



australian
nursing federation

Submission to Department of Health and Ageing in
response to consultation on revised Standards for
Residential Aged Care

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1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business for the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 200,000 nurses, midwives and assistants in nursing, ANF members are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

Given the large cohort of ANF members (registered nurses, enrolled nurses and assistants in nursing) who work in the aged care sector, we have a keen interest in the revision of the Standards for Residential Aged Care. Specifically, the ANF contends that the Standards must reflect a capacity by the aged care facility to deliver safe, competent care to residents. This can only be assured when appropriately educated and adequate numbers of nursing staff are employed by the facility.

2. Standards for Residential Aged Care

2.1 Statement of Intent

The Aged Care Accreditation and Standards (the Standards) have been developed based on legislation, research findings and evidence based practice nationally and internationally. These Standards and the regulatory framework in which they operate, should be viewed in the context of the Government's overall policy objectives for older people. These objectives have a focus on promoting the quality and accountability of aged care services delivered to older people, and to ensure appropriate regulatory response to risks of non-compliance with statutory obligations.

The ANF considers that it is not necessary to outline the origin of the Standards in the *Statement of Intent*. The *Statement of Intent* should define the purpose, that is, the actual intent, of the Standards. The above statement should therefore be omitted from the next iteration of the Standards.

Suggested alternative wording for the statement is as follows:

The intent of the Aged Care Accreditation Standards (the Standards) is to identify the quality and accountability expected of aged care services delivered to older people, and to ensure appropriate regulatory responses with statutory obligations are attached to risks of non-compliance by Approved Providers.

It should be clear from the *Statement of Intent* that Approved Providers must comply with all the set Standards for the purpose of initial and/or ongoing accreditation at the time of audit by the Aged Care Standards and Accreditation Agency (the Agency). Further, that failure of an Approved Provider to comply with all 36 Standards may result in a facility being deemed non-compliant with the Standards and possibly sanctions being applied to the operations of the facility.

Given that there has been a move away from reference to 'nursing homes' to the current terminology of 'residential aged care facility' this should be reflected in the *Statement of Intent* and throughout the Standards. This does not detract from the creation of a home-like environment for residents. Rather, it acknowledges the fact that the older person has needed to be relocated to a residential aged care facility due to requiring more complex care than could be provided in their own home.

Each resident is different.

The ANF suggests deleting this statement as it is not necessary to state the obvious.

The Standards and expected performance statements apply to each resident's assessed care needs and preferences regardless of race, culture, language, gender, social and religious choices.

The ANF suggests rewording the sentence to read:

The Standards and expected performance statements apply to each resident's assessed care needs, reflecting their preferences and differences.

The ANF suggests that the expected performance descriptor headings be amended to briefly state the issue. It is not necessary to include "providing" and "promoting" words in each heading, such as in Standard 3.

2.2. Standard 1 – Living in the Home

In line with previous comments this Standard will need rewording to "Living in the residential aged care facility".

Principle: (page 3)

Residents' overall health and wellbeing is promoted and maintained. The home acknowledges respects and promotes residents' individuality, equality and diversity. Residents' are supported to maintain their personal, civic and legal rights, and are assisted to maintain and exercise choice and control of their own lives while respecting the rights and needs of others.

The following changes to the above draft Principle are suggested to strengthen the notion of 'promote':

All residents living in the residential aged care facility are acknowledged individually, with strategies in place to respect and achieve their equality and diversity, by Approved Providers and staff employed in the facility. Residents' are supported to maintain their personal, civic and legal rights, and are assisted to maintain and exercise choice and control of their own lives while respecting the rights and needs of others".

Expected Performance: 1.1 Providing information about services

Each resident and/or their representatives, receives comprehensive information about the care and services provided and the risks upon entry to the home and at all stages of living in the home, written and communicated in plain language, to enable them to make informed choices and decisions about their care and lifestyle.

The ANF suggests rewording to read:

Each resident and/or their representatives, receives comprehensive information about the care and services provided and the facility's obligation in relation to governance and risk management, to enable them to make informed choices and decisions about their care and lifestyle. This information should be provided in writing and communicated in plain language, upon entry to the facility, at all stages of living in the facility and if circumstances change.

