Elderly™ Care India

HOME CARE ASSESSMENT RATING SCALE & GUIDANCE CHECKLIST

Assessors guidebook for audit & review of home care service providers in India

PANKAJ MEHROTRA
FOUNDER - ELDERLY CARE INDIA
www.elderlycareindia.org

Home Care Assessment Rating Scale & Guidance Checklist

Note from the Author

Elderly Care India is not just a database or a compilation of files, it is an effort to bring together like-minded people who feel and want to do something for the cause of Ageing in India and Developing Nations. Elderly Care India is an initiative of concerned citizens who want to see and bring about a positive change in their own capacities. It is a collaboration of like-minded people who have volunteered to share their knowledge, experience and passion for promoting an Elder friendly society.

As a team we are trying to consolidate and document important aspects of the Ageing process and its nuances including best practices and guidelines from across the world, however the documents and information which we share are only meant for reference and not to be taken as recommendations or to be read as National Standards.

This document "Home Care Assessment Rating Scale and Guidance Checklist" is an internal document of Elderly Care India which we use to assess, audit and rate the level of quality, compliance and knowledge of service providers and their staff. This document is primarily meant for the Assessors of Elderly Care India who review the existing service capabilities of service providers and recommend necessary service delivery improvements in the overall processes.

We have given due credit to the authors and publishing agencies where references have been taken and have tried to do due diligence on the copyright and plagiarism issues, however if there has been an oversight then we shall immediately remove the text. We sincerely hope this initiative for the benefit of the larger cause can help society at the grassroot level.

Pankaj Mehrotra
Founder – Elderly Care India

Executive Brief

A. Objectives

This document lists down the checklist for evaluating and analysing the scoring system to rate Home Care Service Providers. This document also serves as a guiding and training material for Service Providers and their Staff to understand the basic elements of the Care Service Delivery and the improvement areas.

B. Process of Rating

The way to use this checklist is: 1) Each heading under the Section Headings / Subsection / Topic Heading is calculated as a Sum-Total at the end of the section which is entered in the Individual Section Heading. The same score is updated in the Snapshot Rating Scale at the beginning of the document. Based on the final score the Home Care Service Provider is rated as Gold, Silver or Bronze Standard.

C. Contributors

Various topics have been contributed by different Domain Experts:

1. Pankaj Mehrotra: Author, Founder – Elderly Care India, Senior Living Consultant
2. Dipika Vaid: Physical Therapy Specialist, USA
3. Dmitry Shibanov: CEO and Managing Director, SMPLS INNOVATION, Australia
4. Dr. Dipankar Debnath: Geriatrician, Founder/CEO – 60 Plus Care
5. Dr. Mrigna Nagraj: Founder 50 Plus Assist
6. Renu Jha: Founder of Ethic-Ally GRC Advisors, Chartered Accountant and Forensic Auditor
7. Dr. Dipti Soni Jaipuriar: Academician (Health Sciences)
8. Avtar Singh Cheema: Founder/CEO Palliative Peace
9. Mythili Udupa: Music Cognition Researcher, Carnatic Vocalist, Music Therapist
10. Dr. Pallavi Mishra: BDS, MPH, Public Health Management, Public Policy

Note: This is an internal document of Elderly Care India and is not to be used for personal gains or commercial use. It has nothing to do with any Government Authorities or other stakeholders. This document is Work-in Progress / Draft Version and should not be interpreted as Home Care Standards & Guidelines. The specific topic contributors are indemnified from any unintentional oversight at their end.

D. Document Numbering Process

The entire Assessment Rating Scale is divided into 6 Sections and 11 Section Headings.

1. Main Sections

1. Section A - Information Sharing
2. Section B – Home Healthcare Interdisciplinary Team/Staff
3. Section C – Care Service
4. Section D – Support Services
5. Section E – Ethics, Accountability & Governance
6. Section F – Human Resources

2. Section Headings

1. Information Sharing
2. Staff Profile
3. Nursing & Medical Care
4. Rehab Team
5. Social Worker
6. Social & Recreation Care
7. Wellness Team
8. Palliative & Hospice Care

9. Support Services
10. Ethics, Accountability & Governance
11. Human Resources

3. Text and Section Coding & Numbering

S.No	Section Heading	Sub No.	Subsection	Topic Heading	Subtopic	Detailed Standard	Yes	No	Score	Remarks
1	ABC	1.1	A.	i.	a.	I				
Numeric No	Regular Text	Numeric Sub No	Capital Letter	Numeric No small	Small Letter	Roman No				

4. Colour Coding

A. Section/Chapter Colour Coding: Each Section is Colour Coded which can be used in reviewing the various Subsections and Subtopics.

Sections & Subsections		Main Heading Colour
Section A - Information Sharing		
Section B - Home Healthcare Interdisciplinary Team/Staff		
Section C – Care Services	Nursing & Medical Care	
	Rehab Team	
	Social Worker	
	Recreational Team	
	Wellness Team	
	Palliative & Hospice Care	
Section D – Support Services		
Section E - Ethics, Accountability & Governance	Ethics, Accountability & Governance	
Section F – Human Resources	Human Resources	

B. Compliance Colour Coding

Each Section / Subsection / Heading is classified under three categories for calculating the rating score. Mandatory Rating (M) means if a service provider offers a particular service, then, the service provider has to ensure that the staff are trained in those particular areas, the "Preferable to Practice" does not constitute as a rating scale however its good to follow.

Section Colour	Scoring Colour Code (Yes / No)	Relevant For
Mandatory Rating (M)	**M**	Physicians, Nurses, Physiotherapist, Occupational Therapist, Speech Language Therapist, Strength Trainer, Voice & Swallow Therapist, Diversional Therapist, Cognitive Therapist, Pet Therapist, Podiatrist, Ophthalmologist, Geriatric Dentist, ENT, Palliative Care
Preferable to Practice / Follow, Good to know (P)	**P**	Care Givers and other Care Staff
For Information (I)	**I**	All Staff

Note: The Checklist has been prepared as a guiding and learning document especially for the ground level Caregiving staff since they require the maximum training and understand on the Caregiving and Ageing process.

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				iv.	ENT (Ear, Nose & Throat)		
		2.6	F. Palliative & Hospice Team	i.	Palliative Care Team		
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Total Score		**Rating:**		**Rating Standard: (Gold/Silver/Bronze)**	
Further Review Required: (Yes/No)		**Remarks**		**Authorised Signatory**	
Audited By		**Reviewed By**		**Next Review Date**	

Elderly Care India – Home Care Assessment Rating Scale

Detailed Review & Checklist

Section A - Information & Documentation

S.No	Section Heading	Sub No	Subsection	Topic Heading	Score	Page No
1	Information Sharing	1.1	A. Information & Documentation	i. Agreement / Contract Terms		
				ii. Schedule of Pricing		
				iii. Terms of Termination of Contract		
		1.2	B. Care Plan	i. Care Plan		
				ii. Care assessment by doctor / Nursing		
				iii. Service Discontinuation / Change of Service Provider		
				iv. Deposits		
		1.3	C. Feedback & Complaints	i. Feedback & Complaints		
Rating – Score						

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
1	Information Sharing	1.1	A. Information & Documentation i. Agreement / Contract Terms	I. No Client is forced to hire services without their consent and under no condition is the Client being given services who have been influenced or forced by family members, guardians, friends (except as detailed in the Mental Health Care Act, 2017).	M				Mandatory - Mental Health Care Act, 2017.
				II. Each Client is respected and allowed to attend and practice spiritual, religious, and other activities of their choice without any force by the Care staff.	M				

				III. Each Client has the right to manage their personal finances and are given scheduled account updates regarding the charges, fees and other costs.	**M**				
				IV. Each Care staff respects the Client's right to his/her privacy, dignity and respect.	**M**				
				V. Each Client has a right to exercise their choice and to have their needs and preferences taken into account in the planning, design and delivery of care planning which effects their well-being.	**M**				
				VI. Each Client has the right to access information which is understandable and provided in a format appropriate to their communication needs and preferences.	**M**				
				VII. Each Client has the right to give feedback, lodge complaints and concerns which are listened to and acted upon in a timely, supportive and effective manner.	**M**				
				VIII. Each Client has the right to interact and communicate with persons of their choice unless it is specified by the Client or their legal representatives or can be a threat to others.	**M**				
				IX. Each Client has a right to wear clothes of their own choice including jewellery or other items but limited to items which can be a threat to the Client or the staff.	**M**				
				X. Each Client has the right to not be confined inside their house against his/her will, and shall be allowed to move around in their house or outside areas as per their liberty (except as deemed otherwise by the Doctor).	**M**				
				XI. Each Client has a right to be risk free from any physical and/or chemical restraints unless prescribed by law or medical direction.	**M**				
				XII. Each Client has the right to buy personal care products and medicines from any pharmacy or shop	**M**				

				of their choice without any force by the Service Provider or Care staff.					
				XIII. Each Client has the right to be protected, safeguarded from harassment, abuse, discrimination and neglect by the Care staff.	**M**				
				XIV. Each Client has the right to their private space without the Care staff overstepping their personal boundaries.	**M**				
				XV. Each Client has the right to exercise personal autonomy, choice whilst considering their mental capabilities.	**M**				
				XVI. The Service Provider assures and certifies the Client and their families that all necessary and relevant Licenses, Approvals and other legal obligations have been taken and are up-to-date and they are legally allowed to offer Home Care services.	**M**				
				XVII. Service provider has options of large print or audio versions for visually impaired clients for things like agreements, brochures and other written information.	**P**				
				XVIII. The service provider makes it clear to the Client and their family members that only parties signing the contract (can be client or family) is privy to the financial/ billing information.	**M**				
			A. Information & Documentation ii. Schedule of Pricing	I. Service Provider has well defined charges and fees for services. There is a detailed pricing structure regarding all chargeable or non-chargeable services.	**M**				
				II. The fee's structure is based on Client care assessment. No element of hidden charges should be charged later either as an excuse of oversight, mistake or misunderstanding.	**M**				
				III. Frequency of services and timing of services are clearly explained to the Clients.	**M**				
				IV. In-case a Client is unable to pay the monthly charges then there is a protocol which is explained to the user.	**M**				

				V. The Client does not face any kind of abuse, hostility for non-payment of charges and fees.	**M**				
				VI. If Service Provider is taking a financial guarantee from a guarantor for the Client, in no condition is the guarantor forced or coerced into making payments on behalf of Client in-case of non-payment or inability to pay.	**P**				
				VII. The Service Provider gives appropriate advance notice to Clients and/or their family members in case of any changes to the charges and fees. The information is clearly explained besides keeping the best interest of Clients.	**M**				
			A. Information & Documentation iii. Termination of Contract	I. The Service Provider has clear guidelines on the termination of agreement.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
1	**Information Sharing**	1.2	B. Care Plan i. Care Plan	I. The Service Provider has a Comprehensive Geriatric Assessment format which forms the base document to identify the care needs of the Client and helps in delivery and monitoring the care services.	**M**				
				II. Each Client has a basic Care Plan which will be based on the initial assessment and subsequently updated based on the Comprehensive Geriatric Assessment Tool.	**M**				
				III. Each Client is assessed by an Interdisciplinary Care Planning team who decides on the best interests of the Client and document the care needs and necessary supervision of the Client.	**M**				

				IV. The care plan is person-centered and captures all critical aspects related to physical health, medical, nursing, mental health, psychosocial, social, recreational well-being needs.	**M**				Recommended - WHO Framework on Integrated People Centred Health Services
				V. The Care plan documents the directives and prescriptions of the doctor, diet plan, mental health supervision, therapy plans etc.	**M**				
				VI. Clients and their family members are encouraged to participate is developing the care plan.	**M**				
				VII. Clients who have difficulty communicating, then efforts are made to take their inputs either verbally and non-verbally to identify what are the important areas and preferences.	**P**				
				VIII. Service Provider shares a copy of the Client's care plan with the Client and also with their family in a language which is simple, and which can be understood in their vernacular language.	**M**				
				IX. An acknowledgement of the care plan shared with the Client or family is taken to avoid any future disagreements.	**M**				
				X. The care plan is reviewed periodically as per agreed schedule with the Client.	**M**				
				XI. Any changes in the care plan as per the condition, are regularly updated in the care plan and the Client file.	**M**				
				XII. If the fees and charges are paid by a Guarantor, then a Guarantor Agreement Form is being signed by them.	**M**				
				XIII. Home medical is headed by a registered doctor and assessed, reviewed and delivered by qualified staff.	**M**				
				XIV. The Service provider has systems in place to be gender sensitive in assigning tasks to care staff and matching them to the client care needs.	**M**				

				XV.	Active rehab services are assessed, prescribed with discharge plan of care and reviewed by an authorised and qualified Therapist.	**M**				
				XVI.	Supportive rehab services and maintenance exercises shall be assessed, prescribed and reviewed by an authorised Therapist.	**M**				
				XVII.	The authorized Therapist provides training and education with Home Exercise Program to the client, his/her caregiver and/or appropriate care staff to perform the supportive rehab on a regular basis.	**M**				
				XVIII.	Service Provider (uses Standardized Screens) has a process to screen all Client for Dementia, Depression and other Mental health conditions, if not already diagnosed.	**P**				
				XIX.	For detailed care plan refer to: https://elderlycareindia.org/wp-content/uploads/2025/01/Resident-Care-Plan-in-Care-Homes.pdf	**I**				
			B. Care Plan ii. Care Assessment	I.	Service Provider ensures that each Client has been assessed by a medical practitioner of his/ her choice before the start of the services.	**M**				
				II.	The Health & Medical Assessment form, forms the base of a Client's care plan.	**M**				
				III.	All records are kept in the Client's file and are digitally uploaded for easy access by nursing staff and doctors.	**P**				
				IV. Each Client's Health and Medical care assessment includes:	a. Physical Health, Status and Abilities	**M**				
					b. Mental and Emotional Health Status	**M**				
					c. Medication Requirements	**M**				
					d. Social, Recreational and Spiritual Needs	**M**				
					e. Communication, Hearing and Visual Abilities	**M**				

					f. Supervision and Monitoring Need	**M**				
					g. Any other Special Needs	**M**				
			B. Care Plan iii. Service Discontinuation	I.	The Service Provider discontinues the services wherever it is necessary for the Client's welfare and the Care needs cannot be met in the Home.	**M**				
				II.	The Service Provider discontinues the services if the physical and mental safety of the Client is a threat or endangering the staff due to clinical or behaviour of the Client or family members.	**M**				
				III.	The Service Provider discontinues the services if the Client has failed, after reasonable and appropriate notice, to pay for the home care services and facilities provided all efforts to contact the guardian/guarantor has also failed or refused to pay.	**M**				
				IV.	All discontinuation of services notice is accompanied with the Client's medical records, documentation and/or Client or Client's representative's written notice of intent to discontinue the services, a discharge care plan, necessary requirements/arrangements for post-discharge care.	**M**				
				V.	Discontinuation of services includes but not limited to the following information: current care plan, advance directives, special instructions and/or precautions for ongoing care, treatments and devices (oxygen, implants, tubes/catheters), risk of falls, falls history, injuries, medical diagnoses, allergies, medications, laboratory reports, other diagnostic tests, and recent immunizations.	**M**				
				VI.	In case of emergency transfer to Hospitals/Nursing Homes, necessary medical and health records are shared with the doctor and other stakeholders. In case of digital medical records then all the	**M**				

				necessary access is being shared with the hospitals or doctors as per the Best Interest of the Client.					
				VII. In situations where a Client wishes to stop the services then it is being done purely as per his/her own will. In no condition should it be because of any abuse, neglect, pressure, intimidation or force.	**M**				
			B. Care Plan iv. Deposits	I. All refundable deposits are duly handed over to the Client or their representative as per the clauses mentioned in termination of contract after taking into consideration of any pending dues of the Client, including fees, medical expense incurred by the Service Provider on behalf of the Client.	**M**				
				II. The agreement clearly specifies the amount of deposit given by the Client including refundable and non-refundable money.	**M**				
				III. The agreement clearly informs the Client and their family members when the deposits can be forfeited or adjusted in-case of any damage, outstanding bills our out-of-pocket expenses.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Heading	Sub No	Section Heading	Detailed Standard	CC	Y	N	Present System	Remarks
1	**Information Sharing**	1.3	C. Feedback & Complaints	I. Service Provider has well defined guidelines on how to handle and resolve complains of Clients and staff.	**M**				
				II. The Service Provider ensures that the complaints are resolved and addressed in a time bound manner.	**M**				
				III. Service Provider resolves all complaints immediately to the complainant's satisfaction, dispassionately, fairly and transparently to mutual satisfaction.	**M**				
				IV. The Care staff reports all complaints to the service provider and documents the same in the Client's file.	**M**				
				V. The Clients are given a written acknowledgement of complaints received.	**M**				

