



Stakeholder Consultation Process

01 May 2024

In line with our principles for developing standards, development process began with constituting a Technical Committee comprise of experts in this field representing a wider range of such organisations. A literature review of such specific work available elsewhere was done and a framework was prepared. These standards were developed based on standards development principles of RUMBA (Relevant, Understandable, Measurable, Beneficial and Achievable).

Standards are now being subjected to a wide consultation process of all our stakeholders, including experts and client organisations by hosting on our website www.qai.org.in and disseminating through emails and social media. You all are also requested to widely disseminate this information.

We kindly request you to please provide your valuable feedback to us on these standards in the following format:

Sl. No.	Page No.	Comments

Please send your feedback to sakshi@qai.org.in latest by 15 May 2024.

On behalf of the Board of QAI's Centre for Accreditation of Health & Social Care (CAHSC), I would like to thank you all in advance for your valuable feedback.

Dr. B.K. Rana
Founding CEO, QAI

Quality & Accreditation Institute

Centre for Accreditation of Health & Social Care



Accreditation Standards for Care Homes/ Senior Living/ Retirement Homes/ Old-age Homes/ Senior Care/ Geriatric Care/ Elderly Care/ Assisted Living (Non-Healthcare Organisations)

3rd Draft, 30 April 2024

For Public Consultation

The QAI's Centre for Accreditation of Health and Social Care (CAHSC) has developed **Accreditation Standards for Care Homes/ Senior Living/ Retirement Homes/ Old-age Homes/ Senior Care/ Geriatric Care/ Elderly Care/ Assisted Living (Non-Healthcare Organisations)**

We would greatly appreciate if you could please take the time to review the attached draft Standard and provide us with your feedback. These standards are posted on our website www.qai.org.in.

Thank you in advance for your co-operation and we look forward to receiving your feedback.
We would appreciate if you could send your feedback to sakshi@qai.org.in by 15 May 2024.

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III Standards Framework

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Chapter 1 Governance and Leadership (GAL)

Introduction

The organisation requires a governance structure that is ultimately responsible for the quality and safety of the services being provided. This responsibility is derived from its legal identity and operational authority for all activities undertaken by the organisation within the ambit of applicable national/state laws and regulations. Each organisation, regardless of its complexity, also has a formal organisational structure. Leaders/Management ensure compliance to a system that promotes safety and quality, which meet needs and expectations of residents including availability of adequate resources e.g. human, financial & physical and monitoring and evaluation components.

STANDARDS AND CRITERIA		
Standard	GAL.1:	The management of the organisation is committed to, and actively engaged in, improving quality of life and safety of residents.
Criterion	a.	The management documents its vision, mission and values, and create awareness about these amongst residents and staff.
	b.	The management actions reflect promoting delivery of services as per vision, mission and values.
Standard	GAL.2:	The management is accountable for the services delivered.
Criterion	a.	There is a documented and dated organogram of the organisation.
	b.	The management ensures effective internal structures and resources are in place to support the delivery of services.
Standard	GAL.3:	The management is aware of the quality of services delivered.
Criterion	a.	The management meets regularly as per the defined agenda which includes but not limited to service-related matters, and discussions are recorded in the form of minutes of meeting.
	b.	The management regularly receives reports on service performance.
	c.	The management receives reports on results from peer review activities like different assessments/audits.
Standard	GAL.4:	The organisation delivers services and makes decisions in accordance with its values and ethical principles.
Criterion	a.	The organisation demonstrates its functioning as per defined values.
	b.	The organisation defines its code of ethics/ behaviour and functions in an ethical manner.
	c.	Management actions reflect promotion of ethics & code of behaviour related practices.

Chapter 2 Human Resource Management (HRM)

Introduction

Human Resource includes the people that work *in, for, or with* the organisation and are integral to ensuring the delivery of quality, people-centred, and safe care. The organisation must be able to assure the public or residents that it can meet their needs and deliver quality and safe care through a team of dedicated and qualified staff. Management should provide safe physical and social environment which is free from harassment or accidents.