Expected Performance: 1.2 Promoting residents' rights and responsibilities

Each resident is assisted to understand and exercise their rights and responsibilities while not infringing on the rights of other people. This includes assistance for residents whose first language is not English or who are unable to read (e.g. low literacy, loss of sight).

The ANF suggests amending this performance expectation to read as follows:

Each resident, and/or their representatives, is assisted with understanding and exercising their rights and responsibilities, while respecting the rights of other people living in the facility.

The second sentence suggested amendment is:

This includes assistance for residents whose first language is not English, such as Aboriginal and Torres Strait Islander people and those of culturally and linguistically diverse backgrounds, or those who are unable to read (due for example to low literacy or loss of sight).

Expected Performance: 1.3 Each residents right to privacy, dignity and choice

Each resident's right to privacy, dignity and choice related to their care, living arrangements and personal information is recognised, respected, and acted upon.

The wording of this performance criterion requires further refinement, as the expectation of the performance criteria should be to clarify what an Approved Provider is expected to have in place to achieve the Standard. Suggested amendment:

Each resident is afforded the right to privacy, dignity, confidentiality and choice in their care. Assistance and support is offered by staff at all times that reflects the right of residents to have their privacy maintained, their personal information respected, and their lifestyle choices and personal relationships recognised.

This performance expectation can then be measured by evidence of the Approved Provider: providing staff with training which assists them in encouraging residents' independence or in offering information to facilitate residents in making choices; demonstrating that privacy is afforded to all residents through measures such as, doors on toilets/bathrooms, particularly in a shared facility, providing private space for personal care , for family to have private discussions or when dealing with sensitive and personal information about residents; and for end of life care.

Expected Performance: 1.4 Responding to feedback and complaints

Residents' and representatives' feedback, and complaints are encouraged, acted upon promptly, fairly, confidentially and without retribution, and recorded so as to inform future service delivery. This includes access to external complaint mechanisms.

Suggest rewording this expected performance to read as follows:

Residents' and representatives' feedback - whether compliments or concerns -are encouraged, acknowledged promptly and acted upon appropriately within a risk management approach. The information gathered, whilst managing complaints, is recorded and may be used for improving future service delivery.

Expected Performance: 1.5 Promoting communication

Each resident receives assistance to communicate their care, social and emotional needs to staff and ways to interact with others in relation to those needs.

This expected performance measure needs to be strengthened to reflect mechanisms to help the resident to communicate.

Suggested amendment:

Each resident is assisted to communicate their physical, social and emotional care needs to staff. Residents are provided with mechanisms to interact with others about their needs, depending on their linguistic, auditory and mental capacity.

Expected Performance: 1.6 Promoting social and leisure activities

Each resident is actively encouraged and assisted to participate in activities of interest to them, including social, cultural, religious, intellectual and recreational activities within and outside the residential care service.

Suggested amendment:

Each resident is actively encouraged and supported to choose to participate in activities of interest to them, including social, cultural, religious, intellectual and recreational activities within and outside the residential care service.

Expected Performance: 1.7 Providing hospitality services

Hospitality services are provided in a way that promotes each resident's quality of life. Outsourced services are selected and managed to ensure high standards of service.

This statement gives the impression that hospitality services will always be outsourced which is not the case as some facilities have the capacity to undertake such services in-house. The amendment below is suggested to clarify that when the decision is made to outsource such services, that they must be managed in such a way that standards are maintained at a high level.

Suggested amendment:

Hospitality services meet a high standard and are provided in a way that promotes each resident's quality of life. Where outsourced services are selected this must be managed to maintain the facility's standards of service.

Expected Performance: 1.8 Promoting quality living environment

Residents live in safe, clean, comfortable and well maintained indoor and outdoor environments that meet the needs of the resident.

Given that the aspiration of 'quality' pervades the whole document it is perhaps not needed in this expected performance statement heading. An alternative wording could be 'an optimal living environment'.

Expected Performance: 1.9 Promoting safety

Each residents' physical safety and emotional well being are protected.

Promoting safety applies across all three Standards and so an overarching statement could be included in the Statement of Intent on resident safety.

