Submission to the Standing Committee on Health, Aged Care and Sport Inquiry into and report on the Quality of Care in Residential Aged Care Facilities in Australia

Following a referral on 6 December 2017 from the Minister for Health, The Hon Greg Hunt MP, the Committee will inquire into and report on the Quality of Care in Residential Aged Care Facilities in Australia.

Terms of Reference

1. The incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistle blowers;
2. The effectiveness of the Australian Aged Care Quality Agency, the Aged Care Complaints Commissioner, and the Charter of Care Recipients’ Rights and Responsibilities in ensuring adequate consumer protection in residential aged care; and
3. The adequacy of consumer protection arrangements for aged care residents who do not have family, friends or other representatives to help them exercise choice and their rights in care.
Contents
Introduction .......................................................................................................................... 3
The aged care quality regulatory framework ..................................................................... 3
The role of the Department and relevant portfolio agencies ............................................ 5
Improving the sharing of information across sectors .......................................................... 5
Recent Reviews .................................................................................................................. 5
Focus of this submission .................................................................................................... 6
1. The incidence of all mistreatment of residents in residential aged care facilities and
   associated reporting and response mechanisms, including the treatment of whistle
   blowers ............................................................................................................................. 6
Incident monitoring, reporting and data collection ............................................................ 6
Protections for reporting alleged or suspected assaults, including the treatment of whistleblowers .... 8
Supports and resources ...................................................................................................... 9
2. The effectiveness of the Australian Aged Care Quality Agency, the Aged Care
   Complaints Commissioner, and the Charter of Care Recipients’ Rights and
   Responsibilities in ensuring consumer protection in residential aged care .................. 10
Exchange of information between agencies ..................................................................... 10
Australian Aged Care Quality Agency ............................................................................. 10
   Accreditation and monitoring ....................................................................................... 10
   Accreditation Standards ............................................................................................... 11
   Responding to concerns about a provider’s performance against the
   Accreditation Standards ............................................................................................... 12
   Responding to non-compliance ................................................................................... 12
Aged Care Complaints Commissioner ............................................................................. 13
   Complaints handling ................................................................................................... 13
Charter of Care Recipients’ Rights and Responsibilities – residential care ....................... 14
3. The adequacy of consumer protection arrangements for aged care residents who
   do not have family, friends or other representatives to help them exercise choice
   and their rights in care .................................................................................................. 15
Quality information for consumers .................................................................................... 15
National Aged Care Advocacy Program ......................................................................... 16
Consumer Experience Report ......................................................................................... 16
Community Visitors Scheme ............................................................................................. 16
Guardianship and Administrators ..................................................................................... 16
Consumer Law ................................................................................................................. 16
Attachment A Charter of care recipients’ rights and responsibilities - residential care .......... 17
Attachment B Overview of the aged care system and reforms ......................................... 18
Attachment C Regulatory arrangements for aged care programs, other than mainstream
   residential care, that provide aged care in residential settings ................................ 24
Attachment D Legislated functions of the CEO of the Quality Agency and the
   Complaints Commissioner ......................................................................................... 28
Attachment E Improving the sharing of information across sectors .................................. 29
Attachment F National Aged Care Advocacy Program (NACAP) ...................................... 30
Attachment G Legislation in relation to the protection of whistleblowers ......................... 31
Attachment H Accreditation Standards ............................................................................ 33
Introduction

The Department of Health (the Department) welcomes the opportunity to provide this submission to the Standing Committee on Health, Aged Care and Sport for its Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia.

The aged care quality regulatory framework

Aged care legislation, including the Aged Care Act 1997 (the Act) and the Australian Aged Care Quality Agency Act 2013 (the Quality Agency Act), provide a regulatory framework designed to support the delivery of quality services and protect aged care recipients.\(^1\) Residential aged care services that receive Australian Government funding must meet the Accreditation Standards and be accredited by the Australian Aged Care Quality Agency (Quality Agency) against those standards.\(^2\) These quality assessment arrangements are only part of the regulatory arrangements that support the delivery of quality care and services.