STANDARDS AND CRITERIA		
Standard	HRM.1:	The organisation has adequate and appropriate human resources.
Criterion	a.	The organisation has suitably qualified and trained adequate manpower to provide the defined services.
	b.	The organisation has appropriate staffing plan.
	c.	The organisation has a documented job description for all staff.
	d.	The organisation applies due diligence to ensure that potential staff is free from any criminal background.
	e.	The organisation has a documented recruitment process which includes requirements related to competencies, verification of credentials, evaluation and induction.
Standard	HRM.2:	A documented disciplinary and grievance handling system exists in the organisation.
Criterion	a.	Disciplinary and grievance handling policies and procedures are documented.
	b.	These policies and procedures also address requirements of applicable laws.
	c.	Such policies and procedures are made available to each staff.
Standard	HRM.3:	A documented policy exists to address health and safety needs of staff.
Criterion	a.	The staff engaged in direct resident care is subjected to annual health check-ups and vaccinations as required, and results are recorded.
	b.	Health issues including occupational health hazards (e.g. acquiring infection etc.) of staff are identified and addressed as per documented policy.
Standard	HRM.4:	The organisation has a documented system of maintaining personal files for all staff.
Criterion	a.	Personal files are maintained and updated as necessary for each staff.
	b.	Personal file contains at least the qualifications; work experience, results of evaluation and appraisals, employment history, trainings attended, regulatory certification/license and job description, pre-employment health check and annual health check records, letters of commendation / disciplinary recommendations etc.
Standard	HRM.5:	The organisation has a documented performance evaluation policy.
Criterion	a.	The organisation has a standardised documented process of evaluating the performance of its staff.

	b.	Performance evaluation is conducted according to pre-determined criteria and as per the defined frequency.
Standard	HRM.6:	The organisation provides facilities for the staff.
Criterion	a.	The organisation has a documented policy for facilities provided keeping in view of the needs of staff.
	b.	Facilities are being provided as per the documented policy.
Standard	HRM.7:	Staff engagement and satisfaction is assessed periodically.
Criterion	a.	The organisation has a documented policy for the assessment of staff engagement and their satisfaction at work.
	b.	Findings from such assessments are reviewed and actions taken.

**Chapter 3
Facility and Risk Management (FRM)**

Introduction

The organisation shall develop mechanisms for preventing avoidable risks related to unsafe care and treatment. Organisation must assess the potential health and safety risks during care and treatment and ensure staff has the requisite qualification, skills, experience and competence. Premises and equipment must be safe and available in optimal quantities.

STANDARDS AND CRITERIA		
Standard	FRM.1:	Facility management is guided by applicable laws and regulations.
Criterion	a.	The management of the organisation is familiar with and abide by the local and national laws that govern the organisation.
	b.	The updated drawings are available which include site-layout, floor plans and emergency escape routes.
	c.	The management ensures the availability of adequate infrastructure to provide the defined services.
	d.	The organisation undertakes planned maintenance, cleaning and inspection of buildings so that these provide safe and clean facilities.
Standard	FRM.2:	There is a documented safety and security plan.
Criterion	a.	The organisation has a safety and security plan which is dependent on identified safety and security threats.
	b.	The organisation has a disaster/ emergency response plan to manage both natural (e.g. fires, floods, earthquakes, disease outbreaks, cyclones) and man-made (e.g. urban fire, industrial accidents, terrorism) emergencies and resources are made available during such emergencies.
	c.	The plan ensures maintaining a safe and secure environment for residents and staff and protect them from any form of abuse.
	d.	The fire safety plan is tested at least twice in a year.
	e.	The organisation has security staff that can handle issues of security and know how and when to report security issues to the management.
	f.	Inspection of the organisation is conducted at least two times in a year to identify security and safety threats and findings from inspections are acted upon.
	g.	There are safety signages both internally and externally (as applicable) available in the organisation in a language understood by residents and community.
Standard	FRM.3:	The organisation has provision of potable water and electricity round the clock.
Criterion	a.	The organisation ensures availability of potable water and electricity at all times.
	b.	The organisation ensures availability of alternate sources of potable water and electricity when required.

	c.	The quality of water should be checked periodically.
Standard	FRM.4:	The organisation ensures comfortable living for its residents.
Criterion	a.	The organisation provides a reception and waiting area for visitors of residents.
	b.	The organisation provides comfortable residential and storage space, and sleeping materials which commensurate to the needs of residents.
	c.	The organisation ensures proper bathroom and toilet facilities which supports the needs of differently-abled and senior persons.
Standard	FRM.5:	There is a documented equipment management programme.
Criterion	a.	The organisation ensures availability of required equipment including bio-medical equipment as per its services.
	b.	There is a documented operational and maintenance (preventive/ breakdown) plan for all equipment.
	c.	Qualified and trained staff operate, inspect and maintain equipment.
	d.	Equipment are periodically inspected and calibrated as applicable to ensure proper functioning.
	e.	The organisation requires to inspect, test, maintain and replace equipment, including water tanks and systems in a planned and systematic way, so that all equipment functions to support safe and efficient delivery of services to its residents.
Standard	FRM.6:	The organisation has a programme for the management of utility system.
Criterion	a.	There is a maintenance plan for heating, ventilation and air-conditioning.
	b.	There is a maintenance plan for water system.
	c.	There is a maintenance plan for electrical system.
	d.	There is a maintenance plan for information technology and communication systems.
	e.	The organisation aims to be environmentally friendly through reducing waste, recycling of waste and water, use of sun light, use of energy efficient electrical equipment etc.
Standard	FRM.6:	A documented risk management plan is implemented.
Criterion	a.	The organisation identifies, evaluates and manages immediate and potential risks to residents and staff.
	b.	The organisation takes appropriate actions to eliminate or minimise these risks.