The residents' physical safety and emotional well being could actually be incorporated in 1.8 above relating to an optimal living environment, to read:

Residents live in safe, clean, comfortable and well maintained indoor and outdoor environments that protect their physical safety and meet emotional well being needs.

2.3 Standard 2 – Personal and Clinical Care

In line with previous comments this Standard will need rewording to "Living in the residential aged care facility".

Principle:

Residents' physical, mental, spiritual, emotional, and cognitive health needs are promoted. Optimal outcomes are achieved through the assessment and provision of individual quality care and services. Services are based on practice informed by evidence in partnership with the resident (or their representative) and a healthcare team operating within their scope of practice.

The ANF proposes the above draft Principle be amended to read as follows:

Aged care services are based on best practice evidence, legislative and regulatory requirements. Residents' physical, mental, spiritual, emotional, cultural and cognitive health needs are respected and promoted. Optimal care outcomes are achieved through the provision of individual quality care and services provided in accordance with the assessed care needs of individual residents. Residents' individual care plans are developed according to care needs as assessed by health care professionals, inclusive of the registered nurse or nurse practitioner, other members of the healthcare team operating within their level of competence, scope of practice and role and in collaboration with the resident (or their representative), in accordance with the Aged Care Act and its Principles.

Expected Performance: 2.1 Assessment and care planning

On admission each resident's health needs are assessed and their personal and clinical care and lifestyle preferences discussed and documented. This information is used to inform the resident's immediate and longer term care delivery. Care plans are developed and actioned and outcomes evaluated. The care plan is routinely updated to reflect further assessments and the needs of the resident.

Amendments to the draft expected performance statement are suggested as follows:

A plan of care is developed for each resident at the time of admission to the residential aged care facility, and used to inform short, intermediate and long term care delivery. The initial and on-going assessment, planning and management of care for residents is carried out by a registered nurse. The resident's personal and clinical care and lifestyle preferences are discussed and documented. Care plans are developed and implemented based on the nursing assessment and their outcomes reviewed and updated at regular intervals; and/or when the resident's condition changes from the original assessment.

Expected Performance: 2.2 Provision of clinical care and minimising functional decline

Each resident receives appropriate clinical care from competent personnel, including health care professionals, to proactively meet the residents' needs, promote optimal functioning, and minimise functional decline.

Amendments suggested for this performance criterion are as follows:

Each resident receives appropriate clinical care from competent personnel, including nursing, medical and allied health professionals who initiate care interventions for the prevention and minimisation of functional decline in the care domains of: cognition and emotional health; mobility; vigour and self-care; continence; nutrition; oral hygiene; dental health and skin integrity.

The ANF suggests that there should be an additional performance statement about "personal" care, which is largely provided by assistants in nursing (however titled), under the direction or supervision of nursing staff and according to the care plan.

Expected Performance: 2.3 Provision of specialist care

Each resident's specialised care needs are identified and met by appropriate qualified personnel working within their designated scope of practice, in consultation with the resident/representatives and others (such as GPs and health professionals).

The ANF suggests that this performance criterion could be strengthened by amendments as follows:

The specialist care needs of individual residents are assessed, planned, and implemented by the registered nurse in consultation with the resident or their representative and other health professionals where indicated. Each resident's specialised care needs are identified and met by appropriately qualified personnel working within their designated scope of practice, role and in accordance with the resident's assessed need.

Expected Performance: 2.4 Referral to health care professionals

Each resident is referred to a GP, specialist, dental and other health care professionals according to their assessed needs.

Given that the next performance criterion deals specifically with dental care, the ANF suggests that 2.4 be amended to have a broader focus, as follows:

Each resident is referred to a general practitioner, medical specialist, nurse practitioner, allied health professional or service, in accordance with their request or their assessed needs.

Expected Performance: 2.5 Promoting oral hygiene and dental health

Each resident's oral hygiene and dental health is promoted and managed effectively.

The ANF suggests amending this performance criterion as follows:

Each resident's oral hygiene and dental health is promoted and managed effectively including referral to a dentist or other dental health professional, in accordance with their request or their assessed need.

Expected Performance: 2.6 Nutrition and hydration management

Each resident receives appropriate nutrition and hydration. The risk of malnutrition and dehydration are identified, managed and monitored, including associated unintentional changes in weight.