				VI.	The complaint is closed once confirmation has been received that there is satisfaction resolution.	**M**				
				VII.	Service Provider ensures transparent and accessible complaints handling process.	**M**				
				VIII.	Service Provider encourages regular and ongoing feedback from Clients and their legal representatives about the quality of service they receive.	**M**				
				IX.	Service provider uses a collaborative approach to resolve complaints in a timely manner and through open communication and transparent processes.	**M**				
				X.	The Service Provider ensures that complaints by Clients and staff do not affect their care delivery, and no bias is held against them including being reprimanded by the staff.	**M**				
				XI.	Service provider has anonymous complaint system available and communicated to clients and staff.	**M**				
				XII.	Service provider has a mechanism to escalate unresolved grievances to an external independent body.	**M**				
Rating – Score (Count the number of Yes and No)										
Total Rating – Score (1.1-1.3)										

Section B – Home Healthcare Interdisciplinary Team/Staff

S.No	Section Heading	Sub No	Subsection	Topic Heading	Subtopic	Yes	No	Score	Remarks
2	Interdisciplinary Team	2.1	A. Nursing & Medical Team	i. Physicians	a. On-Site Doctor (Geriatric Doctor)				
					b. Visiting Doctor (Geriatric Doctor)				
					c. General Physician				
					d. Visiting Physician				
				ii. Nursing Team	a. Geriatric Nurse				
					b. Registered Nurse				
				iii. Caregiving Team	c. Registered Caregiver				
					d. Regular Caregiver				
		2.2	B. Rehab Team		i. Physical Therapist (Physiotherapist)				
					ii. Occupational Therapist				
					iii. Speech Language Therapist, Voice & Swallow Therapist				
					iv. Strength Trainer				
		2.3	C. Social Worker		i. Social Worker				
		2.4	D. Recreational Team		i. Music Therapist				
					ii. Garden Therapist				
					iii. Pet Therapist				
					iv. Recreational Therapist, Diversional Therapist				
		2.5	E. Wellness Team		i. Podiatrist (Foot Care)				
					ii. Ophthalmologist				
					iii. Geriatric Dentist (Oral Care: Dentures, Gums Care)				
					iv. ENT (Ear, Nose & Throat)				
		2.6	F. Palliative & Hospice Team		i. Palliative Care Team				
					ii. Hospice Team				
Rating – Score (Count the number of Yes and No)									

Section C – Care Services – Nursing & Medical Team

S.No	Section Heading	Sub No	Subsection	Topic Heading	Yes	No	Score	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	i. Medication Administration				1. Mandatory - Indian Nursing Council Standards-2021 and National Accreditation Board for Hospitals and Healthcare Providers {NABH} Standards-2020 2. Recommended - Indian Nursing Council Practice Standards-2021
				ii. Medicine Allergies				
				iii. Nursing Supervision				
				iv. Bladder				
				v. Bowel				
				vi. Wound Management				
				vii. Bed-ridden Support				
				viii. Incontinence				
				ix. Use of Catheters				
				x. Use of Feeding Tubes / Peg Feeding Support				
				xi. Stomach Care				
				xii. Pressure Injury & Sores / Skin Care				
				xiii. Oxygen Therapy				
				xiv. Dialysis				
				xv. Dementia Care				
				xvi. Cognitive Care				
				xvii. Parkinson's Care				
				xviii. Delirium				
				xix. Restraints				
				xx. Osteoporosis				
				xxi. Skin Care				
				xxii. Postural Hypotension				
				xxiii. Mental Health Supervision				
				xxiv. Infectious Disease Monitoring				
				xxv. Challenging Behaviour Supervision				
				xxvi. Bed Bugs				
				xxvii. Sleep Apnoea, Insomnia				
				xxviii. Food Allergies				
				xxix. Food Hygiene				
Rating – Score (Count the number of Yes and No)								

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.1	A. Nursing & Medical Team	i. Medication Management & Administration	I. Staff are trained healthcare professionals who provide direct clinical care to individuals including doctors, nurses, therapists etc.	M				
					II. Service provider ensures that only qualified and legally eligible staff help the Client take medicines.	M				
					III. Staff are trained to read medicine labels properly including the date of expiry.	M				
					IV. Staff are trained to dispose/destroy unwanted, ceased or expired medicines to avoid accidental harm and misuse.	M				
					V. Staff are trained to respect the rights of Clients to make choices and decisions about their own care, which are respectful and responsive to their specific needs, preferences and values.	M				
					VI. Staff are aware of the problems associated with pharmacology.	M				
					VII. Staff are trained in escalation of care when a Client's health status changes.	M				
					VIII. Staff are trained to advise Clients on the risks associated with medication management.	M				
					IX. Staff are trained to evaluate and document important and relevant indicators of medication administration including incidents, adverse medicine events and complaints.	M				
					X. Staff are trained to assist Clients on self-selected non-prescription medicines.	M				
					XI. Staff are trained in managing high-risk medicines (for example, psychotropics, opioid analgesics, anticoagulants and insulin).	P				
					XII. Only authorised staff can access, administer and store restricted medicines.	M				
					I. Staff are trained in monitoring the effectiveness and performance of medication management.	M				

				A1. Monitoring of Medication Compliance	II. Service provider has a system to implement a risk-management system to identify, prioritise, monitor, manage and review risks associated with medication management.	**M**				
					III. Service provider ensures that systems are in place to record, and measure change in medication safety risks.	**M**				
					IV. Service provider has systems to identify education and training requirements of staff, assess the competency and training needs of staff.	**M**				
					V. Staff are trained to use digital monitoring and record keeping systems related to medication administration, prescription, stock and ordering.	**P**				
					VI. Staff are trained in reporting and monitoring medication related outcomes or problems for example, adverse drug reactions, medication incidents and complaints – through adverse drug reaction and incident.	**M**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	ii. Medicine Allergies	I. Staff are aware that drug allergies are a significant concern in older people which could be due to increased medication use, decreased immune function.	**M**				
					II. A number of factors can result in risk for developing allergic related conditions. These could include frailty, coexisting medical problems, memory issues and use of multiple prescribed and non-prescribed medications. Adverse effects of Medication can also happen due to: a. Drug-drug interactions b. Duplication of drugs c. Poor adherence	**P**				

					III. Staff are aware of risk factors of medicines like:	a. Antibiotics: Medications used to treat and prevent bacterial infections in humans and animals.	**P**				
						b. Analgesics: Also known as painkillers, are a class of drugs that relieve pain without causing loss of consciousness.	**P**				
						c. Anticoagulants: Commonly known as blood thinners, are medications that prevent blood clots from forming or prevent existing clots from growing larger	**P**				
						d. Antihistamines: A type of medication that helps relieve allergy symptoms by blocking the effects of histamine, a chemical released by the body during an allergic reaction.	**P**				
						e. Anticonvulsants: Also known as antiepileptic drugs (AEDs) or antiseizure medications, are a class of drugs primarily used to prevent or treat seizures and epilepsy.	**P**				
						f. Antipsychotics: Psychotropic medications primarily used to manage psychosis, a mental health condition characterized by symptoms like hallucinations, delusions, and disorganized thinking.	**P**				
						g. Cardiovascular Medicines: Also known as heart or cardiac medications, are drugs used to treat a variety of conditions affecting the heart and blood vessels.	**P**				
						h. Diabetic Medicines: Medications used to manage blood sugar levels in people with diabetes	**P**				
					IV. Staff are aware of	a. Dementia: Symptoms that involve a decline in cognitive function, including	**M**				

					Client's medical history, including	memory, thinking, language, and judgment, severe enough to interfere with daily life					
						b. Parkinson's: A progressive neurodegenerative disorder that primarily affects movement	**M**				
						c. Osteoporosis: A disease that weakens bones, making them more prone to fractures	**M**				
						d. Urinary Incontinence: Involuntary leakage of urine. It's a common condition where individuals lose bladder control, leading to accidental urine leakage.	**M**				
						e. Hypertension: Also known as high blood pressure, is a condition where the force of blood pushing against the artery walls is consistently too high.	**M**				
						f. Osteoarthritis: A degenerative joint disease, the most common type of arthritis, characterized by the breakdown of cartilage in joints, leading to pain, stiffness, and decreased mobility.	**M**				
						g. Macular Degeneration: Also known as age-related macular degeneration (AMD), is an eye disease that damages the macula, the central part of the retina responsible for sharp, central vision.	**M**				
						h. Anemia: A condition where the blood has a lower-than-normal number of red blood cells, or the red blood cells don't contain enough haemoglobin.	**M**				
						i. Hypothyroidism: Also known as underactive thyroid, is a condition where	**M**				

						the thyroid gland doesn't produce enough thyroid hormones.					
						j. COPD: Chronic Obstructive Pulmonary Disease, is a long-term lung condition that makes it hard to breathe.	**M**				
					V. Staff are aware of increased risk of adverse drug reactions as Older people are more susceptible due to factors like decreased kidney and liver function, changes in drug metabolism, and the presence of other health conditions.		**M**				
					VI. Staff are aware of comorbidities and polypharmacy (use of multiple medications, often five or more, by a single individual simultaneously) as older people often have multiple chronic conditions and take numerous medications, increasing the potential for drug interactions and allergic reactions.		**M**				
					VII. Staff are aware of Immunosenescence (age-related decline in immune system function) because the aging immune system can affect how the body responds to medications, potentially leading to more severe or prolonged reactions.		**P**				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	iii. Nursing Supervision	I. Staff are trained in administration of Injections.	**M**				
					II. Staff are trained in monitoring of pain control.	**M**				
					III. Staff are trained in monitoring of client's medical condition, e.g. blood pressure and blood sugar.	**M**				
					IV. Staff are trained in Infectious Disease Monitoring.	**M**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.1	A. Nursing & Medical Team	iv. Bladder	I. Staff are trained to understand the physiology of the storage and release of urine as it is important for understanding urinary incontinence.	M				
					II. Staff are aware that bladder issues can happen due to age-related changes, medications causing incontinence	M				
					III. Staff are trained to assist in bladder control and management which may require the Client to resist or inhibit the sensation of urgency, postpone, and urinate according to a timetable.	M				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.1	A. Nursing & Medical Team	v. Bowel	I. Staff are trained with bowel assistance.	M				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard		CC	Y	N	Present System	Remarks
3	Care Services	3.1	A. Nursing & Medical Team	vi. Wound Management	I. Authorised staff including nurse are aware on the situations where they can apply an initial dressing to a wound, without the need for a prescription, whilst awaiting clinical feedback.		M				
					II. Staff are trained on basic wound care but not be limited to first aid to abrasions, tears, burns, initial treatment of pressure ulcers; excoriation (skin-picking) of skin. and other skin reactions.		M				
					III. Staff are trained to report and document any concern areas, like:	a. Persistent Bleeding	M				
						b. Foreign body in wound	M				
						c. Excessive Pain	M				
						d. Signs of Infection	M				

						e. Signs of spreading infection	**M**				
						f. Deterioration in the wound	**M**				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	vii. Bed-ridden Support	I. Staff are trained in moving and handling techniques.	**M**				
					II. Staff are trained proper bed transfers.	**M**				
					III. Staff are trained in giving bed bath.	**M**				
					IV. Staff are trained in using assisted bathing equipment is required.	**M**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	viii. Incontinence Care Staff are trained to:	I. Staff are trained to supervise incontinence related care and skin integrity.	**M**				
					II. Staff are trained to supervise Clients who have bladder incontinence more than once per day.	**M**				
					III. Staff are trained to supervise Clients who have persistent redness with no clinical signs of infection.	**M**				
					IV. Staff are trained to supervise Clients who have bowel incontinence more than once per week.	**M**				
					V. Staff are trained to supervise Client who have skin loss with no clinical signs of infection.	**M**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.1	A. Nursing & Medical Team	ix. Catheters	I. Staff are trained in maintenance and changing of urinary catheters and drainage tubes	M				
					II. Staff are trained in care of central venous line (such as peripherally inserted central catheter).	M				
					III. Staff are trained in handling catheter valve.	M				
					IV. Staff are trained in understanding of urine drainage bag capacity.	M				
					V. Staff are trained in understanding the functioning of outlet taps.	M				
					VI. Staff are trained in understanding the significance of length of the inlet tube.	M				
					VII. Staff are trained to use other accessories properly.	M				
					VIII. Staff are trained in emptying the drainage bag including preparation, opening the valve, cleaning the outlet port, dispose of urine, Cleaning the catheter and surrounding area etc.	M				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.1	A. Nursing & Medical Team	x. Feeding Tubes	I. Staff are trained in tube feeding.	M				
					II. Satt are aware on the issues related to feeding tubes.	M				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.1	A. Nursing & Medical Team	xi. Stomach Care	I. Colostomy: Staff are aware that Colostomy is a surgical procedure that creates an opening (stoma) in the abdominal wall, connecting it to the colon (large intestine). This allows stool to bypass the rectum and	I				

					exit the body through the stoma, which is then covered by a colostomy bag. Colostomies can be temporary, allowing the colon to heal, or permanent, when part of the colon or rectum is removed or damaged.					
					II. Ileostomy Care: Staff are aware that an injury or disease of digestive system which needs an operation is called an ileostomy. The operation changes the way body gets rid of waste (stool, faeces).	**I**				
					III. Stomach Care: Staff are aware that after surgery, the stoma will be swollen. The best way to protect your skin is by: a. Staff are trained in using a bag or pouch with the correct size opening, so waste does not leak b. Staff are trained in taking good care of the skin around stoma.	**I**				
					IV. Staff are trained on skin care, including: a. Washing skin with warm water and pat dry before attaching the pouch. b. Avoiding skin care products that contain alcohol as these can make the skin extra dry. c. Not using products that contain oil on the skin around stoma as it can make it hard to attach the pouch to the skin. d. Removing skin around the stoma as the pouch may not stick. e. Using a safety razor and soap or shaving cream, be sure to rinse the skin well after shaving the area.	**I**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xii. Pressure Injury & Sores	I. Only trained and authorised care staff deliver care related to pressure injuries.	**M**				

					II. Staff are trained to identify pressure ulcers which are assessed for location, depth, size and presence of dead or non-viable tissue.		**M**				
					III. Staff are trained to identify Clients who cannot reposition themselves or have limited ability to do so.		**M**				
					IV. Staff are trained to understand that ulcer development is variable due to severity of illness and a number of comorbid conditions.		**M**				
					V. Care staff are trained in systematic skin inspection and cleansing.		**M**				
					VI. Staff are trained in basic principles of ulcer management including avoiding massaging over bony prominences.		**M**				
					VII. Staff are trained in the basic principles of ulcer management, including minimizing friction.		**M**				
					VIII. Staff are trained in preventing and managing Ulcers, by:	a. Reposition a Client every 2 hours (may use pillows, foam wedges).	**M**				
						b. Keeping the head of bed at the lowest elevation possible.	**M**				
						c. Trained in use of lifting devices to decrease friction.	**M**				
						d. Trained in educating Clients to remind Clients in chairs to shift weight every 15 min.	**M**				
						e. Staff are trained to identify and keep special attention to areas prone to ulcers, like heels.	**M**				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.1	A. Nursing & Medical Team	xiii. Oxygen Therapy	I. Staff are trained on key principles of delivering oxygen therapy. Service providers ensures that basic training in oxygen use is a mandatory training for all clinical staff.	M				
					II. Authorized staff are aware that giving too much oxygen to certain Clients and in some situations may cause harm.	M				
					III. Staff are trained to understand that the aim of oxygen therapy is to correct potentially harmful hypoxaemia (a condition where the body or a specific tissue is deprived of an adequate oxygen supply) and to maintain Clients oxygen saturation within a range that is appropriate for them.	M				
					IV. Staff are aware that oxygen, as supplied for therapeutic purposes, is a medicine, and should be prescribed before being administered.	M				
					V. Service provider ensures that only the authorised medical team assesses the Client and decide on the appropriate oxygen saturation target.	M				
					VI. Staff are trained to look and listen for any abnormalities, such as the use of accessory muscles or wheezing.	M				
					VII. Staff are trained to record the Client's oxygen saturation before starting oxygen therapy.	M				
					VIII. Staff are trained not to remove oxygen from an acutely unwell Client to record the reading.	M				
					IX. Staff are trained on the hygiene system of the Nasal Cannula tube (a medical device used to deliver supplemental oxygen to a patient through the nose). Establish a System of frequency of change of Nasal Cannula.	M				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.1	A. Nursing & Medical Team	xiv. Dialysis	I. Authorized staff are trained in Hemodialysis (HD) (medical procedure that filters waste and excess fluid from the blood when a person's kidneys are not functioning properly) or Peritoneal Dialysis (PD) (treatment for kidney failure that uses the lining of your abdomen, called the peritoneum, to filter your blood).	M				
					II. Staff are trained in the procedure of Hemodialysis at home which involves setting up a dialysis machine and connecting it.	M				
					III. Staff are trained to use a dialysis machine, dialysis solution, and other supplies.	M				
					IV. Care staff are trained and aware of potential complications like infection, hypotension, and electrolyte imbalances and know how to respond to such situations.	M				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.1	A. Nursing & Medical Team	xv. Dementia Care	I. All care staff are trained to recognise signs and symptoms of Dementia.	M				
					II. All care staff are trained to recognise signs and symptoms of depression and other common mental health conditions.	M				
					III. All care staff are trained to recognise signs and symptoms of self-harm.	M				
					IV. The provider shall have a process to identify, investigate and respond to any clients at risk of self-harm.	M				
					V. The Service Provider has a robust system for Care staff to alert the Service Provider of suspected, alleged or actual self-harm.	M				