Under the Act, to receive Australian Government funding, residential aged care services must be operated by an organisation that is ‘approved’ as a provider for that care type. To be approved, the organisation must submit an application for consideration by the Department that contains comprehensive information to allow a decision about whether it and its key personnel meet specific suitability criteria set out under the Act.\(^3,4\) An organisation that is approved has an ongoing responsibility to ensure it continues to meet the suitability criteria. Failure to continue to meet the suitability requirement, particularly where significant failures of care are evident, may result in the approval of the provider being revoked by the Department.

Quality of care and services is also managed through the allocation of residential aged care places.\(^5\) A competitive process is used to ensure places are based on the needs of the population and are allocated to the most suitable providers. In addition, when places are being transferred from one provider to another, consideration is given to, among other things, a provider’s suitability to deliver aged care and the suitability of the premises to be used to provide care.\(^6\)

In addition, residential aged care providers are required to deliver care and services to care recipients as set out in the Schedule of specified care and services for residential care.\(^7\) The Schedule sets out the services that must be provided, and where fees may apply. While the Schedule is not an exhaustive list, it sets a benchmark for the services that must be provided by a residential aged care service.

Residential aged care services must deliver care and services in a manner that is consistent with the rights and responsibilities of care recipients that are specified in the Charter of care recipients’ rights and responsibilities – residential care provided at Attachment A.

Residential aged care services must also meet requirements ensuring care recipients’ security of tenure,\(^8\) and requirements in relation to personal information relating to the care recipient.\(^9\)

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\(^1\) A list of aged care legislation is available on the Department’s [website](#) and can be accessed on the Federal Register of Legislation. Not all Australian Government funded aged care services are administered under the Act; some services, such as the Commonwealth Home Support Programme are administered through contractual agreements.

\(^2\) Section 42-1(1)(c), Aged Care Act.

\(^3\) Part 2.1, Aged Care Act.

\(^4\) Section 8.1, Aged Care Act provides for people to be disqualified from executive decision making positions within approved providers’ services who have been convicted of an indictable offence (including serious assault), who are insolvent and who are of unsound mind.

\(^5\) Part 2.2, Aged Care Act.

\(^6\) Division 16, Part 2.2, Aged Care Act.

\(^7\) Schedule 1, Quality of Care Principles.

\(^8\) [User Rights Principles 2014](#) (the User Rights Principles).

\(^9\) Division 62, Aged Care Act.
Approved providers are required to maintain an adequate number of appropriately skilled staff to ensure that the care needs of care recipients are met. They also have an obligation to ensure that police certificates, not more than three years old, are held by all staff members who are reasonably likely to have access to care recipients, whether supervised or unsupervised, and volunteers who have unsupervised access to care recipients.\textsuperscript{10}

Residential aged care providers have a mandatory requirement to report allegations or suspicions of reportable assaults to the police and the Department.\textsuperscript{11}

Further, residential aged care providers must meet requirements in relation to fees and charges, refundable deposits, accommodation bonds and entry contributions\textsuperscript{12} and prudential requirements, including compliance with the Prudential Standards.\textsuperscript{13}

The Act provides for regulatory actions if a provider is not meeting its obligations.\textsuperscript{14}

The aged care regulatory system provides a number of measures that have been specifically developed to support consumers. These include:

- a requirement for providers to offer (and enter into if the care recipient so wishes) a Resident Agreement, within 28 days of the care recipient entering care\textsuperscript{15}
- the requirement that providers must give care recipients information on their rights and responsibilities\textsuperscript{16}
- the My Aged Care website and contact centre provide an entry point into the aged care system and quality information about service providers, including information as to whether there are any notices of non-compliance, and sanctions against a service to assist consumers in making informed decisions
- a free complaints resolution service provided by the Aged Care Complaints Commissioner (Complaints Commissioner)
- complementary supports including free, independent and individually focussed advocacy services for consumers receiving or seeking to receive Australian Government funded aged care services to support their access to the aged care system and interaction with aged care providers. Advocates can support people to raise complaints or concerns and to have these resolved with providers.