The ANF suggests strengthening this performance criterion, as follows:

Each resident receives appropriate nutrition and hydration. Residents' weight is regularly monitored and recorded, according to assessed care needs. The risk of malnutrition and dehydration is assessed, identified, managed and monitored. Nutritional supplements and feeding assistance are provided based on the residents' assessed needs.

Expected Performance: 2.7 Continence Promotion and incontinence management

Each resident's continence is promoted and maintained where possible. Where a resident is incontinent the home manages the condition, monitors and responds to the needs of the resident, while promoting their privacy and dignity.

Suggested amendment:

Each resident's continence is assessed and optimal functioning maintained. Where a resident is incontinent the residential aged care facility manages the condition, monitors and responds to the needs of the resident, while promoting their privacy and dignity.

Expected Performance: 2.8 Promotion of skin integrity and wound management

Each resident's skin integrity is promoted. In the event of wounds, staff manage and monitor wounds effectively.

The ANF suggests this performance criterion be amended as follows:

Optimal skin integrity is promoted for each resident. In the event of wounds, residential aged care facilities have systems in place for wound management: assessment, identification of the aetiology of the wound, recording the treatment of choice, and effectively monitoring and evaluating wound healing, in consultation with relevant health professionals.

Expected Performance: 2.9 Falls prevention and management

A proactive approach is taken to reduce the risk of falls for residents. Post-fall recovery is managed and monitored effectively.

The ANF suggests that an additional level of accountability be included in this performance criterion, with the following amendment:

Adequate numbers of care staff are employed to provide supervision of residents in line with a proactive approach to reducing the risk of falls for residents. A falls risk assessment is undertaken for each resident as part of the care plan.

Post-fall recovery is managed and monitored effectively.

Expected Performance: 2.10 Promote cognitive and mental health and provide emotional support

Each resident's cognitive and mental health is understood, monitored and promoted, and emotional support is provided.

Amendments are suggested for this criterion, as follows:

Each resident's cognitive and mental health is assessed, understood, monitored and promoted, and emotional support is provided in accordance with identified needs.

Expected Performance: 2.11 Behaviour management

Residents' behaviours that may present risk or disruption to self or others are recognised and understood, and effective responses are put in place including referrals as required. These are made in consultation with health professionals, staff and residents/representatives and balance the needs and rights of all residents and protect their health and safety.

The ANF suggests amendments to this performance criterion, as follows:

Approved Providers have systems in place to ensure health professionals are available to assess, evaluate and implement behaviour risk management strategies. Residents' behaviours that may present risk or disruption to self or others are recognised and understood, and effective responses are put in place including referrals as required to meet the needs and rights of all residents and protect their health and safety, while taking the least restrictive approach to restraint.

Expected Performance: 2.12 Pain management

Each resident is as free as possible from pain and their comfort is promoted. Pain and discomfort are monitored and managed effectively.

Given that pain is sometimes not recognised in the elderly, particularly in those unable to communicate their discomfort, the ANF suggests this criterion be amended, as follows:

The comfort of each resident is promoted. Approved Providers have systems in place to ensure pain and discomfort are recognised, monitored and managed effectively by health professionals through assessment, evaluation and implementation of individualised pain management plans.

Expected Performance: 2.13 Medication management

Each resident's medication therapy is managed and monitored to promote effectiveness and safety of treatment and there are systems in place to mitigate the risk of an adverse drug event.

Sound medicines management is critical to the health and well-being of older people. The ANF suggests the importance of this issue be reflected in an expanded performance criterion, as follows:

Approved Providers promote the quality use of medicines. This includes procedures for effectiveness and safety of treatment, which mitigate the risk of an adverse drug event, namely: regular review of medicines by the prescribing medical officer or nurse practitioner; safe storage and handling of medicines; management of medicines by a registered nurse; administration of medicines by a registered nurse or an enrolled nurse authorised to do so; identified processes for those residents who are able to self-administer, including support for residents to self-administer medicines, by registered nurses, enrolled nurses and assistants in nursing; arrangements for pharmaceutical supply of medicines.

Expected Performance: 2.14 Infection prevention and control

An infection prevention and control program effectively identifies and mitigates the risk of infection including healthcare associated infection, and manages outbreaks when they occur.