					VI. Services offered	i. Home environment assessment and modification.	P				
						ii. Activities to minimise cognitive decline.	P				
						iii. Pharmacological interventions.	P				
						iv. Non-pharmacological interventions.	P				
						v. Education and training on mental health to caregivers.	P				
						vi. Training on Caregiving stress.	P				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xvi. Cognitive Care	I. Staff are trained in identifying Dementia or Cognitive Impairments (decline in mental abilities, impacting thinking, memory, and the ability to learn, make decisions, and solve problems) and are trained in strategies to support and improve brain function, memory, and overall cognitive health.	P				
					II. Service provider does individual assessment of Client's impairments/declines in capacity as part of the Client's comprehensive care plan.	M				
					III. Staff are trained to identify declining physical and mental capacities.	M				
					IV. Staff are trained in issues relating to Mobility loss since loss of muscle mass and muscle strength, decreased flexibility and problems with balance can all impair mobility.	M				
					V. Staff are trained to identify symptoms of Malnutrition (a condition that arises from an imbalance in nutrient intake, either a deficiency, excess, or imbalance of essential nutrients, impacting the body's ability to function properly) as ageing is often accompanied by physiological changes that can have a negative impact on nutritional status.	P				

					VI. Staff are trained to identify other issues related to motor skills like, vision impairments, hearing loss, cognitive impairment	**M**				
					VII. Staff are trained to identify Cognitive impairments as it is a strong predictor of functional disability and the need for care among older people. Mild cognitive impairment increases the risk of developing dementia.	**M**				
					VIII. Staff are trained to identify Depressive symptoms. Cognitive Impairment and Dementia may be associated with depressive symptoms and must be assessed.	**M**				
					IX. Service provider ensures that only qualified staff are trained in giving Cognitive Behavioural Therapy (CBT) (a type of psychotherapy that helps people identify and change negative or unhelpful thought and behaviour patterns).	**M**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard		CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xvii. Parkinson's Care	I. Staff understand that Parkinson's disease (PD) is a neurodegenerative disorder.		**M**				
					II. Staff understands that Parkinson's requires a holistic approach that addresses motor, non-motor, and psychosocial aspects.		**M**				
					III. Staff are aware of symptoms to identify Parkinson's including elements like:	a. Expressionless face.	**M**				
						b. Speech problems including Hypophonia (a medical condition characterized by an abnormally weak or quiet voice) and Dysarthria (a motor speech disorder that results from weakness or impaired control of the muscles	**M**				

						involved in speech production).					
						c. Gait: Reduced arm swing, flexed posture, freezing and festination (an involuntary tendency to hurry or quicken one's pace when walking).	**M**				
						d. Loss of fine motor skills such as writing.	**M**				
						e. Eye: Reduced upward gaze, decreased eye blinking.	**M**				
						f. Excess sweating and Seborrhoeic skin (or seborrheic dermatitis, is a common, inflammatory skin condition that causes scaly patches, redness, and dandruff, particularly on oily areas like the scalp, face, and chest).	**M**				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard		CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xviii. Delirium	I. Care staff are trained in Identifying Causes of Delirium	a. Any local infection.	**P**				
						b. Drug-related: toxicity, withdrawal, intolerance, excess.	**P**				
						c. Metabolic abnormality.	**P**				
						d. Acute coronary syndrome.	**P**				
						e. Physical discomfort	**P**				
						a. Treating the contributors to Delirium (a serious, often	**P**				

					II. Prevention & Treatment of Delirium Care staff are trained in:	temporary, mental state characterized by confusion, disorientation, and a reduced ability to focus or think clearly).					
						b. Ensuring the Client is eating, drinking, moving, and going to toilet regularly.	**P**				
						c. Keep them as comfortable as possible (warm blanket, appropriate lighting).	**P**				
						d. Ensure stimulation and orientation by staff, family and other caregivers.	**P**				
						e. Enhance sensory input (make an effort to get eyeglasses, hearing aids).	**P**				
						f. Minimize inappropriate medications.	**P**				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xix. Restraints (Physical, Chemical)	I. Restrains are only applied on a Physician's directive which will give the reason for the need of restraint and the purpose of the restrain.	**M**				Refer to Mental Healthcare Act, 2017.
					II. Restrains are used only as a last resort and before applying restrains all necessary alternative and non-physical methods have been explored.	**M**				
					III. No Client is restrained for the convenience of staff or as a disciplinary measure.	**M**				
					IV. Only approved, commercially made physical restraints are used.	**M**				
					V. The act of restrains and the application are in accordance with the Mental Healthcare Act, 2017.	**P**				

					VI. No Client is put under restrains for more than 1 day without a revised assessment and order from the Physician.		**M**				
					VII. All Clients under restrains are monitored regularly and their needs are assessed for any physical discomfort every 2 hours or less.		**M**				
					VIII. Once applied, Restraints are removed for a minimum of 10 minutes every two hours to allow opportunity for ambulating, toilet use, exercise, and other care.		**M**				
					IX. All records related to assessment, need and actual restrains are documented and audited regularly.		**M**				
					X. Client is regularly monitored for	a. Change in position	**M**				
						b. Skin Integrity	**M**				
						c. Toilet Use	**M**				
						d. Food Intake / Weight Measurements	**M**				
					XI. For more information refer to: a. https://elderlycareindia.org/wp-content/uploads/2025/01/Restrains-Policy.pdf, b. https://elderlycareindia.org/wp-content/uploads/2025/01/Restrains-Assessment-Checklist.pdf		**I**				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xx. Osteoporosis	I. Staff are aware that Osteoporosis (a disease that weakens bones, making them more prone to fractures) and Osteoarthritis (a degenerative joint disease, the most common type of arthritis, characterized by the breakdown of cartilage in joints, leading to pain, stiffness, and decreased mobility) are key diseases of Musculoskeletal Ageing (refers to the natural decline in the structure and function of the bones, muscles,	**P**				

					joints, cartilage, tendons, and ligaments that occurs with advancing age).					
					II. Staff are aware that Osteoporosis is a systemic skeletal disease characterized by low bone mass and deterioration of the microarchitecture, resulting in bone fragility and risk of fractures.	**P**				
					III. Staff are aware that Osteoarthritis is a disease of the joint characterised by a reduction of cartilage thickness and is associated with pain, loss of function.	**P**				
					IV. Staff are aware that older people having osteoporosis fracture are likely to have significant comorbidities, multiple pharmacological treatments and possibly a history of impaired cognitive and/or physical function.	**P**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard		CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xxi. Skin Care	I. Staff are aware that age-related changes like dryness, fragility, and reduced regeneration are key elements in skin care.		**M**				
					II. Staff are aware of the common problems associated with Ageing skin, like:	a. Staff are aware that dryness of skin can cause itching, scaling, and cracking of skin, which allows bacteria and can result in infection which can be prevented by reducing warm baths, restricting the use of soap in specific areas of the body.	**M**				
						b. Staff are aware that skin tears can be partial or full and are typically defined as wounds caused by shear, friction, or blunt force. The prevention of skin tears involves protecting the skin from shearing, friction, or blunt force.	**M**				
						c. Staff are aware that pressure injuries, commonly known as bed sores, are injuries to skin or underlying tissue that result from sustained pressure. To prevent pressure	**M**				

						injuries the staff should assess high-risk areas of the skin at least daily and to check for any areas of impairment.						
					III. Staff are trained in basic care of Skin, like:	a. Use of liquid, lotion, or foam cleansers to clean skin.	**M**				
						b. Staff are aware that foam cleansers can be used in place of shampoo.	**M**				
						c. Staff are aware that pre-moistened towels can be used to wash hair.	**M**				
						d. Staff are trained to protect skin from the harmful irritants which can affect a Client.	**M**				
						e. Staff are aware that products containing zinc, glycerine, petrolatum (also known as petroleum jelly, is a semi-solid mixture of hydrocarbons, primarily used as a skin protectant and moisturizer), or dimethicone (a silicone-based polymer commonly used in cosmetics, skincare, and hair care products) can be helpful for skin care.	**M**				
						f. Staff are aware that for dryness of skin they can apply creams and ointments after cleaning the affected area.	**M**				
Rating – Score (Count the number of Yes and No)												

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xxii. Postural Hypotension	I. Staff are aware that Postural Hypotension, is a common condition in older people which is typically due to drop in blood pressure when standing up after sitting or lying down.	**M**				Under Medical Care and Physical Therapy Care
					II. Staff are aware that typical symptoms of Postural Hypotension are dizziness, light-headedness, and fainting.	**M**				
					III. Staff are aware that dizziness and light-headedness are the most common symptom is of Postural	**M**				

						Hypotension which can be a sudden feeling of dizziness or light-headedness when standing up.					
					IV.	Staff are aware that in some cases, the drop in blood pressure can be severe enough to cause fainting.	**M**				
					V.	Staff are aware that reduced blood flow to the brain can cause blurred vision.	**M**				
					VI.	Staff are aware that nausea, headaches, and a feeling of weakness may also occur in Postural Hypotension.	**M**				
					VII.	Staff are aware that many medications, especially those for high blood pressure or heart conditions, can lower blood pressure and contribute to Postural Hypotension.	**M**				
					VIII.	Conditions like diabetes, cardiovascular disease, and certain neurological disorders can also be a reason for Postural Hypotension.	**M**				
					IX.	Staff are aware that not drinking enough fluids can reduce blood volume and make Postural Hypotension more likely.	**M**				
					X.	Staff are aware that prolonged bed rest can weaken the body's ability to adjust blood pressure when standing which can result in Postural Hypotension.	**M**				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xxiii. Mental Health Supervision	I. Staff are aware that exposure to adversity, significant loss in intrinsic capacity and a decline in functional ability can all result in psychological distress.	**P**				
					II. Staff are aware that social isolation and loneliness, are key risk factors for mental health conditions.	**P**				

					III. Some groups of older people show high prevalence of Neuropsychiatric conditions, which include Dementia		P				
					IV. Staff are aware that problematic alcohol use is associated with widespread impairments in physical, psychological, social and cognitive health.		M				
					V. Staff are aware that poor physical health and functional limitations are linked with mental disorders.		M				
					VI. Staff are aware on the concept of "Active Ageing".		M				
					VII. Staff are aware that prevalence of depression or anxiety contribute to mental health issues.		M				
					VIII. Staff are aware that elder abuse also affects mental health conditions.		M				
					IX. Staff are aware that socio-economic factors also contribute to mental health problems.		P				
					X. Staff are trained to improve mental health conditions of Client's by:	a. Active Ageing and social participation can improve mental health.	M				
						b. Participation in meaningful activities contributes to mental well-being.	M				
						c. Exercise improves mental health and increases social participation.	M				
						d. Prevention of depression and anxiety helps mental health.	M				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xxiv. Infectious Disease Monitoring	I. Staff are aware that elderly are at significant higher risk for morbidity and mortality due to various infectious diseases.	**M**				

					II. Staff are aware on the various ways of infection transmission routes like Respiratory, Gastrointestinal (the digestive system), Vector-borne (living organisms that can transmit infectious diseases), Mucocutaneous (the region where a mucous membrane (like the lining of your mouth or nose) meets the skin).		**M**				
					III. Staff are aware that influenza (commonly known as the flu, is a contagious respiratory illness caused by influenza viruses) is the most common respiratory disease along with pneumonia, whooping cough, typhoid etc.		**M**				
					IV. Staff are aware that urinary tract infections are the most common cause of bacteremia (presence of bacteria in the bloodstream) in older people.		**M**				
					V. Staff are aware that early detection is more difficult in the elderly because the typical signs and symptoms like fever and leukocytosis (a condition characterized by an abnormally high number of white blood cells (leukocytes) in the blood), are frequently absent.		**P**				
					VI. Service provider has systems in place, like:	a. Appointing trained staff with knowledge of controlling infections among older people.	**M**				
						b. Having good diagnostic tools and effective infection monitors.	**M**				
					VII. Service provider has documented audit checklist to monitor staff skills regarding:	a. Staff are trained in Infection Prevention and Control techniques.	**M**				
						b. Commode and commode pan hygiene.	**M**				
						c. Techniques of tube feeding.	**M**				
						d. Hand hygiene.	**M**				
						e. Hygiene of mattress and mattress cover.	**M**				

						f. Use of personal protective equipment.	**M**				
						g. Hygiene of pressure relieving cushion and cover.	**M**				
						h. Safe handling of equipment's.	**M**				
						i. Storage of clean linen, handling and storage of used linen.	**M**				
						j. Waste handling.	**M**				
						k. Handling of cleaning equipment and materials.	**M**				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xxv. Challenging Behaviour	I. Training and support are given to caregivers for specific skills, such as managing difficult behaviour.	**M**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard		Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xxvi. Bed Bugs	I. Staff are trained in identifying the signs of bed bugs including the first tentative signs which may be bite-marks on skin or rashes.	**M**				
					II. The Service provider sensitizes and trains the staff and Clients to be aware about bed bug problems and train them to detect signs of infestation.	**M**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team		I. Staff are trained to understand the sleep quality monitoring as prescribed by a professional.	**M**				

				xxvii. Sleep Apnoea, Insomnia Is the Staff trained in assessing:	II. Staff are aware on the environment which are conducive to rest (noise, lighting, etc.).	**M**				
					III. Staff are aware on the impact of use and effects of sleep medications.	**M**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard		CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xxviii. Food Allergies	I. Staff are aware that some people react to certain foods and eating them may cause uncomfortable symptoms or, in rare cases, a severe illness.		**P**				
					II. Staff are aware that Clients are eating their food keeping into considerations the health and medical conditions like: Diabetes, Hypertension, Osteoporosis, Cognitive disorders, Oral health problems hydration levels.		**P**				
					III. Staff are aware that a variety of foods, particularly rice and leftovers, as well as sauces, soups, and other prepared foods that have sat out too long at room temperature can have harmful bacterial growth.		**M**				
					IV. Staff are aware that some of the most common foods that people reported having an adverse reaction are, cows' milk and cows' milk products, cereals containing gluten, mussels, oysters, peanuts, fish, soyabean, wheat etc.		**M**				
					V. Staff are trained to understand that food allergy usually occurs between a few minutes and a few hours after eating a particular food.		**P**				
					VI. Staff are aware that the symptoms of food	a. Coughing.	**M**				
						b. Dry, itchy throat and tongue.	**M**				

					allergies vary from person to person and can include:	c. Nausea and feeling bloated.	**M**				
						d. Wheezing and shortness of breath.	**M**				
						e. Swelling of the lips and throat.	**M**				
						f. Runny or blocked nose.	**M**				
						g. Sore, red and itchy eyes.	**M**				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.1	A. Nursing & Medical Team	xxix. Food Hygiene	I. Staff are trained on handwashing especially staff who works with food serving and handling.	**M**				
					II. Staff are trained in handling accidents like cleaning up after accidents (e.g. vomiting or diarrhoea).	**M**				
Rating – Score (Count the number of Yes and No)										
Total Score (3.1i – 3.1xxix)										

