, guided by the Results and Processes Guide</li> </ul>
<b>Observations</b>	<ul style="list-style-type: none"> <li>• Access to information on resident's rights, advocacy services, complaints and feedback mechanisms, including in other languages as appropriate, such as brochures, posters, handbooks and information on noticeboards</li> <li>• Staff interactions with residents, including level and kinds of assistance provided and timeliness of response</li> <li>• Staff practices and their access to information on residents' needs and preferences</li> <li>• Residents mobilising, their general appearance and wellbeing</li> <li>• Availability of appropriately qualified staff to attend to any specific needs of residents</li> <li>• Any visitors or professionals providing support or services to residents</li> <li>• Meals are provided in a way which enhances residents' dining experience</li> </ul>

<p><b>Aspect 2</b></p>	<p>Residents/representatives are satisfied with the care and services provided.</p>
<p><b>Observations</b></p>	<ul style="list-style-type: none"> <li>• The living environment including: <ul style="list-style-type: none"> <li>– safety and security systems</li> <li>– cleanliness, odour, freedom from clutter and storage of equipment</li> <li>– special arrangements for residents with sensory losses or requiring behaviour management strategies</li> <li>– communal and outdoor areas, appropriate and well maintained furniture and fittings</li> <li>– resident rooms for comfort including privacy and equipment to assist with independence or security such as call bells</li> </ul> </li> <li>• Residents participating in leisure programs or other activities which relate to their spiritual and cultural needs and preferences</li> </ul>
<p><b>Resident/  representative  interviews</b></p>	<p><b><i>The following is a guide for the areas to be covered in the resident interviews and will need to be adjusted depending on the resident. Not all areas will be covered with all residents as some questions may be inappropriate while others will need to be discussed in depth. Short interviews and observations also form an important part of the process and further investigation will be guided by resident responses.</i></b></p> <ul style="list-style-type: none"> <li>• Knowledge of and comfort with making suggestions and complaints such as at meetings, discussions or in written form</li> <li>• Satisfaction that preferences and requests are taken into account in the provision of care and services</li> <li>• Satisfaction that staff have the knowledge and skills to perform their duties</li> <li>• Satisfaction with the manner in which care and services are provided, for example not being rushed, timeliness of requests for assistance and being treated with respect</li> <li>• Satisfaction with communication across the home, for example they are informed and consulted about matters related to services provided</li> <li>• Satisfaction with information provided and consultation in decisions about their care needs and preferences</li> <li>• Satisfaction with personal care provided including such things as assistance with showering and oral and dental care, skin care and continence management</li> <li>• Satisfaction with access to outside health and specialist services such as doctors and dentists</li> <li>• Satisfaction that any specialised nursing care needs or sensory losses are catered for adequately</li> <li>• Medication management such as satisfaction with how staff administer medications</li> <li>• Satisfaction with any pain management including chronic, one-off pain, the use of alternative therapies and the effectiveness of treatments</li> </ul>

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<b>Aspect 2</b>	Residents/representatives are satisfied with the care and services provided.
<b>Resident/ representative interviews</b>	<ul style="list-style-type: none"> <li>• Satisfaction that residents receiving palliative care have their physical, emotional, cultural and spiritual needs and preferences met</li> <li>• Satisfaction that mobility and dexterity is encouraged, for example by the provision of aids, physiotherapy programs and individual or group exercise sessions</li> <li>• Satisfaction there are appropriate behaviour management strategies so other residents do not infringe on their rights</li> <li>• Satisfaction with catering including such things as opportunities for input into the menu, choices available, special diets and the sufficiency, variety and presentation of meals</li> <li>• Satisfaction with ways natural sleep is promoted such as noise control or provision of support during the night</li> <li>• Satisfaction with emotional support on entry to the home and on an ongoing basis</li> <li>• Satisfaction with visitor access and facilities for visitors</li> <li>• Any examples of ways in which their civil, financial and legal independence is encouraged such as voting</li> <li>• Satisfaction with and examples of ways in which their privacy, dignity and confidentiality is respected</li> <li>• Satisfaction with leisure activities including the variety, amount and timing such as at weekends and opportunities for involvement in the community outside the home</li> <li>• Satisfaction with and any examples of ways in which their cultural needs, including linguistic, are met</li> <li>• Satisfaction with and examples of ways in which their spiritual needs are met</li> <li>• Satisfaction with the comfort and maintenance of the indoor and outdoor environment</li> <li>• Satisfaction with access to and maintenance of goods and equipment to meet their individual needs such as mobility and eating aids</li> <li>• Satisfaction with the level of safety and security at the home, including at night</li> <li>• Satisfaction with the cleanliness of the home</li> <li>• Satisfaction with the laundry service including in relation to lost or damaged items</li> </ul>
<b>Staff interviews</b>	Confirm and follow-up information as needed
<b>Documentation</b>	Confirm and follow-up information as needed