As elements of this performance criterion are unclear it is suggested that the wording is amended, as follows:

Approved Providers demonstrate their infection prevention and control program is known to all key organisational staff, and, that this program effectively identifies and mitigates the risk of infection including healthcare worker and iatrogenic associated infection, and manages outbreaks when they occur.

Expected Performance: 2.15 Restraint

The approved provider promotes a restraint free environment. Homes can demonstrate all other options have been exhausted before restraint is employed. Each resident's needs are assessed and reviewed regularly in consultation with health professionals, staff and residents/representatives. The use of restraint (physical, environmental or chemical) is informed by evidence.

The ANF provides amendments to this criterion, as follows:

The Approved Provider promotes a restraint free environment. Restraint (physical, environmental or chemical) is only used as an instrument to aid in optimal outcomes for residents where Approved Providers can demonstrate that all other options to promote resident safety and comfort have been trialled, implemented and evaluated. Where the use of restraint has been authorised by the treating physician or other appropriately qualified health professional, each resident is assessed and reviewed, as specified in the care plan, in collaboration and consultation with relevant health professionals. The use of restraint must be clinically indicated, informed and supported by evidence, and is not considered as a care intervention.

Expected Performance: 2.16 Care handover

Each resident's care and safety is maintained by ensuring that care needs are communicated effectively during handover to staff within the home and between other care facilities.

The ANF suggests the following expanded wording for this performance criterion:

The Approved Provider promotes a work environment that incorporates a set timeframe on every shift for handover, where each resident's plan of care, general condition and ongoing care needs, incorporating their health and safety needs, is effectively communicated. This handover time is utilised as the mechanism to provide individual resident information to care staff within the facility. The Provider demonstrates effective mechanisms for handover with other care facilities, where clinically appropriate, to promote continuity of care.

Expected Performance: 2.17 Advanced care planning

Approved providers act in a way that is not inconsistent with a resident's advanced care plan.

The ANF has amended this criterion, as follows:

Approved Providers have processes in place to ensure each resident's advanced care plan is known to all staff involved in their care. Approved Providers act in a way that is consistent with a resident's advanced care plan.

Expected Performance: 2.18 End of life care

The comfort and dignity of terminally ill residents are maintained through a palliative approach which ensures the early identification, assessment and provision of care delivery in a way that respects the resident's dignity and meets their social, physical, emotional and spiritual needs.

The ANF suggests this performance criterion be amended as follows:

Approved providers have systems and processes in place to promote the comfort and dignity of terminally ill residents. The facility demonstrates the implementation of an evidence based palliative care pathway. The principles of this approach: identify the assessed care needs of residents with life-limiting conditions; manage common problems faced by residents requiring palliative care; recognise the knowledge base and required role and scope of practice of direct care staff with regard to the provision of optimal palliative care; identify internal strategies for the effective management of person centred care leading to the early identification, assessment and provision of care delivery in a way that respects the resident's dignity and meets their social, physical, emotional, cultural and spiritual needs.

2.4 Standard 3 – Management of the Home

In line with previous comments this Standard will need rewording to “Management of the residential aged care facility”.

Principle:

The governance and management systems and practices of the home support and promote quality care and services, continuous improvement, open disclosure and create a safe and stable environment for residents, staff and visitors.

The Principle requires rewording to:

The governance and management systems and practices of the residential aged care facility support and promote quality care and services, continuous improvement, open disclosure and create a safe and stable environment for residents, staff and visitors.

Expected Performance: 3.1 Governance

The governance systems and management practices are effective in leading and supporting the provision of safe quality care for residents in an environment that promotes continuous improvement and opportunities for innovation.

The ANF suggests a minor amendment of this criterion, as follows:

The governance systems and management practices are effective in planning, leading, and supporting the provision of safe quality care for residents in an environment that promotes continuous improvement and opportunities for innovation.

Expected Performance: 3.2 Risk management

The home identifies, prevents and manages risks to ensure the safety of residents, staff and visitors to the home.

The following amendment to this criterion is suggested:

The residential aged care facility identifies and implements governance and risk management systems and practices, to ensure the safety of all residents, staff and visitors to the facility.