Section C – Care Services – Rehab Team

S.No	Section Heading	Sub No	Subsection	Topic Heading	Subtopic	Detailed Standard	Yes	No	Score	Remarks
3	Care Services	3.2	B. Rehab Team	i. Physical Therapist	a. Falls Management	I. History of Falling				
						II. Continence & Bowel Problems				
						III. Medications				
						IV. Chronic Medical Condition				
						V. Transfers & Gait				
						VI. Mental State				
						VII. Balance				
						VIII. Acute Illness				
						IX. Sensory Loss				
						X. Nutrition				
						XI. Feet & Footwear				
						XII. Functional Behaviour				
						XIII. General Issues				
						XIV. Post-fall Protocol				
						XV. Fall prevention Education				
					b. Assistive Devices	I. Wheelchairs & Walkers				
						II. Bed Rails				
						III. Floor Mats				
						IV. Hospital Beds (Fowler Beds)				
						V. Hoists				
						VI. Stretchers				
						VII. Other Assistive Equipment's				
					c. Ambulation	I. Walking				
						II. Strength Improvement				

				ii. Occupational Therapist	a. Activities of Daily Living (ADL)	I. Bathing					
						II. Dressing					
						III. Eating					
						IV. Toilet Use					
						V. Personal Grooming					
						VI. Wheelchair Assistance					
					b. Motor Skills						
					c. Bed Mobility & Transfer (Moving & Handling)						
				iii. Speech Language Pathologist, Voice & Swallow Therapist	a. Eating						
					b. Chewing & Swallowing						
					c. Speech Impairments						
					d. Peg Feeding Support						
					e. Special Diet, Therapeutic Diet						
					f. Soft Meals, Minced, Liquid, Semi-liquid						
					g. Specific Nutritional Requirement						
				iv. Strength Trainer							
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection / Topic Heading	Subtopic	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.2	B. Rehab Team i. Physical Therapist	a. Falls Management Staff are trained in assessment of:	I. Staff are trained to assess History of Falling: Has the Client had more than 2 falls in the last six months? Fall risk percentage to be calculated by evaluating Physical Therapist based on standardized functional tests like Balance Berg Scale Test etc.). Fall Risk is categorized as Low, Medium & High Fall Risk.	M				Based on standards- ideally report complained to supervisor. Issue to be reported within 2 hours if a crime is witnesses. The concerned professional needs to be
					II. Staff are trained to assess Continence & Bowel Problems: Is the Client incontinent, do they require frequent toilet visits or prompting to toilet, or do they require nocturnal toilet support?	M				
					III. Staff are trained to a. Client taking 4 or more medications?	M				

					assess Medications: Does the Client take any of the following types of medication?	b. Vasodilator: A substance, often a medication, that widens blood vessels, allowing blood to flow more easily through them.	**M**				reported within 24 hours to the supervisor. The supervisor expected to write Plan of Action
						c. Psychotropic: Also known as psychiatric or psychotropic drugs, are psychoactive substances used to treat mental illnesses by affecting the brain's chemistry and nervous system.	**M**				
						d. Antihypertensive: Medications used to treat high blood pressure.	**M**				
						e. Antiparkinsonian: Drugs used to treat the symptoms of Parkinson's disease.	**M**				
						f. Vestibular Suppressant: Medications used to reduce the symptoms of vertigo, dizziness, and associated nausea and vomiting, particularly in conditions affecting the vestibular system (inner ear and brain)).	**M**				
						g. Analgesic: Also known as painkillers, are medications that relieve pain without causing a loss of consciousness.	**M**				
						h. Anticonvulsants: Also known as anti-seizure medications or AEDs, are a class of drugs used to prevent or treat seizures, which are caused by abnormal electrical activity in the brain.	**M**				
						i. Sedatives: Also known as tranquilizers or depressants, are drugs that slow down brain	**M**				

						activity, inducing a calming or sleep-inducing effect.					
						j. Diuretics: Often called "water pills," are drugs that help the body get rid of excess salt and water by increasing urine production.	**M**				
						k. Antidepressants: Prescription medications primarily used to treat depression and other mental health conditions like anxiety disorders.	**M**				
					IV. Staff are trained to assess Chronic Medical Condition: Does the Client have any of the following medical condition/s that affect their balance and mobility?	a. Respiratory condition	**M**				
						b. Parkinson's Disease	**M**				
						c. Lower Limb Amputation	**M**				
						d. Peripheral Neuropathy: A condition where the peripheral nervous system, which connects the brain and spinal cord to the rest of the body, is damaged.	**M**				
						e. Other neurological conditions	**M**				
						f. Vestibular Disorder (e.g. dizziness, postural dizziness, Meniere's Disease)	**M**				
						g. Arthritis	**M**				
						h. Diabetes	**M**				
						i. Cardiac condition	**M**				
						j. Dementia	**M**				
						k. Stroke	**M**				
					V. Staff are trained to assess Transfers & Gait: Does the Client have difficulty getting on and off the toilet, bed, chair and/or tend to make use of towel rails/bedside tables or other furniture or fixtures to assist them transferring or for additional support while ambulating?		**M**				

					VI. Staff are trained to assess Mental State: Is the Client experiencing	a. Anxiety	**M**				
						b. Decreased co-operation, insight or judgement especially regarding mobility	**M**				
						c. Confusion	**M**				
						d. Depression	**M**				
						e. Disorientation	**M**				
						f. Wandering	**M**				
					VII. Staff are trained to assess Balance: Is the Client unsafe/unsteady when asked to stand from a chair, walk 3 meters, turn and return to the chair independently (using a walking aid if the Client normally walks with an aid)? PT to assess the balance with Standardized Tests. Categorized as Poor, Fair, Good, Normal.		**M**				
					VIII. Staff are trained to assess Acute Illness: Does the Client have any sign of acute illness, e.g. altered behaviour, confusion, pain, fever, cough, urinary symptoms?		**M**				
					IX. Sensory Loss: Does the Client have an uncorrected sensory deficit/s that limits their functional ability?	a. Vision	**M**				
						b. Hearing	**M**				
						c. Sensory (touch)	**M**				
					X. Nutrition	a. Has the Client's food intake declined in the past 3 months due to a loss of appetite, digestive problems, chewing or swallowing difficulties?	**M**				
						b. Has the Client lost or gained weight in the last 3-12 months?	**M**				
					XI. Feet & Footwear	a. Does the Client have corns, ingrown toenails, bunions (a bony bump that forms on the joint at the base of the big toe), etc.?	**M**				

						b. Does the Client wear ill-fitting shoes/slippers, high heels and/or shoes with poor grip?	**M**				
					XII. Functional Behaviour: Observed behaviours in Activities of Daily Living and Mobility indicate that the Client under-estimates their abilities/is inappropriately fearful of activity or over-estimates their abilities resulting in frequent risk-taking behaviour.		**M**				
					XIII. General Issues	a. Optimise environmental safety: Bed and chairs are at correct height, bedside table are in reach and items frequently used in reach and accessible, loose furniture are strong and stable, emergency call bell is working and within reach, overall lighting is appropriate and functioning, etc.	**M**				
						b. Assess for fear, or decreased confidence related to previous falls.	**M**				
						c. Provide falls prevention education with proper assistive devices if available.	**M**				
						d. Staff use uniform methods when instructing/assisting Client in all transfers/mobility/ADL's; including verbal prompts, physical techniques.	**M**				
						e. Regular equipment and aids maintenance (such as glasses, hearing aids, walking aids, chairs, wheelchairs).	**M**				
					XIV. Post-fall Protocol: Service provider has a standard process for assessing injuries and adjusting care plans after a fall?		**M**				

					XV. Fall Prevention Education: Staff are trained to educate family caregivers on falls management.			**M**				
				b. Assistive Devices Staff are trained in:	I. Wheelchairs & Walkers	a. Staff are aware and trained in handling various types of wheelchairs and scooters, both manual & electrical.		**M**				
						b. Staff are trained in;	i. Folding wheelchairs.					
							ii. Opening & closing footrests.					
							iii. Moving wheelchairs up & down a kerb and slopes.					
							iv. Maintaining stability and balance while assisting someone sitting in a wheelchair.					
							v. Staff are aware on the use of wheelchair brakes.					
							vi. Staff are trained in safe transportation of wheelchairs.					
							vii. Staff are trained in wheelchair maintenance like cleaning, oiling, recordkeeping of any damages.					
					II. Bed Rails	a. Service provider has process to check if the Client is consulted regarding the use of bedrails?		**M**				

						b. Service provider has process to ensure that Client understands the purpose of bedrails?	**M**				
						c. Staff are trained to check if the bedrail has been fitted correctly? Fitted on the Personal bed or Hospital Bed?	**M**				
						d. Staff are trained to check if the bedrail is compatible with the bed frame?	**M**				
						e. Staff are trained to check if the bedrails being used are in good working order?	**M**				
						f. Staff are trained to check if pressure relieving overlay mattresses, or air-filled mattress in use, are extra height bedrails fitted?	**M**				
						g. Staff are trained to check if the bedrail can fall off the bed?	**M**				
						h. Staff are trained to check if the bedrail creates an entrapment hazard?	**M**				
						i. Staff are trained to check if the Client is at risk of climbing out of the bed?	**M**				
						j. Staff are trained to evaluate and document if using bedrails present a higher risk to the Client than falling out of bed? Bed Rails should not result in a restraint.	**M**				
						k. Staff are trained to check if an alternative to bedrails has been considered.	**M**				
						l. Staff are trained to evaluate if the Client is likely to roll, slip or slide	**M**				

						from the bed? Are there Floor Mats used?					
						m. Staff are trained to document if the decision to use or not use bedrails been discussed with family members?	**M**				
					III. Floor Mats	a. Staff are aware that floor mats can play a crucial role in fall prevention for older adults, both in home and care settings. Proper selection and placement of mats, along with other safety measures, can significantly increase of reduce the risk of falls and injuries.	**M**				
					IV. Hospital Beds (Fowler Beds)	a. Staff are aware on using original accessories that have been designed and approved for use with hospital beds.	**M**				
						b. Staff are trained to assemble the bed and install as per the instructions given in the user manual.	**M**				
						c. Staff are trained in supervision which is necessary to avoid any mishap due to unintended movement of the Bed.	**M**				
						d. Staff are trained to ensure that persons with reduced physical or mental abilities & children are not allowed to use & handle the Bed without proper supervision	**M**				
						e. Staff are trained to prevent the Client from falling, slipping, rolling off from the bed, or any unintended entrapment,	**M**				

						periodically check Clients for safe positioning in accordance with guidelines and user manuals.					
						f. Staff are aware to not move the vacant bed in a vertical position or push on the floor, as this will damage the levelling & alignment of the hospital bed. To shift the bed, lift the bed from the main frame on both the side and then move.	**M**				
					V. Hoists	a. Staff are aware that hoist is also known as a patient hoist, patient lift, or a medical lift which assists caregivers in lifting and transferring patients who have mobility issues or are unable to move on their own.	**M**				
						b. Staff are aware that hoists are devices which particularly benefit patients who have physical disabilities, older people or are recovering from surgery or injury.	**M**				
						c. Staff are aware that Hoists and slings are used in many health and social care settings to assist in the moving and handling of patients and reduce the degree of manual handling required by the carer.	**M**				

						d. Staff are aware on the different types of Hoists. i. Ceiling hoists, also known as overhead hoists or ceiling track hoists, utilise a track system mounted to the ceiling. These hoists are designed to move along the track. ii. Gantry hoists consist of a freestanding frame with a horizontal beam or track mounted on top. They are portable and users can move them around as needed. iii. Mobile hoists, also known as floor hoists or portable hoists, allow for standalone operation as users move them across the floor to lift and transfer patients.	**M**				
						e. Service provider ensures that the Hoists are duly certified under the relevant Government certification like assistive devices.	**M**				
						f. Service provider ensures that staff are trained to operate and manage various types of Hoists and Slings based on the need of the client.	**M**				
					VI. Stretchers	a. All staff are aware that a stretcher is a device used to transfer an injured person who is in critical condition or is severely hurt, to minimize the risk of worsening	**M**				

						his/her condition or more damage.					
						b. Staff are aware on the different types of stretchers like: i. Standard Stretcher ii. Folding Stretcher iii. Orthopaedics Stretchers iv. Wheeled Stretchers.	**M**				
						c. Staff are duly trained in operating and maintaining various types of stretchers.	**M**				
						d. Staff are trained in identifying the type of stretchers to be used in different situations.	**M**				
					VII. Other Assistive Equipment's	a. Staff are aware and trained in the use of other Assistive Technology and equipment's which are used in the ageing process.	**M**				
				c. Ambulation	I. Walking	a. Staff understands that walking support for older people is crucial for maintaining independence and improving overall health.	**M**				
						b. Staff are aware that walking support can include using mobility aids like canes, walkers, or receiving assistance from caregivers to stand, walk, or transfer safely.	**M**				
						c. Staff are trained to understand the problems associated with walking for older people and the benefits of walking.	**M**				
						d. Staff understands that uneven surfaces, steep inclines, steps, lack of places to sit and rest, can	**M**				

						affect older people by feeling anxious about walking.					
						e. Staff understands that poor health is a barrier to walking as it impacts their ability.	**M**				
						f. Staff are trained to understand the main reasons for: i. Older people suffering from diabetes. ii. Arthritic or rheumatic pain. iii. Hip, knee replacements. iv. High blood pressure, stroke. v. Dizziness, fainting, balance problems.	**M**				
					II. Strength Improvement Balance, Gait, Endurance	a. Service provider ensures that only trained and qualified professionals deliver Strength Training and strength improvement sessions for clients.	**M**				
						b. Staff are aware on the fact that Strength Training / improvement activities help older people with; i. Building strength. ii. Maintain bone density. iii. Improve balance. iv. Coordination, and mobility. v. Reduce risk of falling.	**M**				
						c. Staff are aware on the fact that Strength Training / improvement activities can also reduce the signs and symptoms of many diseases and chronic conditions in the following ways:	**M**				

						i. Arthritis: Reduces pain and stiffness, and increases, strength and flexibility. ii. Diabetes: Improves glycemic control (management of blood sugar (glucose) levels within a target range). iii. Osteoporosis: Builds bone density and reduces risk for falls. iv. Heart Disease: Reduces cardiovascular risk by improving lipid profile and overall fitness. v. Obesity: Increases metabolism, which helps burn more calories and helps with long-term weight control. vi. Back Pain: Strengthens back and abdominal muscles to reduce stress on the spine.					
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection / Topic Heading	Subtopic	Detailed Standard		CC	Y	N	Present System	Remarks
3	**Care Services**	3.2	B. Rehab Team ii. Occupational Therapist	a. Activities of Daily Living (ADL)	I.Bathing Care staff are trained in giving Bed Bath	a. Staff are trained to help the Client to undress.	**M**				To be addressed by Occupational Therapist/ Aide
						b. Staff are trained washing the Client's face.	**M**				
						c. Staff are trained in drying the Client's face.	**M**				
						d. Staff are trained to wash the Client's arms.	**M**				

						e. Staff are trained to dry the Client's arms.	**M**				
						f. Staff are trained in washing the Client's torso.	**M**				
						g. Staff are trained in drying and covering the Client's torso.	**M**				
						h. Staff are trained in washing the Client's legs and feet.	**M**				
						i. Staff are trained washing the Client's private parts.	**M**				
						j. Staff are trained in wash the Client's back.	**M**				
						k. Staff are trained in inspecting the Client's skin.	**M**				
						l. Staff are trained in applying appropriate cream as necessary.	**M**				
						m. Staff are trained to roll the Client's onto the clean sheet.	**M**				
						n. Staff are trained in combing the Client's hair.	**M**				
					II.Dressing Staff are trained on Dressing Procedures	a. Staff are trained to assess the client's ability to safely and effectively dress and undress themselves while sitting.	**M**				To be addressed by Occupational Therapist/Aide
						b. Staff are trained to identify conditions that commonly make dressing difficult.	**M**				
						c. Staff are trained on the use of adaptive clothing.	**M**				
						d. Staff are trained in one-handed techniques.	**M**				
						e. Staff are trained to use dressing equipment's.	**M**				
						f. Staff are trained to understand personal/cultural and religious preferences.	**M**				

					III. Eating	a. Staff are trained to understand Dysphagia which is difficulty with swallowing, where a person struggles to move food, liquids or saliva from their mouth to their stomach.		**M**				To be assessed by ST
						b. Staff are trained to understand that people living with Dysphagia may be at increased risk of weight loss, dehydration, malnutrition, recurrent chest infections and aspiration.		**M**				
						c. Staff are trained to understand to understand that Aspiration can lead to serious complications, including aspiration pneumonia, which is an infection caused by the inhaled material.		**M**				
						d. Staff are trained to understand the factors which may make it harder to eat and drink safely, like:	i. Reduced levels of alertness.	**M**				
							ii. Reduced cognition (including delirium).	**M**				
							iii. Reduced number of teeth or wearing dentures.	**M**				
							iv. Requiring assistance with eating and drinking.	**M**				
							v. Understand that if a Client coughs, it does not necessarily	**M**				

							mean they have dysphagia.					
							vi. Trained in supporting Client's to sit upright as far as comfortable both during and immediately after mealtimes.	**M**				
							vii. Trained to encourage regular oral hygiene using a soft-bristled toothbrush and fluoride toothpaste.	**M**				
							viii. Trained to help reduce distractions, encourage small mouthfuls, use of open cups and discourage talking whilst eating.	**M**				
					IV.Toilet Use	a. Staff are trained in providing assistance and guidance to ensure safe and dignified bathroom visits.		**M**				
						b. Staff are trained to help Clients in helping with transfers, wiping, or clothing.		**M**				

						c. Staff are trained to understand what kind of accessories do Clients prefer during toilet use.	**M**				
						d. Staff are trained to transfer Clients to the toilet and are aware of the various techniques of transfer like vertical, horizontal transfers.	**M**				
						e. Staff are trained to identify and recommend the right height of a toilet seat to Clients.	**M**				
						f. Staff are trained to assist Clients use toilet who are wheelchair users.	**M**				
					V.Personal Grooming	a. Staff are trained to assist Clients in maintaining cleanliness, promoting well-being, and preserving self-esteem. It includes practices like bathing, showering, brushing teeth, hair care, nail care, and skincare.	**M**				To be assessed by Occupational Therapy
						b. Staff are aware that need for personal hygiene is the first priority that they should focus for a Client.	**M**				
						c. Staff understands why personal hygiene an important part of good health.	**M**				
						d. Staff knows when to offer assistance when providing personal care to their Clients.	**M**				
						e. Staff understands the professional ethics, dignity, privacy and cultural sensitivity of Clients.	**M**				
						f. Bathing: Staff are trained to understand that bathing helps clear dead skin, prevents irritations and rashes that would otherwise transform into infections, and washes away waste materials that can	**M**				

							interfere with the normal functioning of the skin.					
						g.	Clothing: Staff are trained to help Clients in getting dressed and undressed, clothes that goes on and come off easily helps older people. Many times, elderly people have trouble raising their arms, bending or leaning hence the staff should be sensitive to the Client's capabilities.	**M**				
					VI. Wheelchair Assistance Staff are trained in:	a.	Unfolding the Wheelchair/Attaching Footrests.	**M**				To be assessed by PT/OT
						b.	Folding the Wheelchair.	**M**				
						c.	Rear Wheels with Quick: Release Axle.	**M**				
						d.	Moving up and down a kerb.	**M**				
						e.	Moving on level ground.	**M**				
						f.	Stability and balance while sitting.	**M**				
						g.	Reaching and bending forward.	**M**				
						h.	Reaching and bending backwards.	**M**				
						i.	Transferring to and from wheelchair without assistance.	**M**				
						j.	Handling movement on Kerbs, Steps and Platforms.	**M**				
						k.	Uphill & downhill movement	**M**				
						l.	Use of Wheel Locks	**M**				
						m.	Maintenance and cleaning of wheelchairs	**M**				
				b. Cognitive Therapist	I. Motor Skills	a.	Staff understands that Senior Citizens can experience difficulties performing complex tasks, because of deterioration in cognitive, perceptual and sensorimotor functioning.	**M**				
						b.	Staff are trained to identify	i. Abnormal Tone: Condition where a person has either	**M**			