Chapter 4 Information Management System (IMS)

Introduction

An effective Information management system is based on the information needs of the organisation. The information system should be able to capture, transmit, store, analyse, utilise and retrieve information “as and when” required for improving the outcomes and overall organisation performance. It is therefore important that the organisation has a robust information management system.

STANDARDS AND CRITERIA		
Standard	IMS.1:	Documented policy and procedure exist to meet the information needs of the organisation.
Criterion	a.	The information needs of the organisation are identified and are appropriate to the services being provided.
	b.	Information management is in accordance with the documented policy and procedure.
Standard	IMS.2:	The organisation implements a robust document control system.
Criterion	a.	The organisation has a documented process to develop, authorise, review and update its documents including plans, policies and procedures within defined timeframes.
	b.	System covers documents both generated internally and from external sources.
	c.	Documented procedures exist for storing and retrieving documents.
Standard	IMS.3:	The organisation implements a robust system of controlling and managing information and data.
Criterion	a.	Formats for information and data collection are standardised.
	b.	Necessary resources are available for collection and analysis of data.
	c.	Documented procedures are laid down for timely and accurate dissemination of information and data.
	d.	Documented procedures exist for storing and retrieving information and data.
Standard	IMS.4:	The organisation has documented policy and procedure for maintaining confidentiality, integrity and security of records, data and information.
Criterion	a.	Documented policy and procedure exist for maintaining confidentiality, security and integrity of records, data and information.
	b.	The policy and procedure are in accordance with the applicable laws.
	c.	The organisation ensures safeguarding of records, data and information against loss, destruction and tampering.
	d.	The organisation defines the staff authorised to access resident records.
Standard	IMS.5:	There is a documented policy and procedure regarding the retention time, retrieval and destruction of records, data and information.
Criterion	a.	Documented policy and procedure are in place on retaining the resident’s records, data and information in accordance with the local and national

b.	laws and regulations.
c.	The destruction of records (both paper and electronic), data and information are in accordance with the laid-down policy.
d.	The retrieval of records (both paper and electronic), data and information are in accordance with the laid-down policy.

Chapter 5 Continual Quality Improvement (CQI)

Introduction

The organisation must have an effective quality improvement framework in place, including assurance and auditing systems. These must assess, monitor and drive improvement in the quality and safety of the services provided. The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using the services. The organisation must continually evaluate and seek to improve their framework and auditing practice.

STANDARDS AND CRITERIA		
Standard	CQI.1:	There is a structured quality improvement programme.
Criterion	a.	A quality improvement programme is developed, implemented and maintained.
	b.	There is a designated individual for coordinating and implementing the quality improvement programme.
	c.	The programme is communicated and coordinated amongst all the staff of the organisation through appropriate training mechanism.
	d.	Regular audits (minimum once in 12 months) are conducted to ensure continuous compliance of the programme.
Standard	CQI.2:	There is a structured resident-safety programme in the organisation.
Criterion	a.	A documented resident-safety programme is implemented.
	b.	There is a designated staff for coordinating and implementing the resident-safety programme. The designated staff may be same as designated for coordinating and implementing quality improvement programme.
	c.	The resident-safety programme is reviewed and updated at least once in 12 months.
Standard	CQI.3:	The organisation identifies the performance indicators to monitor the performance, and outcomes are used for making improvement.
Criterion	a.	The organisation defines performance indicators which may include but not limited to monitoring of utilisation of resources, resident satisfaction, employee satisfaction, adverse events.
	b.	Results from the monitoring of the defined indicators are used to make improvement.

Chapter 6 Resident Assessment and Care (RAC)

Introduction

Residents are made aware of the services being offered through different modes as per the requirement of the organisation. Processes are defined for various activities including registration and on-boarding. Residents once taken into the service/care are assessed as per policy for their needs.