Expected Performance: 3.3 Staff management

There are sufficient number and mix of competent and trained staff at all times with appropriate security clearance, to meet the needs of the residents and these Standards.

The ANF provides significant suggested change to this performance criterion in line with industrial and professional practices for safe care, as follows:

3.3 Skills Mix and Staffing

There are sufficient numbers and skills mix of registered and enrolled nurses and assistants in nursing (however titled) at all times, to safely meet the needs of the residents and these Standards.

Resident's care has been assessed by a registered nurse as to whether it is suitable to be delegated to an assistant in nursing. There are sufficient numbers and mix of qualified and competent direct care staff rostered to work, with appropriate security clearance, to safely meet the assessed care needs of residents and these Standards.

Expected Performance: 3.4 Education and training

Management and staff have appropriate knowledge and skills to perform their roles effectively now and into the future.

The ANF amendments for this performance criterion are as follows:

The residential aged care facility identifies and implements governance and risk management systems and practices, to demonstrate that management and direct care staff understand their role and scope of practice and have the knowledge and skill sets required to perform these work roles in accordance with legislation, standards and competencies expected for their employment positions, at all times.

Expected Performance: 3.5 Regulatory compliance

Policies and systems are in place to identify and comply with relevant legislation, regulatory requirements, professional standards and guidelines.

The ANF suggests amending this performance criterion, as follows:

The residential aged care facility identifies and implements policies and risk management systems and practices, to align with, and comply with, relevant legislation, regulatory requirements, professional standards and guidelines.

Expected Performance: 3.6 Information system management

Information is collected, analysed, reported and disseminated to support quality care and service delivery.

The ANF suggests amending this performance criterion be amended as follows:

The residential aged care facility identifies and implements information management systems for the collection, analysis, reporting and dissemination of information to support quality aged care and service delivery.

Expected Performance: 3.7 Continuous improvement

The care and services provided are continually monitored and improvement opportunities identified, implemented and evaluated.

The ANF suggests additional wording, as follows:

The care and services provided are continually monitored and improvement opportunities identified, implemented and evaluated. There is evidence that the views of residents, their representatives, staff, visiting health professionals, and members of the community, are considered in the continuous improvement processes.

Expected Performance: 3.8 Emergency management

Emergency and disaster management plans and systems are in place, tested and linked to local emergency planning arrangements to minimise risk to residents, staff and visitors.

The ANF suggests this performance criterion be amended, as follows:

To minimise risk to residents, staff and visitors, the residential aged care facility demonstrates it has systems in place to identify and implement an emergency and disaster management plan. The facility demonstrates this plan has been tested and linked to local emergency planning arrangements.

Expected Performance: 3.9 Occupational health and safety

Management ensures safe practices and an environment that meets OH&S regulatory requirements.

The ANF suggests this performance criterion be amended, as follows:

The Approved Provider identifies obligations under occupational health and safety law and implements management systems, staff training and safe practices that meet all occupational health and safety regulatory requirements.

Finally, the ANF suggests that there should be an additional performance criterion under this Standard relating to business practices. This issue has been raised by members particularly regarding the safeguarding of residents' bond payments and the requirement for demonstrating fiscal responsibility of these invested funds.

3. Conclusion

The ANF Federal Office and State and Territory Branches have participated in the series of consultation workshops held around the country regarding the revised draft Standards for residential aged care. The opportunity to converse with other stakeholder groups and interested individuals at the workshops, in conjunction with the views of ANF members, has been beneficial in the preparation of this written submission.

With a large cohort of members in the residential aged care sector, the ANF has genuine concern for the environment in which these nurses and assistants in nursing (however titled) practice, and for the well-being of the frail elderly people for whom they provide care.

The ANF continues to argue forcefully for the need to improve investment in the people and material resources in aged care in Australia, which would lead to enhanced quality of care. These sentiments are the central theme of the ANF's national campaign *Because We Care* which aims to provide an optimal aged care environment for health professionals and elderly residents.

Critical to the sustainability of a safe, competent aged care sector is the existence of standards which govern the physical and emotional environment, the personal and clinical care, and the management of residential aged care facilities. The ANF welcomes the opportunity to contribute to the revision of these Standards and is committed to on-going review and evaluation for the benefit of the care of older people.