						Motor System Impairments, like:	abnormally increased or decreased resistance to passive movement. This can manifest as increased tone or decreased tone.					
							ii. Hypertonicity: Abnormal increase in muscle tone, resulting in stiff, tight, and difficult-to-move muscles. This can lead to problems with movement, balance, and even eating.	**M**				
							iii. Hypotonicity: Reduced muscle tone, is defined as a decreased resistance to passive movement, and reduced or absent stretch reflex response.	**M**				
							iv. Paresis: Reduced ability to voluntarily activate the spinal motor neurons. Occurs in a wide range of neurological disorders common in the older population, including stroke,	**M**				

							multiple sclerosis and peripheral neuropathy.					
							v. Ataxia: Lack of coordination between movements and/or body parts, e.g., during gait, and occurs as a result of damage to the cerebellar inputs, outputs, and/or cerebellar structures.	**M**				
							vi. Hypokinesia: Primarily associated with Parkinson's and sometimes with Dementia and is characterised by slow movement or absence of movement.	**M**				
							vii. Fractionated movement deficits: Reduced ability to isolate or fractionate movement.	**M**				
							viii. Sensory Impairments: Motor impairments frequently also cause sensory impairments.	**M**				
					II. Bed Mobility & Transfer (Moving & Handling)		I. All staff are aware of the system in place for reporting accidents and incidents.	**M**				

					Ref 2:	II. Staff are trained in manual handling.	**M**				
						III. Service provider has a system to report accidents and incidents without any delay.	**M**				
						IV. Service provider has a system to investigate serious incidents.	**M**				
						V. Staff are trained in identifying contributing factors to the accident or incident.	**M**				
						VI. Staff are trained in filling the accident or incident report.	**M**				
						VII. Staff are trained in the safe use of equipment's.	**M**				
						VIII. Staff are trained in identifying gaps in equipment maintenance.	**M**				
						IX. Staff are aware of the latest developments in equipment design.	**M**				
						X. Staff are trained to understand the type of equipment required for various needs.	**M**				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection / Topic Heading	Subtopic	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.2	B. Rehab Team iii. Speech Language Therapist, Voice & Swallow Therapist	a. Eating (Chewing & Swallowing)	I. Staff are aware that mechanism of chewing and swallowing food is important when creating a proper diet plan for older people.	**M**				To be assessed by ST
					II. Staff are trained to understand that chewing and swallowing behaviours are controlled by the central nervous system, they can also be affected by internal and external factors, such as impaired dental functions, including loss of natural teeth, weakened muscles, decreased jaw movement,	**M**				

					saliva production, and tongue pressure and textural and other properties of food.					
					III. Staff are trained to understand that food hardness and dryness can increase the number of chewing cycles, oral processing time.	**M**				
					IV. Staff understand that changes in swallowing physiology with aging are predisposing factors for dysphagia in older people.	**M**				
				b. Speech Impairments	I. Staff are aware that Speech impairments in older people can happen due to a variety of causes, including neurological conditions like stroke or dementia, as well as age-related changes in the vocal mechanism.	**M**				
					II. Service provider ensures that only qualified Speech Therapists (ST) deliver care to a client who requires this therapy or treatment.	**M**				
					III. Staff are aware on the common causes of Speech impairments in elderly, like; a. Neurological Conditions: Stroke, traumatic brain injury, Parkinson's disease, and other degenerative neurological disorders. b. Dementia: Conditions like Alzheimer's disease can impair language processing and communication skills. c. Age-Related Changes: Normal aging can affect the vocal cords and muscles used for speech.	**M**				
					IV. Care staff are trained to identify changes in speech patterns in client's and reporting it to family and management for necessary action or supervision.	**M**				
				c. Peg Feeding Support	I. Care staff are aware that PEG (Percutaneous Endoscopic Gastrostomy) feeding support in older people involves placement of a feeding tubes.	**M**				
					II. Staff are aware that this method is often used for individuals who have difficulty swallowing or eating	**M**				

					orally, especially due to conditions like dementia or stroke.		**M**				
					III. Staff are aware about why people develop eating and swallowing problems?	a. Damage to the muscles and nerves needed for proper swallowing.	**M**				
						b. Inability to eat independently.	**M**				
						c. Blockage of the esophagus (the tube that goes from the mouth to the stomach).	**M**				
					IV. Staff are aware that how does the person with the feeding tube get their food.		**M**				
					V. Staff are aware that how does the person with the feeding tube get their food.	a. Tube feeding is a medical treatment that can have a variety of possible health outcomes or consequences.	**M**				
						b. Specific complications from the feeding tube itself could be infections and/or bleeding.	**M**				
						c. Staff are aware that Tube feeding can also cause temporary diarrhoea, cramping.	**M**				
					VI. Staff are trained in basic tube feeding management.	a. Staff are trained on how the tube is put into place.	**M**				
						b. To take care not to pull out the tube.	**M**				
						c. Care is taken to check for tube leakage, blockage and to ensure that the food is going in properly.	**M**				
				d. Special Diet, Therapeutic Diet	I. Staff are trained to understand that Fasting is common for Hindus and can vary from complete abstinence to only avoiding certain types of foods.		**M**				

				e. Soft Meals, Minced & Liquid, Semi Liquid	I. Staff are aware that soft, easy-to-chew and swallow meals are important for older people, especially those with dental issues or difficulty chewing.	**M**				
					II. Staff are trained to advise that Clients should avoid foods that they find hard to swallow.	**M**				
					III. If Clients find chewing difficult, then staff could recommend foods that are softer to eat.	**M**				
					IV. Staff are aware that thicker liquids are sometimes easier to swallow.	**M**				
					V. Qualified staff can recommend that chopped, mashed or puree foods may be easier for Clients to eat.	**M**				
					VI. Qualified staff can recommend that adding gravy or sauce to food can help soften and moisten food.	**M**				
				f. Specific Nutritional Requirement	I. Staff are aware that elderly population is prone to various nutritional deficiencies.	**M**				
					II. Staff are aware that as people grow older, they tend to become physiologically less active and therefore need fewer calories to maintain their weights.	**M**				
					III. Staff are aware that ideally the daily intake of oil should not exceed. Use of ghee, vanaspati, butter, and coconut oil should be avoided.	**M**				
					IV. Staff are aware that elderly need nutrient rich foods rich in calcium, micro-nutrients and fibre.	**M**				
					V. They need foods rich in protein such as pulses, toned milk, egg-white etc.	**M**				
					VI. Micronutrients linked to age-related disorders.	**M**				
					VII. For detailed dietary guidelines please refer to: https://elderlycareindia.org/wp-content/uploads/2025/01/Dietary-Guidelines-for-Elderly-in-India.pdf	**I**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection / Topic Heading	Subtopic	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.2	B. Rehab Team	iv. Strength Trainer	I. Service provider ensures that only trained and qualified professionals deliver strength training and strength improvement sessions for clients.	P				
					II. Staff are aware on the fact that Strength training / improvement activities help older people with; a. Building strength b. Maintain bone density c. Improve balance d. Coordination, and mobility e. Reduce risk of falling	P				
Rating – Score (Count the number of Yes and No)										
Total Rating – Score (3.2i – 3.2 iv)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.3	C. Social Worker	Social Worker	I. Staff are aware that Gerontological social workers, also known as geriatric social workers, coordinate the care of older patients in a variety of settings, including hospitals, community health clinics, long-term and residential health care facilities, hospice settings, and outpatient/daytime health care centres.	P				
					II. Staff are aware that Social Workers offer assessment, advocacy, counselling, and resource coordination to help seniors navigate challenges associated with aging, such as health issues, financial concerns, and social isolation.	P				
					III. Staff are aware that Social Workers provide essential services that address the	P				

					multifaceted needs of seniors, including their physical, emotional, and social well-being.					
					IV. Staff are aware on the key responsibilities of social workers including but not limited to: a. Assessment: Evaluating the needs of older adults to develop personalized care plans addressing healthcare, housing, and other concerns. b. Advocacy: Ensuring that seniors have access to necessary services and support and defending their rights. c. Counselling and Support: Providing emotional support and resources to help seniors cope with life changes and challenges. d. Education: Raising awareness about ageing issues within families and communities to reduce stigma and foster understanding. e. Research and Policy: Engaging in research and policy development to enhance the quality of life for older adults on a broader scale.	**P**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No.	Subsection	Topic Heading	Subtopic	Score	Page No
3	**Care Services**	3.4	D. Recreational Team	i. Music Therapist	Music Therapy		
				ii. Garden Therapist	Garden Therapy		
				iii. Pet Therapist	Pet Therapy (Animal Assisted Therapy)		
				iv. Dance Therapist	Dance & Movement Therapy		
				v. Recreational Therapist	a. Colour Therapy		
					b. Arts Therapy (Arts & Crafts)		
					c. Activities & Games		
					d. Spiritual Support		

					e. Travelling		
					f. Reading		
					g. Community Participation		
Rating – Score							

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.4	D. Recreational Team i. Music Therapy	I. Staff are aware that Clinical Music Therapy is the use of music within a therapeutic relationship between a person and a certified music therapist.	**P**				
				II. Staff are aware that Music Therapy can help in raising quality of life of elderly with and without cognitive impairment helping improve behavioural disorders or anxiety.	**P**				
				III. Staff are aware that taking part in musical activities modulates emotions, thus producing positive emotions.	**P**				
				IV. Staff are aware that emotional well-being and increasing social interaction can be a consequence of participation in musical activities and programs.	**P**				
				V. Staff are aware that Music Therapy in older people living with Dementia helps overall wellness.	**P**				
				VI. Staff are aware that Music Therapy uses a holistic approach that relies on individual strengths and needs, positively impacts mood, behaviour, cognition and mobility.	**P**				
				VII. Staff understand that Music Therapy is a multi-modal means of expression, both verbal and non-verbal.	**P**				
				VIII. Staff is aware that Music Therapy is a source of meaningful experiences between the caregiver and their loved one.	**P**				
				IX. Staff are aware that Music therapists may work as a member of a multidisciplinary team or on their own. Based on the information gathered from the individual, clinical staff, family members and caregivers, music therapists engage in Treatment Planning to design a structured care plan.	**P**				
				X. Staff are aware that implementation of music therapy could include engaging in music making such as singing, songwriting and improvisation to promote self-expression.	**P**				

				XI. Staff are aware that research on music therapy in the treatment of memory disorders has shown benefits like: decreased depression & improved mood, decreased anxiety & agitation, decreased medication, increased alertness & orientation, enhanced cognition & memory recall.	**P**				
				XII. Staff are aware that Music Therapy helps with Gait improvement, motor movements, walking cadence improvements for Parkinson's.					
				XIII. Staff are aware that Music Therapy sessions are always goal oriented and have a targeted outcome.					
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.4	D. Recreational Team ii. Garden Therapy (Horticulture Therapy)	I. Staff are aware that having access to nature, both being outside and simply viewing it, is associated with positive physiological, emotional and behavioural outcomes.	**P**				
				II. Service provider ensures that Horticultural Therapy Programmes (HTP) are individualised treatment plans with prescribed horticultural activities which are administered by trained therapists.	**M**				
				III. Staff are aware that older people both with and without depression can have positive impacts by spending time in the garden which helps with improved mood, quality of sleep and ability to concentrate.	**P**				
				IV. Staff are aware that exposure to sunlight produces vitamin D within the body, which is essential for stronger bones.	**P**				
				V. Staff are aware that individuals living with Dementia who have the opportunity to go outdoors, especially on a regular basis can help reduce distress.	**P**				
				VI. Staff are aware that elderly often have disrupted sleep patterns, and increased daylight exposure can have positive impact on their well-being.	**P**				
				VII. Staff are aware that regular outdoor gardening is often associated with less cognitive decline and a reduction in the incidence of dementia.	**P**				
				VIII. Staff are aware that physical abilities to carry out typical gardening tasks like watering and weeding without straining or overexerting themselves can have therapeutic benefits.	**P**				
				IX. Staff are aware that Horticultural Therapy can help with Cognitive well-being, Emotional well-being, Social well-being and Physical well-being.	**P**				

				X. Staff are aware that Sensory Gardens and Therapeutic Gardens helps stimulation with colour, smell and sounds of birds and animals.	**P**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.4	D. Recreational Team iii. Pet Therapy	I. Service provider ensures that all pets in the house are properly vaccinated before any care staff is assigned to a Client's house.	**M**				
				II. Service provider ensures that any type of Pet Therapy is provided by professionally trained and qualified personnel.	**M**				
				III. Service provider ensures that Care staff do not walk the pets or clean them.	**M**				
				IV. Service provider ensures that all aggressive breeds are locked or tied.	**M**				
				V. Service provider ensures that no care staff feeds food to the pets either the Client's home food or the food they bring from home.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.4	D. Recreational Team iv. Dance & Movement Therapy	I. If Dance and Movement Therapy is offered as a service, then the service provider uses the services of a qualified Dance Therapist.	**M**				
				II. Staff are aware that Dance is a popular form of physical activity, and it tends to improve various issues like balance, gait and muscle strength.	**P**				
				III. Staff are aware that dance and movement therapy can help in emotional, cognitive, and physical well- being.	**P**				
				IV. Care staff are aware that a Client can be at risk if he or she tries dance or movement therapy alone or un-supervised.	**P**				
				V. If the care staff has to help the Client in supervision, then they need to be aware of the different techniques like: a. Mirroring: The act of imitating or continuing another person's motions. b. Movement Metaphors: A metaphor can be used by a person to dance their feelings.	**P**				
	Rating – Score (Count the number of Yes and No)								