STANDARDS AND CRITERIA		
Standard	RAC.1:	The organisation defines and displays its services.
Criterion	a.	The organisation clearly defines the services it provides.
	b.	Services being provided are displayed for easy access of the user.
	c.	The staff is aware of these services.
Standard	RAC.2:	The organisation has a documented registration and onboarding process for its residents.
Criterion	a.	The organisation has a documented policy and procedure for registration and onboarding of residents, as applicable.
	b.	Each resident is identified and given a unique resident number.
Standard	RAC.3:	The organisation ensures care of vulnerable residents.
Criterion	a.	The organisation has a documented process to identify and define vulnerable residents.
	b.	Policy and procedure are documented and are in compliance with prevailing laws, national and international guidelines.
	c.	The organisation ensures safe and secure environment for such residents.
	d.	Staff is appropriately trained to provide care to such residents.
Standard	RAC.4:	The organisation has a system to address emergency situations for its residents.
Criterion	a.	There is a documented procedure for managing emergency situations both medical and non-medical.
	b.	Staff is knowledgeable and trained in attending the residents requiring such emergency service.
	c.	Mechanism to provide appropriately equipped ambulance is in place to handle medical emergencies.
Standard	RAC.5:	Documented policies and procedures are used for nutritional needs of the residents.
Criterion	a.	A written menu that meets the daily nutritional needs of the residents is made available.
	b.	Kitchen is kept clean, properly ventilated and regular pest control is done.

	c.	Adequate kitchen supplies are provided to the resident including refrigerator and crockery.
Standard	RAC.6:	The organisation supports its residents in the end-of-life care.
Criterion	a.	The organisation deals with end-of-life (death) as per the defined procedure.
	b.	Unique needs of such residents are considered.
	c.	The organisation offers supports for last rites as per individual belief and religion.
Standard	RAC.7:	The organisation defines a process for primary health care services.
Criterion	a.	There is a provision for on call doctor visit as & when required.
	b.	Appropriate nursing services are available.
	c.	There is a provision of First-Aid kits and these are replenished regularly.
	d.	There are standby wheelchairs / stretchers available.
	e.	The organisation maintains a list of nearby hospitals, chemist shops, police station, etc.

Chapter 7 Resident Rights and Engagement (RRE)

Introduction

Resident is the focus of the care being provided in a health care setting. It is therefore important that residents' rights are documented and known to residents. It is also important to educate residents regarding their plan of care. Better resident satisfaction or outcome is achieved when residents are adequately informed about their care, their rights are respected and they are involved in the decision-making process.

STANDARDS AND CRITERIA		
Standard	RRE.1:	The organisation protects rights of residents.
Criterion	a.	Resident's rights are documented in a form of brochure and rights are displayed in a prominent place.
	b.	Staff is aware of resident's rights and steps are taken to protect them.
Standard	RRE.2:	The organisation provides information on the price of the services.
Criterion	a.	Residents are made aware of the pricing policy of the organisation.
	b.	The tariff list is available to residents.
Standard	RRE.3:	The organisation informs residents about their responsibilities while receiving services.
Criterion	a.	Resident's responsibilities are documented and communicated in a language they understand.
	b.	Residents are educated about their responsibilities in a manner and language they understand.
Standard	RRE.4:	The organisation has a system of engaging with the residents.
Criterion	a.	Residents are provided with the opportunity to participate in social activities (games, cultural programmes, community interaction etc.).
	b.	Residents are provided with recreational facilities like common room with TV, Radio, newspaper, games etc.
	c.	Communication is done in a language that the resident understands.
Standard	RRE.5:	The organisation has a documented feedback (compliment and complaint) system.
Criterion	a.	The organisation documents its policy and procedure for receiving and handling feedback (compliments and complaints) from the residents/users of its services.
	b.	A documented complaint redressal procedure exists to receive, investigate and resolve complaints in a timely manner.
	c.	The organisation uses the results of complaint investigation to make improvements.

Chapter 8 Hygiene and Infection Control (HIC)

Introduction

Hygiene, safety and infection control are critical parameters for any organisation for a sustainable business in all times. COVID-19 has further accelerated the need of maintaining hygiene and infection control practices at all times for a comfortable and safe stay for residents. It would cover the entire facility in general and residents’ facilities in particular to give confidence to everyone.

STANDARDS AND CRITERIA		
Standard	HIC.1:	The organisation has a comprehensive hygiene and infection control programme.
Criterion	a.	The organisation identifies necessary workplace hygiene and infection control practices.
	b.	The hygiene and infection control programme include hygiene and infection control manual containing policies and procedures.
	c.	The hygiene and infection control manual includes proper handling and disposal of waste.
	d.	The hygiene and infection control manual includes cleaning and disinfection activities.
	e.	The manual includes hand hygiene practices.
	f.	The organisation follows appropriate kitchen sanitation and safe food handling processes.
Standard	HIC.2:	There is a documented process to ensure infection control in laundry services for linen management.
Criterion	a.	The organisation has a procedure for handling dirty, soiled and clean linen.
	b.	Dirty or soiled linens are separated from clean linen.
	c.	Linen soiled with fluids are handled with appropriate personal protective equipment e.g., gloves, face masks and aprons.

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