S.No	Section Heading	Sub No	Subsection / Topic Heading	Subtopic	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.4	D. Recreational Team v. Recreational Therapist	i. Colour Therapy	I. Staff are aware that Colour therapy, also known as Chromotherapy, uses the visible spectrum of light to influence physical, emotional, and spiritual well-being, and can be particularly beneficial for older people.	P				
					II. Staff are aware that Impact of Colour Therapy can affect Mood and Mental Health in Older People. As per studies Colours can significantly affect mood and emotional well-being. Warm colours like yellow and orange can be uplifting and create a sense of comfort, while cool colours like blue and green can promote relaxation and reduce anxiety.	P				
				ii. Arts Therapy (Arts & Crafts)	I. Staff are aware that Art Therapy can be a beneficial approach for older people, offering a unique way to express emotions and explore experiences through creative mediums.	P				
					II. Staff are aware that Art Therapy is a form of therapeutic intervention that utilizes the creative process of making art to promote emotional, psychological, and physical well-being.	P				
					III. Staff are aware that Art Therapists are trained to provide clinical Art Therapy.	P				
					IV. Staff are aware that Art Therapy for older people with mental health problems can be a positive experience. Art Therapy is a widely used form of psychological therapy for people with mental health problems.	P				
					V. Staff are aware that Art Therapy can provide an outlet for expression of missed opportunities and to make sense of past life events.	P				
					VI. Staff are aware that Art Therapy, through the use of pottery, improves psychological well-being and reduced depression.	P				
					VII. Staff are aware that Art Therapy can be helpful as the Art Therapist often acts as a guide who encourages	P				

						discussion and gives support, resulting in expressing their anger, anxiety, fears and other disturbing emotions.					
					VIII.	A variety of art materials, including clay, paint, chalk pastels, colour pencils, colour pens, oil pastels, charcoal and paper can be used by staff for assisting Clients in arts therapy.	**P**				
					IX.	Staff are aware on the Key aspects of art therapy, like:	a. Non-Verbal Expression: Art Therapy emphasizes non-verbal communication as a way to express thoughts, emotions, and experiences that may be challenging to convey through traditional verbal language.	**P**			
							b. Symbolic Language: The creation of art allows individuals to use symbolic language, expressing complex feelings and experiences through images, colours, and shapes. This can be particularly beneficial when dealing with subconscious or pre-verbal aspects of one's psyche.	**P**			
							c. Therapeutic Relationship: The Art Therapist works with individuals to create a safe and supportive therapeutic environment. The therapist may guide the creative process; help interpret the artwork and explore its significance in the context of the individual's life.	**P**			
							d. Personal Exploration: Art Therapy encourages individuals to explore and understand their inner thoughts and feelings. The art-making process can serve as a tool for self-discovery, fostering insights into one's emotions, conflicts, and strengths.	**P**			

						e. Metaphoric Expression: Through the use of metaphors and symbols, individuals can represent their experiences in a way that goes beyond literal expression. This can provide a deeper understanding of personal narratives and challenges.	**P**				
						f. Adaptability: Art Therapy can be adapted to various age groups, populations, and therapeutic goals. It is employed in diverse settings, including mental health treatment, trauma recovery, rehabilitation, and education.	**P**				
					X. Staff are aware on the positive effects on the mental and psycho - logical well-being, like:	a. Stimulating Cognitive Processes: Artistic activities may enhance creative thinking and organizational skills in the elderly.	**P**				
						b. Memory and Attention Enhancement: Art activities can contribute to improving memory and attention levels in older people.	**P**				
						c. Artistic Expression and Positivity: Creative expression can serve as a means to express emotions positively and cope with life challenges.	**P**				
						d. Mood Improvement and Psychological Well-being: Participation in artistic activities may contribute to mood enhancement and the promotion of psychological well-being in the elderly	**P**				
						e. Promoting Social Interaction: Artistic activities involving social interaction can enhance communication and social connections.	**P**				

						f. Improving Motor Skills: Artistic activities may encourage motor control, flexibility, and coordination.	**P**				
						g. Sense of Accomplishment and Positivity: Completing art projects can provide a sense of accomplishment and increase positive feelings.	**P**				
						h. Maintaining Identity and Self: Artistic activities can contribute to maintaining personal identity and enhancing self-esteem.	**P**				
						i. Combating Loneliness: Artistic activities can serve as a means of communication and social interaction, helping combat loneliness.	**P**				
						j. Enhancing Quality of Life: Artistic activities may contribute to improving the quality of life for the elderly by providing an enjoyable and beneficial way to spend time.	**P**				
				iii. Activities & Games	I. Staff are aware of the therapeutic benefits of active ageing through activities and games.		**P**				
					II. Staff are aware that active ageing programs help improve the health, wellbeing and quality of life of older people through creating opportunities to participate in meaningful activities which meets their social, emotional and intellectual needs.		**P**				
					III. Some of the active ageing activities that could be used by staff are:	a. Volunteering	**P**				
						b. Board games	**P**				
						c. Bird Watching	**P**				
						d. Flower Arranging	**P**				
						e. Competitions / Quiz	**P**				
						f. Reminiscence	**P**				
						g. Guest Speakers	**P**				
						h. Music / Singing / Radio	**P**				
						i. Sensory Activities	**P**				

						j. Food and Drink	P				
						k. Intergenerational activities	P				
						l. Story Telling	P				
						m. Book Club / Audio books	P				
						n. Photography	P				
				iv. Spiritual Support	I. Staff are trained to discuss religious observance needs with each Client in a sensitive and inclusive manner.		P				
					II. Staff are trained and sensitive to discuss issues related to prayer, meditation, bathing and cleanliness as per cultural practices, dietary needs and astrological beliefs.		P				
					III. Staff are aware that prayer and meditation are important to many older people with many preferring to pray in the morning.		P				
					IV. Staff are sensitized not to disrespect any Client based on their faith, religion or culture.		P				
					V. If a staff of other faith has reservations on holding statues, pictures or icons of a different religion of the Client then they should not be attached to the particular Client.		P				
					VI. Staff are aware that many older people have astrological beliefs which could result on their decision making for appointments, treatment, eating, fasting and other decision making.		P				
					VII. Staff are aware that spiritual beliefs can affect the death and dying decisions and choices of a Client and/or their family members.		P				
				v. Travelling	I. Staff are aware that planning a trip for older people should be done in a careful manner.		P				
					II. Staff encourages the Client to share their travel destination and pre-existing illnesses with their family doctor.		P				
					III. Staff understands that hectic travel programs are not suitable for senior citizens.		P				
					IV. Staff advises their Clients to inform the travel agency and airline in advance of any special requirements.		P				

					V. Staff advises Clients to carry sufficient quantities of the medication with the prescription stating the dosage and the time to take the medicines.	**P**				
					VI. Staff advises their clients that due to difference in time zones especially for international travel, the Client may have to take their medication at a different time.	**P**				
					VII. Staff advises their Clients to get the necessary vaccinations before travel.	**P**				
				vi. Reading	I. Service provider ensures that staff who are conversant in the vernacular language of the Client are assigned to them.	**P**				
					II. Staff encourages the Client to read on their own.	**P**				
					III. Staff are trained on the speed of reading as per Client's hearing capacity.	**P**				
				vii. Community Participation	I. Care staff encourages Clients to participate in communal activities and events. This helps them to foster a sense of community and reduce feelings of isolation, loneliness and neglect.	**P**				
					II. Service provider ensures that Clients who do not wish to participate, they should not be forced to do so, and their views must be respected, recorded and reviewed.	**P**				
					III. Care staff understands that an inclusive environment requires a multifaceted approach that addresses physical, emotional, and social barriers, hence they should be sensitive to the needs of Clients from all backgrounds, religion and language.	**P**				
					IV. Staff are trained to handle digital platforms including assisting in virtual participation options (video calls, digital group events) for immobile or homebound clients.	**P**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection	Topic Heading	Yes	No	Score	Remarks
3	Care Services	3.5	E. Wellness Team	i. Podiatrist (Foot Care)				
				ii. Ophthalmologist (Eye Care)				
				iii. Geriatric Dentist (Oral Care: Dentures, Gums Care)				
				iv. ENT (Ear, Nose & Throat)				
Rating – Score (Count the number of Yes and No)								

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard		CC	Y	N	Present System	Remarks
3	Care Services	3.5	E. Wellness Team i. Podiatrist (Foot Care) Is the Staff trained in:	I. Foot Hygiene: Staff are trained in washing the feet daily, help with wearing clean socks, caring for the skin and nails on a regular basis.		M				
				II. Skin Care: Staff are trained to help with bathing the feet daily, applying moisturizing lotions to dry skin and managing calluses (a thickened, hardened area of skin that develops in response to repeated friction or pressure) with lotions.		M				
				III. Staff are trained in identifying rashes, painful calluses or skin that is red or tender as this can be a sign of infection		M				
				IV. Nail Care: Staff are trained in identifying Toenails which tend to become thicker, discolored and brittle.		M				
				V. Footwear: Staff are trained in identify Clients who are vulnerable to foot pain whether from arthritis, previous injuries or toe alignment issues such as bunions or hammertoes (a foot deformity where a toe, usually the second, third, or fourth, bends downward at the middle joint, resembling a hammer). Helping Client's wear shoes that fit well, provide proper support and are not excessively worn		M				
				VI. Falling Risk and Your Feet: Staff are trained in identifying risk factors for falls including poorly fitting shoes, shoes with elevated heel height, excessively worn shoes, sandals or shoes with an unsecured heel.		M				
				VII. Footwear Examination	a. Staff are trained to identify if Client can remove and replace shoes and socks without assistance?	M				

				Is the Staff trained Evaluating?	b. Staff are trained in what type of shoes are they wearing (eg, slip on, laces, Velcro)?	**M**				
					c. Staff are trained in to identify how worn is the footwear? Is it appropriate for the season?	**M**				
					d. Staff are trained in identifying if the Client's are wearing socks?	**M**				
				VIII. Skin Examination Is the Staff trained Evaluating?	a. Staff are trained on Hygiene (particularly dirt and moisture between toes).	**M**				
					b. Staff are trained to identify Dryness.	**M**				
					c. Staff are trained to identify Hyperkeratosis (calluses and corns)	**M**				
					d. Staff are trained to identify Ulcers.	**M**				
				IX. Nails Examination Is Staff trained in Evaluating?	a. Staff are trained to identify length of nails.	**M**				
					b. Staff are trained to identify thickening of nails.	**M**				
					c. Staff are trained to identify Ingrown/broken nails.	**M**				
					d. Staff are trained to identify fungal infection.	**M**				
				X. Physical Examination Is the Staff trained in Evaluating?	a. Staff are trained to identify bony deformity.	**M**				
					b. Staff are trained to identify Hallux Valgus (commonly known as a bunion, is a foot deformity where the big toe (hallux) angles towards the second toe, often accompanied by a bony bump on the side of the foot at the base of the big toe).	**M**				
					c. Staff are trained to identify hammer/overlapping toes	**M**				
					d. Staff are trained to identify foot pain / tenderness.	**M**				

					e. Staff are trained to identify Pes planus (flat foot).	**M**				
				XI. Vascular and Neurological assessment Is the Staff trained in Evaluating?	a. Staff are trained to monitor if temperature is equal in both feet?	**P**				
					b. Staff are trained to identify if there is an absence or reduction of hair growth?	**P**				
					c. Staff are trained to identify if there is edema (also known as dropsy, is the medical term for swelling caused by fluid accumulation in body tissues) present?	**P**				
					d. Staff are trained to identify and check pedal pulses (refer to the palpable pulsations of arteries in the foot, specifically the dorsalis pedis and posterior tibial arteries).	**P**				
					e. Staff are trained to identify if there is light touch sensation intact (Ipswich touch test)?	**P**				
				XII. Tinea: Staff are trained in Tinea which is a common skin condition and caused by a fungal infection. The main symptom are a red, flaky rash.		**P**				
				XIII. Dermatitis: Staff are trained to identify Dermatitis which is an inflammatory response that can be triggered by an allergen (like perfumed soap) or infection. The skin becomes red, inflamed and itchy.		**P**				
				XIV. Bunions: Staff are trained to identify bunion which forms when the big toe pushes against the second toe, forcing the joint at the base of the big toe to protrude		**P**				
				XV. Ingrown toenail: Staf are trained to identify Ingrown toenails which occur when the edges or corners of a nail grow into the skin of the toe. The condition causes pain and inflammation and can lead to infection in the surrounding skin.		**P**				
				XVI. Plantar fasciitis: Staff are trained to identify plantar fascia which is a thick, fibrous band of tissue that runs along the bottom of the foot. Plantar fasciitis is the inflammation of this tissue. Symptoms		**P**				

					include a sharp pain near the heel, and the pain is often worse in the morning or after resting.					
				XVII.	Gout: Staff are trained to identify Gout which is a form of arthritis characterised by sudden pain in the foot, ankle or knees and is often felt in the large joint of the big toe. It is caused by too much uric acid in the body and requires medication prescribed by a doctor.	P				
				XVIII.	Diabetic foot ulcers: Staff are trained to identify Diabetic foot ulcers which is a complication of poorly controlled diabetes. They are most common under the big toe, and the balls of the feet. Ulceration occurs when the skin tissue breaks down and exposes the layers beneath, causing pain, discomfort and potential infection.	P				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection / Topic Heading		Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.5	E. Wellness Team ii. Ophthalmologist (Eye Care) Assessment and Care Delivery Is the Staff trained?	I.	Staff are trained to thoroughly assess the most effective therapeutic care.	P				
				II.	Staff are trained to understand and comply with prescribed therapies.	P				
				III.	Staff are trained to assess, including medical, cognitive, affective, environmental, economic, social, and functional.	P				
				IV.	Colour Vision Changes: Staff understand that with age, the normally transparent lens gradually yellows, resulting in some difficulty with colour discrimination.	P				
				V.	Staff understand that the lens also develops increasing rigidity, a condition called nuclear sclerosis	P				
				VI.	Presbyopia: Staff understands that loss of ability to focus on near objects due to lens stiffening could be due to Presbyopia which can result in Difficulty reading up close, eye strain.	P				
				VII.	Staff understands that diseases which are associated with eye disease, could be: a. Hypertension, which is associated with retinal vein occlusion. b. Arthritis, which is associated with dry eye.	P				

				c. Diabetes, which is associated with glaucoma, cataracts, and diabetic retinopathy. d. Diabetic Retinopathy: Can result in Floaters, blurred vision, dark areas in vision, difficulty seeing in low light					
				VIII. Staff are trained to ask about basic question before Care delivery: a. Are you having any problems with your vision? If so, was the vision decrease sudden or gradual? b. Have you had any pain with these vision problems? c. Have you ever had any operations on your eyes? If so, what for and when? d. Are you currently using prescription eye drops? If so, which and for what condition?	**M**				
				IX. Dry Eyes: Staff are trained to understand that Dry Eyes could be due to Reduced tear production or poor tear quality, which can result in Burning, itching, gritty feeling, blurry vision.	**P**				
				X. Trained to apply Eye Drops correctly.	**M**				
				XI. Trained to apply Eye Ointment correctly	**M**				
				XII. Trained to clean Eyelids, Conjunctivitis and Post-operative Cataract Surgery.	**P**				
				XIII. Trained in applying Dry Warm Compress for Stye.	**M**				
				XIV. Trained in applying an Eye Cover or Pad for Eye Injuries	**M**				
				XV. Superficial foreign bodies in the Eye: Staff should abstain from removing superficial foreign bodies because any mishandling may be disastrous and lead to a corneal ulcer. They should ask the family to take the Client to an eye care practitioner	**M**				
				XVI. Cataracts: Staff are educated on Cataract which is Clouding of the eye's lens resulting in Blurry vision, glare, faded colours.	**M**				
				XVII. Age-Related Macular Degeneration (ARMD): Staff are trained to understand that due to Degeneration of the central retina (macula) it may result in Central vision loss, distorted vision.	**P**				
				XVIII. Glaucoma: Staff are trained to understand that increased eye pressure damages the optic nerve which can result in Peripheral vision loss, blind spots, halos around light, tunnel vision (late stages); nausea, vomiting, headaches, blurred vision, as well as in some cases.	**P**				

				XIX. Reduced Pupil Size/Light Adaptation: Staff are trained to understand that due to Pupil responds more slowly to light changes, it can result in trouble seeing in dim light or adjusting to brightness.	**P**				
				XX. Decreased Peripheral Vision: Staff are trained to understand that gradual narrowing of the field of vision can result in reduced side vision, higher fall risk.	**P**				
				XXI. Vitreous Detachment/Floaters: Staff are trained to understand that when Vitreous gel shrinks and pulls away from the retina it can result in Floaters, flashes of light.	**P**				
				XXII. Trained to understand commonly used medicines for Eye Diseases.	**M**				
				XXIII. Keeping the spectacles clean at all times.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard			CC	Y	N	Present System	Remarks
3	Care Services	3.5	E. Wellness Team iii. Geriatric Dentist Oral Care: Dentures, Gums Care Are the Staff trained in?	a. Dentures	I.	Staff are trained in applying Denture paste/gel or mild non-toxic cleansing solution.	**P**				
					II.	Staff are trained in using professional Denture solution.	**M**				
					III.	Staff are trained in keeping Dentures moist, so they don't dry out or lose shape. Placing a denture in water (or a denture cleanser solution) when it is not being worn helps the denture retain its shape, remain pliable and keeps it from drying out.	**M**				
					IV.	Staff are trained in keeping Dentures clean and moist before applying into the mouth.	**M**				
					V.	Staff are trained to understand that if denture is causing irritation, they can apply a lubricant to help with application. Denture adhesives are not a remedy for ill-fitting dentures, which may need to be relined or	**M**				

						replaced to prevent oral sores from developing.					
					VI.	Dentures should never be placed in hot or boiling water, which could cause them to warp.	**M**				
					VII.	Staff are aware that epulis fissuratum is caused by ill-fitting denture.	**P**				
					VIII.	Staff are aware that denture stomatitis is associated with wearing dentures 24hrs/day.	**P**				
					IX.	Staff understands that Ill-fitting dentures can happen due to weight loss.	**P**				
					X.	Staff understands that dentures can result in having trouble eating.	**M**				
					XI.	Staff are aware that if the denture is not cleaned appropriately, accumulated biofilm can contribute to the development of problems in the mouth such as denture-related stomatitis					
					XII.	Staff are trained to identify if dentures are making noise while a Client eats.	**M**				
					XIII.	Staff understands that dentures can fall out of mouth.	**M**				
					XIV.	Staff are aware to consider replacing the denture if the denture has degraded sufficiently so that it is not stable in the mouth, no longer matches the other dentition, no longer fits well or if the denture itself or the prosthetic teeth are discoloured, cracked, broken, or missing.					
					XV.	Staff are aware that like natural teeth, dentures should be cleaned daily to remove food particles and bacteria, and to help prevent dentures from becoming permanently stained.					
					XVI.	Staff are aware that denture cleanser tablets are dropped into warm water to create an					

						effervescent solution into which the denture is placed.						
					XVII.	Staff are aware that soaking dentures in cleaning solution can help reduce the bacterial load which may reduce denture-related odour.						
					XVIII.	Staff are aware that it is important to note that denture cleansers are not to be used while dentures are still in the mouth						
					XIX.	Staff are aware that a denture that fits poorly (i.e., feels loose or causes discomfort), may need to be relined or replaced.						
					XX.	Staff are aware to use Nonabrasive denture cleanser to reduce levels of biofilm and potentially harmful bacteria and fungi.						
					XXI.	Staff are aware that ill-fitting dentures can contribute to the development of mouth sores or, with prolonged use, bone loss.						
					XXII.	Removable complete and partial dentures be evaluated by a dental professional for replacement when at least one of the following conditions occurs:	a. If chronic irritation (inflammation) exists beneath the denture bases (including but not limited to epulis fissuratum (also known as denture-induced hyperplasia, is a benign (non-cancerous) overgrowth of fibrous connective tissue in the mouth, typically caused by an ill-fitting denture), oral ulcerations, or treatment-resistant Candida-related denture stomatitis). If denture adhesives are required to						

						eat, or to retain the dentures socially (i.e., when the dentures will not remain in place by themselves), or when adhesives must be used more than once daily.					
						b. If the patient will not, or cannot, wear the removable prostheses.					
						c. If the denture has degraded sufficiently so that it is not stable in the mouth, no longer matches the other dentition, no longer fits well or if the denture itself or the prosthetic teeth are discolored, cracked, broken, or missing.					
						d. If there is a change in the teeth supporting a removable partial or over denture.					
						e. If it has been more than 5 years since the denture was fabricated.					
						f. Older adults are at increased risk for root caries because of both increased gingival recession that exposes root surfaces and increased use of medications that produce xerostomia (a condition					

						where the salivary glands in the mouth don't produce enough saliva to keep the mouth adequately wet).					
				b. Gums Care	I. Staff understands that as gums shrink back, the roots of the teeth become exposed.		P				
					II. Staff understands that shrinking gums can also make it more difficult to clean effectively with toothbrush, increasing risk of gum disease.		M				
					III. Staff are trained to help Clients to brush right down as far the gums so that they are removing plaque from the area near the gums where it tends to collect the most.		M				
					IV. Staff are trained to notice that if gums bleed when they should not advise Clients to stop brushing but they should recommend the Client to tell their dentist as it can be a sign of gum disease.		M				
Rating – Score (Count the number of Yes and No)											

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.5	E. Wellness Team ENT (Ear, Nose & Throat) Staff are trained in supporting Client's with hearing problems	I. Staff are trained to identify and check for hearing loss.	**P**				
				II. Staff are trained to communicate with Client's who have hearing loss.	**M**				
				III. Staff are trained in supporting Client's with hearing loss.	**M**				
				IV. Staff are trained helping use of hearing aid and maintenance.	**P**				
				V. Staff are trained on use of assistive listening devices.	**M**				
				VI. Staff are trained to identify and manage other ear problems, such as tinnitus and ear-wax blockages.	**P**				
Rating – Score (Count the number of Yes and No)									
Total Rating – Score (3.5A – 3.5E)									

S.No	Section Heading	Sub No	Subsection	Topic Heading	Subtopic	Yes	No	Score	Remarks
3	Care Services	3.6	F. Palliative & Hospice Care	i. End-of-Life Planning					
				ii. Palliative Care					
				iii. Hospice Care					
				iv. Death & Dying					
				v. Funeral Services					
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard		CC	Y	N	Present System	Remarks
3	Care Services	3.6	F. Palliative & Hospice Care i. End-of-Life Planning / Advance Care Planning	I. Staff are aware that End-of-life care focuses on palliative care for terminally-ill individuals who may have limited time to live.		M				
				II. Staff are aware that End-of-life planning typically involves decisions like, whom an individual wants to make decisions on their behalf, who should inherit the possessions, and who should be in control post demise.		M				
				III. Staff understands that a complete end-of-life plan covers planning for both illness and death.		M				
				IV. Staff are trained to have conversations with Clients and/or their family about palliative, end-of-life care, advance care plans, death and dying.		M				
				V. Service provider ensures that existing advance care plans are shared with other agencies like hospitals, nursing homes in case of a Client's transition to other facilities.		M				
				VI. Service provider ensures that End-of-life training is part of the overall training modules including regular updates.		M				
				VII. Service provider understands that basic life support is a core competency and training for both palliative care and end-of-life care.		M				
				VIII. Staff are aware on the key elements which form a part of advance care planning, including:	a. Wills & legacies	P				
					b. Power of Attorney	P				
					c. Living Wills / Advance Directives	P				
					d. Health and Care decisions	P				
					e. Funeral planning	P				

					f. Pet management and care	P				
				IX. Staff are trained to understand the concerns of End-of-life Clients, like:	a. Anxiety and Depression	P				
					b. Difficulty adjusting to physical and mental decline.	P				
					c. Agitation, restlessness, and difficulty sleeping.	P				
					d. Memory loss, confusion, and disorientation.	P				
					e. Concerns about what happens after death.	P				
					f. Concern about not getting appropriate support like dying in their preferred place, specific rituals etc.	P				
					g. Relationship concerns and regrets	P				
					h. Communication difficulties about death and dying with family.	P				
					i. Concerns about family after their death.	P				
				X. Staff are trained to support Clients through:	a. Listening for complaints of pain, psychological and physical symptoms of Clients.	M				
					b. Helping Clients understand the importance of stating and documenting their preferences and values.	M				
					c. Understand the important role of culture, race, ethnicity, gender, family status, religion etc.	M				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.6	F. Palliative & Hospice Care	I. Service Provider ensures that the Client's preference for care at the end-of-life are properly documented.	M				Mandatory as per Mental

			ii. Palliative Care	II. Service Provider has a mechanism to assess the Client for his/her mental capacity to participate in the Advance Care Planning.	**M**				Healthcare Act, 2017
				III. Care staff involves the family members or legal guardians in the Care Planning especially for Clients' who are unable to make their own decisions.	**M**				
				IV. Service Provider ensures that all Advance Care Plans are in accordance with the Mental Healthcare Act, 2017.	**M**				
				V. The Service Provider has a well-defined evaluation process to identify Clients who are in the end-of-life phase.	**M**				
				VI. Home Palliative Care services are delivered by a multi-disciplinary team who are trained in Palliative Care, comprising of doctors, nurses, therapists, social workers and others.	**M**				
				VII. Service provider has well defined systems to identify and monitor changes in the Client and his/her family's needs.	**M**				
				VIII. Staff respects and honours the care needs and preferences of all Clients.	**M**				
				IX. Service provider duly informs the Client and the family members if the service has become beyond the scope of their capabilities.	**M**				
				X. Service Provider ensures proper escalation of Care need of Clients to more specialised services when the needs of clients are too complex to be managed by the provider.	**M**				
				XI. Service provider has policies and procedures in place to address any potential ethical dilemmas that may arise in the course of caring for a Client.	**M**				
				XII. Service provider duly documents the Client's transition to the active dying phase, communicate to the client, family and staff on the client's imminent death.	**M**				
				XIII. All pain relief medications are handled and stored by the Service Provider as per the legal compliance and regulations.	**M**				
				XIV. Staff are aware of Do Not Resuscitate (DNR) Orders directives of the Client.	**M**				
				XV. Avoiding Unnecessary Hospitalization: Staff should ensure that family provides consent to prevent hospital admissions during the terminal phase.	**M**				

				XVI. Withdrawal of Active Treatment: Staff should educate Clients & family members to carefully withdraw aggressive medical interventions which should be consented by family.		**M**				
				XVII. Limiting IVs and Lines at End-of-Life: Staff should ensure consent is sought to prevent the placement of unnecessary intravenous lines during specific end-of-life care hours.		**M**				
				XVIII. Advance Care Planning (ACP) and Advance Directives: Service provider should document ACP at the time of Client admission, ensuring clarity in decision-making. This includes: a. Determining whether the Client has a Living Will in place. b. Identifying the healthcare proxy authorized to make medical decisions when the Client is critically ill or requires advanced interventions. c. Clarifying insurance provisions available to the Client, as arranged by their family.		**M**				
				XIX. Services Provided	a. Service provider clearly states the home medical, nursing and/or therapy care for pain relief.	**M**				
					b. Service provider clearly understands the Psychosocial and emotional support for the client and his/her family to help them manage grief.	**M**				
					c. Staff are trained to help minimise the risk of distress, fear and isolation.	**M**				
					d. Qualified staff are trained in spiritual support for the client and theirr family in a way that is sensitive to their personal, cultural and religious values, beliefs.	**M**				
Rating – Score (Count the number of Yes and No)										

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	**Care Services**	3.6	F. Palliative & Hospice Care	I. Staff are aware that Hospice care focuses on providing comfort and support to older adults with a terminal illness, aiming to improve their quality of life in their final months rather than focusing on curative treatment.					

			iii. Hospice Care	II. Staff are aware that Hospice care includes pain management, emotional support, and help with daily tasks.					
				III. Staff are aware that Hospice care prioritizes symptom management, pain relief, and improving the overall quality of life for individuals with a terminal illness.					
				IV. Staff are aware that Hospice care involves a team of professionals, including nurses, doctors, social workers, and spiritual advisors, who work together to address the patient's physical, emotional, and spiritual needs.					
				V. Staff are aware that Hospice care is not intended to cure the underlying illness but rather to make the patient as comfortable and peaceful as possible during their final months.					
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.6	F. Palliative & Hospice Care iv. Death & Dying	I. In the event of a Client's death, the Service Provider immediately notifies the Client's next of kin, legal representative, supervising physician, nurse unless the Client has given in writing about his/her wishes to not inform anyone.	M				
				II. The Service Provider understands and respects the Advance Directives / Living Will of the Client and necessary care is delivered as per the registered paperwork with the concerned authorities.	P				
				III. In-case the Service Provider offers mobile mortuary facility, then the staff are adequately trained on its upkeep and maintenance, infection prevention and control.	M				
				IV. Staff are trained to understand that many Hindu Clients may wish to die at home, as this has particular religious significance.	P				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection / Topic Heading	Detailed Standard	CC	Y	N	Present System	Remarks
3	Care Services	3.6	F. Palliative & Hospice Care v. Funeral Services (If Service offered)	I. Staff are trained on the Last Rites preferences of the Client as per the wishes of the Client or their legal representatives if no written directives are given.	P				
				II. Staff are sensitized that in certain religions Client's eldest son is expected to be present before during and after death, even if the son is a small child.	P				
				III. Staff are sensitized that family members may request that Client not be told about a terminal diagnosis directly.	P				
				IV. Staff are sensitized that a deceased body is many cultures is usually washed by close family members with the eldest son taking a leading role.	P				
				V. Staff are sensitized that, the family may wish to light a small lamp or burn incense near the body.	P				
				VI. Staff are sensitized that, the deceased Client's family may have a preference for the position of the body after death.	P				
				VII. Staff are sensitized that in many religions family prefers to cremate the body as soon as possible after death.	P				
Rating – Score (Count the number of Yes and No)									
Total Rating – Score (3.6i – 3.6v)									

Section D – Support Services

S.No	Section Heading	Sub No	Subsection	Topic Heading	Subtopic	Score	Page No
4	Support Services	4.1	A. Companion Services				
		4.2	B. Banking Work				
		4.3	C. Bill Payments				
		4.4	D. Tax Filing				
		4.5	E. Wills, Legal Support				
Rating – Score							

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
4	Support Services	4.1	A. Companion Services	I. Staff are aware that companionship support for older people involves providing social interaction and emotional support to combat isolation and loneliness, promoting well-being and improving quality of life.	M				
				II. Staff are aware that through a variety of activities, including discussions, hobbies, and outings, companionship support can help older people feel less lonely and feel a part of the community.	M				
				III. Staff are aware that companionship can considerably reduce feelings of social isolation and loneliness among older persons.	M				
				IV. Staff are aware that a companion can help promote social engagement and improves mental health outcomes including despair and anxiety.	M				
				V. Staff are aware that they can facilitate family communication, assist in doctor's appointments besides other chores like bank work, shopping, visiting relatives and friends etc.	M				
				VI. Staff are aware that their role as a companion is to improve the quality of life for senior citizens by offering emotional support, company, and help with everyday tasks.	M				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
4	Support Services	4.2	B. Banking Work	I. Service provider has systems and processes to prevent financial abuse and fraud and have mechanisms to prevent and resolve any such incidents.	M				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
4	Support Services	4.3	C. Bill Payments	I. Service provider has clear policies on staff paying bills in cash, withdrawing cash from banks or the use of debit/credit cards, or through internet transactions.	M				
				II. Service provider ensures that each entry is documented, signed in the clients file along with the reason of expense and expense receipts are kept.	M				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
4	Support Services	4.4	D. Tax Filing	I. Service provider ensures that services like Tax filing, are offered by professionally qualified staff.	P				
				II. Service provider ensures that no care staff asks the Client for their financial statements, banks documents, other personal details.	P				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
4	Support Services	4.5	E. Wills, Legal Support	I. If the service provider offers the services like Wills and legal services, then professionally qualified staff are involved and at no time any other staff is involved.	P				
				II. No care staff asks the Client for the Will and any legal documents from the Clients.	P				
Rating – Score (Count the number of Yes and No)									
Total Rating – Score (4.1 – 4.5)									

Section E – Ethics, Accountability & Governance

S.No	Section Heading	Sub No	Subsection	Topic Heading	Subtopic	Score	Page No
5	Ethics, Accountability & Governance	5.1	A. Service with Dignity				
		5.2	B. Best Interest Decision				
		5.3	C. Confidentiality				
		5.4	D. Prevention & Reporting of Abuse				
		5.5	E. Data Protection, Maintenance & Access – Digital & Physical				
		5.6	F. Client Cash Handling Guidelines				
		5.7	G. Gifts by Clients				
		5.8	H. Incident Reporting				
		5.9	I. Cultural Sensitivity	i. Vegetarian, Non-vegetarian / Vegan Cooking			
				ii. Food Fasting			
Rating – Score							

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
5	Ethics, Accountability & Governance	5.1	A. Service with Dignity	I. All staff understands the fundamental importance of maintaining the dignity and privacy of all Clients at all times.	M				Mandatory - Patients' Rights Protection
				II. Service Provider has well-defined standards and guidelines on how to maintain privacy and dignity of Clients.	M				
				III. All staff are trained properly to ensure that there are no compromises in dignity, privacy and respect of Clients and staff.	M				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
5	Ethics, Accountability & Governance	5.2	B. Best Interest Decision	I. Service Provider has a well-defined and documented policy on Best Interest for Clients which is in line with the Mental Healthcare Act, 2017. All staff are aware and trained on the key elements of this policy.	M				Mandatory - Standard of Care Requirement, Mental Healthcare Act, 2017

				II. Staff understands that, Best Interests are not just medical best interests, it includes the welfare of the Client in the widest possible sense, which considers the individual's broader wishes, feelings, values and beliefs.	**M**				
				III. Staff are trained to implement, wherever possible, any Client who lacks capacity to make a decision should still be involved in the decision-making process.	**M**				
				IV. Service provider ensures that Client is not treated as unable to make a decision merely because he/she makes a decision that the staff think is unwise or irrational.	**M**				
				V. Service provider ensures any act done or decision made for, or on behalf of a Client who lacks capacity is done or made in his or her best interests.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
5	**Ethics, Accountability & Governance**	5.3	C. Confidentiality	I. All information is treated in confidence and integrity and no part of the information is shared with outsiders or non-authorised people.	**M**				Mandatory - Legal Obligation
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
5	**Ethics, Accountability & Governance**	5.4	D. Prevention & Reporting of Abuse	I. All staff members are trained in all types of abuse and the process of reporting abuse.	**M**				Mandatory - Legal Obligation
				II. All staff members are trained to identify physical abuse, financial, material abuse, psychological abuse, sexual abuse, neglect, isolation/confinement, or inappropriate or excessive restraints.	**M**				
				III. Service Provider ensures that staff and Clients are aware on concerns about behaviour which might be abusive, or which might lead to abuse either by Client or staff.	**M**				

				IV. Service Provider has systems and procedures which minimizes the risk of abuse of Clients and staff and how to deal appropriately.	**M**				
				V. All staff members who witness a situation where a Client is in actual or imminent danger immediately stops what is happening without further damage to anyone involved, including themselves, either by immediately intervening personally, reporting to Service Provider and family members.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
5	**Ethics, Accountability & Governance**	5.5	E. Data Protection, Maintenance & Access – Digital & Physical	I. Service provider takes reasonable actions to protect the Client's records from being accessed by non-nominated family or friends and due procedures is followed to safeguard, destroy either in physical form or in digital form.	**M**				Mandatory – Required by DPDP Act of India, Mandatory – Required by Healthcare Regulations
				II. Service provider ensures that Client's data is stored and destroyed with the relevant Data Act and Policies.	**M**				
				III. Service provider ensures that all Client data is stored for a period which is in line with the National guidelines and are duly destroy both in physical and digital format.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
5	**Ethics, Accountability & Governance**	5.6	F. Client Cash Handling Guidelines	I. Service Provider ensures that Clients control their own money and finances except where the family or their representative have given the authority to the specific staff or service provider in writing.	**M**				Recommended
				II. Staff ensures that written records of all transactions are maintained at all times and are available for audit.	**M**				

				III. Service provider ensures that all cash handling by staff are counted in front of the client or their family members and is documented.	**M**				
				IV. All cash of staff members are kept separately from the Client's money.	**M**				
				V. Staff do not enquire or ask the Clients about their finances as it is their private matter.	**M**				
				VI. Service provider encourages Clients not to leave valuables lying around and advise them to be more aware of their personal belongings and cash.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
5	**Ethics, Accountability & Governance**	5.7	G. Gifts by Clients	I. Service Provider has consistent guidelines governing gift giving and receiving both by staff and Clients.	**M**				Recommended
				II. Any cash gifts or gifts in kind by the Clients to the staff members is informed and documented in the Client's file.	**M**				
				III. Gifts in kind like food items are not accepted by staff.	**M**				
				IV. At no point and under no circumstance does a staff accept gifts directly from a Client who has dementia, impaired memory or unstable decision-making capabilities.	**M**				
				V. At no time the Client or their family gives cash gifts directly to the staff.	**M**				
				VI. Staff do not accept online gift transfers or gift cards.	**M**				
				VII. All staff mandatorily declare any conflict of interest or receipt of cash or non-cash gifts in case accepted.	**M**				
				VIII. Staff are not favourable and biased towards Clients who wish to give gifts or tips or not whether know to the Service Provider or not.	**M**				
				IX. No Staff Member solicits or pressurises Clients or their family for giving gifts to them.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
5	Ethics, Accountability & Governance	5.8	H. Incident Reporting	I. All staff records any significant incident in the record book along with recording the same in the Client's file.	M				Mandatory – Required under Healthcare Standards
				II. Staff reports to the Service Provider and family members if the Client was injured or harmed or was seriously at risk of being harmed as a result of going missing or due to an act of self-harm, staff abuse/mistake.	M				
				III. Staff are trained to identify Clients at risk of wandering and going missing and are appropriately identified and managed to minimise their risk of harm.	M				
				IV. Staff are trained to raise an alarm immediately if they suspect that a Client may be missing.	M				
				V. Theft and misplacement of Client's belongings is common hence service provider has detailed standards and guidelines to identify, investigate and resolve such issues.	M				
				VI. Staff members have access to the personal possessions of Clients hence it is imperative that that they can be trusted and have been properly verified by authorised agencies.	M				
				VII. The service provider ensures that they have robust policies in place about theft of all types and these policies should be well known to staff and are carefully articulated to them.	M				
				VIII. For more information refer to: https://elderlycareindia.org/wp-content/uploads/2025/01/Serious-Incident-Reporting-Form-1.pdf	I				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard		CC	Y	N	Present System	Remarks
5	Ethics, Accountability & Governance	5.9	I. Cultural Sensitivity	i. Vegetarian, Non-vegetarian,	I. Staff are trained to understand that many Client's are strict vegetarians, abstaining from all meat, fish and eggs.	M				

				Vegan Cooking	II. Staff are aware that many non-vegetarian Client's do not eat beef or pork.	**M**				
					III. Staff are trained to understand that many non-vegetarian Client's may choose to abstain from eating meat on particular days of the week.	**M**				
					IV. Staff are trained to understand that many Client's will eat only with their right hand. Some may not eat food which has been passed to them with the left hand.	**P**				
				ii. Food Fasting	I. Staff are aware that fasting is common amongst older people and can vary from complete abstinence to only avoiding certain types of foods.	**P**				
					II. Staff are trained to ensure Clients are maintaining their meal timing and any specific instructions by doctors, dieticians and nutritionists regarding portion size.	**M**				
					III. Staff are aware that fasting on a particular day of the week is also a common practice	**P**				
					IV. Staff are aware that fasting, or restricting food intake, has various physiological effects on the body, including shifts in metabolism and weight loss.	**P**				
					V. Staff are aware that intermittent fasting is a nutrition model that differs from religious fasting.	**P**				
					VI. Staff are trained to respect the cultural practices of Clients which are related to fasting.	**M**				

					VII. Cultural/religious dietary accommodations during fasting periods assessed and documented.	**M**				
					VIII. Staff are aware that Client's follow hydration protocols during fasting.	**M**				
Rating – Score (Count the number of Yes and No)										
Total Rating – Score (5.1 - 5.9)										

Section F – Human Resources

S.No	Section Heading	Sub No	Subsection	Topic Heading	Subtopic	Score	Page No
6	Human Resources	6.1	A. Minimum Wages				
		6.2	B. Staff Safety				
		6.3	C. Staff Dress				
		6.4	D. Staff ID Card				
		6.5	E. Staff Work Hours				
		6.6	F. Disciplinary Actions & Prevention Process				
		6.7	G. Right Staff for the Right Job				
		6.8	H. Staff Verification Process				
		6.9	I. Indemnity Clause				
		6.10	J. Client and Staff Abuse Redressal and Reporting				
		6.11	K. Staff Training				
		6.12	L. Staff Qualification				
		6.13	M. Frequency of Services				
		6.14	N. Duration of Home Visits				
		6.15	O. Responsibilities of Staff				
		6.16	P. Responsibilities of Client				
		6.17	Q. Staff Travel Costs				
		6.18	R. Staff Meal & Sleepover Facilities				
		6.19	S. Supervisory Staff Visits				
		6.20	T. Quality Monitoring Process				
Rating – Score							

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.1	A. Minimum Wages	I. Service provider ensures that the State regulations on minimum wages are followed including all outsourced staff.	M				Mandatory as per Law
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.2	B. Staff Safety	I. The health, safety and welfare of care staff, and Clients, is of primary concern of the Service Provider.	M				Mandatory - Sexual Harassment of Women at Workplace {Prevention, Prohibition and Redressal} Act, 2013)
				II. Service Provider has well defined standards and guidelines on staff safety and protection.	M				
				III. Service Provider trains the employees and educates the Clients on areas of personal safety and security.	M				
				IV. As there are countless safety hazards for those working as Home Care workers, hence all care workers are trained to take precautions to maintain their own safety as well of the Clients.	M				
				V. Staff are trained in Manual handling of Clients as it is the most common cause of injury at work. Care staff are at a higher risk of back injuries because assisting Clients with movement is a large part of a carer's job.	M				
				VI. Slips, trips and falls are common risks in any workplace and are one of the biggest causes of non-fatal injuries, hence Service Provider ensures that all staff are trained.	M				
				VII. Equipment and medical device safety is an important consideration for health and safety. Hoists, lifts, ramps, bed rails etc can all pose a risk if not correctly maintained, hence Service provider ensures all staff are trained to handle various equipment's.	M				
				VIII. Staff are trained on identifying any loose open electrical wires, fire safety protocols, food storage safety, water stagnation issues.	M				
				IX. Service provider ensures periodic mental wellness support programs and training for all staff.					
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.3	C. Staff Dress	I. Service provider ensures that all staff wear official dress provided by the agency.	M				
				II. Staff ensures that the staff dress are clean at all times and are not soiled or have foul odour.	M				

				III. The staff dress has a provision to clip the name of the staff and the agency however it should not be a hindrance in the caregiving activities.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	**Human Resources**	6.4	D. Staff ID Card	I. Service provider has proper ID cards issued to each staff with all relevant information including the blood group of the staff.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	**Human Resources**	6.5	E. Staff Work Hours	I. Service provider ensures that staff are assigned duties as per their professional capacities and the number of hours a staff is on duty is as per the State regulations.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	**Human Resources**	6.6	F. Disciplinary Actions & Prevention Process	I. Service provider ensures that at no point of time and under no circumstances will the service provider accept any form of corruption by staff and all such major incidents are legally taken up and disciplinary actions taken.	**M**				
				II. Service provider ensures that any possible misconduct by the staff is reported, documented and evaluated.	**M**				
				III. Service provider ensures that care workers are taught to recognise that there are some forms of personal contact that are inappropriate, because they are considered to be abusive and could result in disciplinary action.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.7	G. Right Staff for the Right Job	I. Service provider ensures that staff are assigned to Clients based on their training, professional capabilities, gender preferences and experience.	M				
				II. Service provider ensures that there are appropriate staffing arrangements in cases of planned staff leave and emergencies, to ensure that there will be qualified staff available to provide the services.	M				
				III. Staff ensure that appropriately trained direct care staff is available to provide care services.	M				
				IV. Service provider has a written organisational chart that clearly delineates lines of authority and accountability.	M				
				V. Service provider has well defined job descriptions, including qualifications, duties, reporting and key indicators for all staff.	M				
				VI. Service provider has a well-structured career progression program to promote staff.	M				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.8	H. Staff Verification Process	I. Service provider ensures that each and every staff has been vetted and verified through the right agencies including police verification.	M				
				II. Service provider ensures that besides the character verification the staff are verified for their education qualifications and previous work experience.	M				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.9	I. Indemnity Clause	I. Service provider includes necessary clauses in the agreement including indemnity from staff and Clients.	P				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.10	J. Client and Staff Abuse Redressal and Reporting	I. Service provider has robust systems and process to educate staff that abuse is extremely critical, and all staff and Clients should be safeguarded from all forms of abuse.	M				
				II. Service provider ensures Clients are protected from abuse and have systems to identify and deal with specific instances of abuse if they occur.	M				
				III. Service provider ensures that all staff members are trained in all types of abuse prevention and the processes in reporting abuse.	M				
				IV. Staff are aware that abuse of Clients could be: Physical abuse, financial, material abuse, psychological abuse, sexual abuse, neglect, isolation/confinement, or inappropriate or excessive restraint.	M				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.11	K. Staff Training	I. Service provider ensures that all staff are qualified and competent to perform the duties of the particular roles that the staff are hired for.	M				1. Recommended - International Home Care Nurses Organization Standards 2. Recommended - Basic Life Support and First Aid Training requirements from IMA 3. Recommended - NABH Home Healthcare to
				II. Service provider conducts an orientation course/programme for all new staff.	M				
				III. Doctors have training and experience in community care, family medicine, geriatrics, dementia, and/or end-of-life care.	M				
				IV. Nurses have training and experience in community, geriatrics, dementia, and/or end-of-life care.	M				
				V. Therapists have training/experience in geriatrics, dementia, end-of-life care and/or community case management.	M				
				VI. Care staff assisting in the provision of therapy services (e.g. therapy aides) are adequately trained and supervised to perform their duties in a manner that is safe and appropriate to the client and themselves.	M				

				VII. Care staff providing home social care services are adequately trained and supervised to perform their duties in a manner that is safe and appropriate to the client and themselves.	**M**				Hospital Transition Guidelines
				VIII. Care staff providing home palliative care services are adequately trained in palliative care and supervised to perform their duties in a manner that is safe and appropriate to the client and themselves.	**M**				
				IX. Care staff involved in the provision of care to clients with dementia are adequately trained in dementia care.	**M**				
				X. Care coordinators are trained in community care management.	**M**				
				XI. Social workers have training or experience in medical social work.	**M**				
				XII. Staff are trained and fluent in language and communication skills , especially for multi-lingual clients.	**M**				
				XIII. Service provider has robust systems about burnout prevention training.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	**Human Resources**	6.12	L. Staff Qualification	I. Doctors are registered with relevant governing bodies and authority.	**M**				
				II. Nurses are registered with relevant governing bodies and authority.	**M**				
				III. Physiotherapists, occupational therapists, and speech-language therapists shall be registered with relevant governing bodies and authority.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	**Human Resources**	6.13	M. Frequency of Services	I. Service Provider has clear and transparent instructions regarding timing of the Care staff.	**M**				
				II. The timings for start and end of service is documented by the Care staff and signed by the Client or their legal representative.	**M**				

				III. Service Provider has a monitoring mechanism to ensure that the Care staff maintain their time schedule.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	**Human Resources**	6.14	N. Duration of Home Visits	I. Service Provider has clear and transparent schedule of duration of home visits by respective staff which is signed at the time-of-service agreement/contract.	**M**				
				II. Service Provider follows all legal compliances w.r.t the duration of service given as per shift, gender and timing for women staff.	**M**				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	**Human Resources**	6.15	O. Responsibilities of Staff	I. Care staff understands the essence of privacy and dignity of Client's and are trained properly to ensure that there are no compromises in dignity, privacy and respect of Seniors.	**M**				
				II. Staff are trained to protect and promote the rights of the Client.	**M**				
				III. Care Staff is trained to let the Client exercise their rights without interference, coercion, discrimination, or reprisal.	**M**				
				IV. Care staff are trained on assisting the Client in maintaining and enhancing his/her self-esteem and respect the Client's preferences and choices.	**M**				
				V. Staff is trained to respect Client's privacy of physical body including keeping Client's sufficiently covered, such as with a robe, while being taken to areas outside their private spaces.	**M**				
				VI. Staff maintains confidentiality and does not gossip about their Client's or discuss their own private or personal issues with the Client.	**M**				
				VII. The staff ensures that they do not smoke, drink alcohol and substance misuse in the workspace.	**M**				

				VIII. Staff reports any misuse of smoking, drinking or substance abuse by a Client.	**M**				
				IX. Staff are trained in all types of abuse and the processes in reporting abuse.	**M**				
				X. Staff members who witness a situation in which a Client is in actual or imminent danger immediately stops what is happening without further damage to anyone involved, including themselves.	**M**				
				XI. Staff are responsible towards the Client who do not wish to participate, and the Client's views are respected and recorded.	**M**				
				XII. Staff ensures that Client do not feel isolated and lonely as it can have a negative impact on their mental health and overall well-being.	**M**				
				XIII. Staff are trained on Social Care and Support if they have to pay bills in cash, withdraw cash from banks or use debit/credit cards, or through internet transactions on behalf of the Client. Staff ensures that each entry is documented, signed in the Client's file along with the reason of expense and expense receipts are kept.	**M**				
				XIV. Staff are fully trained on the policy about Restraints.	**M**				
				XV. Staff are fully trained and aware on the Intimacy policy of the Service Provider.	**M**				
				XVI. Staff are fully aware about the Lone Worker policy and guidelines of the Service Provider.	**M**				Recommended - WHO guidelines for Home Healthcare Workers- 2020
				XVII. Staff are aware and trained on the Best Interest Policy of the Service Provider.	**M**				
				XVIII. Staff are trained in handling and documenting Serious Incidents.	**M**				
				XIX. Staff are trained on identifying, protecting and preventing Abuse of all Client's.	**M**				
				XX. Staff are trained on respecting Cultural, Religious and Ethnic practices.	**M**				
				XXI. Staff are qualified to dispense and record medication.	**M**				

				XXII. Staff are trained in moving and handling Clients.	M				
				XXIII. Staff are trained in prevention and management of Falls.	M				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.16	P. Responsibilities of Client	I. Service Provider informs each Client that they have to respect the privacy and dignity of all staff members.	M				
				II. Service Provider duly informs that Client is expected to respect and follow the terms and conditions as defined in the Service Agreement.	M				
				III. Service Provider clearly informs all Clients that at no given time the Client will indulge in activities which may harm the reputation of the Service Provider or indulge in any such activity that is not permissible beyond the Service Agreement including substance abuse, or any form of abuse towards staff.	M				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.17	Q. Staff Travel Costs	I. Service Provider clearly informs and documents in the Service Agreement about the staff travel expenses which will either be borne by the Service Provider or the Client including the mode of travel.	M				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.18	R. Staff Meal & Sleepover Facilities	I. Service Provider clearly informs and documents in the Service Agreement about staff meals and sleepover rules, timings, gender and the minimum quality of sleeping area and infrastructure.	M				
				II. Service Provider ensures that if the staff are carrying their own food to the Client's house, then the food need to be respected as	M				

				per the cultural and religious practices of the Client. Non-vegetarian food should not be eaten in a Client's house if they do not eat Non-veg food.					
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.19	S. Supervisory Staff Visits	I. Service Provider has a process of scheduled visits by supervisory staff to regularly monitor the Care Home staff on the Quality and commitment of the ground personnel.	M				
Rating – Score (Count the number of Yes and No)									

S.No	Section Heading	Sub No	Subsection	Detailed Standard	CC	Y	N	Present System	Remarks
6	Human Resources	6.20	T. Quality Monitoring Process	I. Service Provider has a process of to regularly monitor the Service delivery quality and assessment.	M				
				II. Service Provider hires only those staff members who are qualified and fit to deliver services, are of good character and are able to fulfil their responsibilities with outmost integrity and professionalism.	M				
				III. Service Provider ensures that the care services are implemented in the best interests of all Clients.	M				
				IV. Service Provider has systems in place for continuous improvement.	M				
				V. Service Provider has effective quality assurance and quality monitoring systems, based on feedback from Clients, their guardians and family members.	M				
				VI. Service Provider has a quality improvement system that is structured based on the evaluation of the Client's services and feedback from the Client and their family members.	M				
Rating – Score (Count the number of Yes and No)									
Total Rating – Score (6.1 – 6.20)									