Reforms are being made to the aged care system to promote quality care and services that meet consumer needs and preferences. These reforms include the development of a Single Aged Care Quality Framework, as announced in the 2015-16 Budget. The Single Aged Care Quality Framework includes the development of new aged care standards and improvements to the current quality assessment processes. It is expected that the introduction of the Single Aged Care Quality Framework will enhance the overall effectiveness of the aged care regulatory framework, which will benefit care recipients. Further information on the Single Aged Care Quality Framework, as well as other future reforms, is provided at Attachment B.

Regulatory arrangements for aged care services that can be provided in a residential setting (other than mainstream residential care) are provided at Attachment C.

Should the Committee require additional information regarding the regulatory arrangements for other types of aged care services, this can be provided.

\textsuperscript{10} Part 6, Accountability Principles 2014.  
\textsuperscript{11} Section 63-1AA, Aged Care Act.  
\textsuperscript{12} Part 3A.2, Aged Care Act.  
\textsuperscript{13} Part 3A.3, Aged Care Act.  
\textsuperscript{14} Part 4.4, Aged Care Act.  
\textsuperscript{15} Section 59-1, Aged Care Act.  
\textsuperscript{16} Schedule 1, User Rights Principles.
The role of the Department and relevant portfolio agencies

The Department, in association with relevant portfolio agencies, is responsible for the funding, regulation and policy oversight of Australian Government subsidised aged care services.17

The Department aims to promote the well-being and independence of older people (and their carers) through funding the delivery of aged care services that are high quality, accessible, appropriate to needs, efficient and person-centred. In relation to aged care quality arrangements, the Department is responsible for: administering legislation;18 developing aged care policy; approving aged care providers seeking to provide aged care services; allocating and managing aged care places; establishing quality and prudential standards; administering the residential mandatory reporting function; taking enforcement action in response to non-compliance; facilitating access to aged care services' information through My Aged Care; and managing the voluntary National Aged Care Quality Indicator Program. The Department also provides funding for a range of programs that provide complementary supports to consumers, through the National Aged Care Advocacy Program, the Community Visitors Scheme and dementia support programs.

The Quality Agency and the Complaints Commissioner also have integral roles in aged care regulation.

The Quality Agency’s role includes assessing and monitoring Australian Government funded residential aged care services’ performance against the Accreditation Standards. The Complaints Commissioner investigates and resolves individual complaints raised about the care and services provided by aged care services. Details of the legislative functions of the Quality Agency and the Complaints Commissioner are included at Attachment D.

Improving the sharing of information across sectors

The Department recognises that increasing the sharing of information across the aged care and health sectors will support the delivery of quality care. Information on some initiatives to improve sharing of information across these sectors is provided in Attachment E.

Recent Reviews

On 1 May 2017, the Government announced an independent review of the Commonwealth’s aged care quality regulatory processes to be undertaken by Ms Kate Carnell AO and Professor Ron Paterson ONZM following failures of care at the South Australian Oakden Older Persons Mental Health Service. The report, Review of National Aged Care Quality Regulatory Processes (the Carnell/Paterson Review), was released on 25 October 2017.

The review found that overall, considered in an international context, the regulatory system governing aged care in Australia is far from a poor performer. While complex, Australia’s current regulatory system aligns well with some accepted best-practice regulatory principles. However, there are areas that can be improved to ensure that the system consistently provides the assurance of quality that the community needs and expects.

The review made 10 recommendations in the areas of aged care accreditation, monitoring, complaints and compliance.

On 25 October 2017, the Government announced that it accepts the broad direction of the report and agreed to the implementation of Recommendation 8 by replacing announced re-accreditation audits with unannounced re-accreditation audits for residential aged care facilities. This is to help ensure that safety and quality care standards are maintained at all aged care homes at all times.

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17 Throughout this document 'aged care services’ refers to Australian Government subsidised aged care services that are delivered by aged care providers.

18 This includes the Aged Care Act 1997 and the Australian Aged Care Quality Agency Act 2013. Further information on relevant aged care legislation is available on the Department’s website and the Federal Register of Legislation.
The Government is considering the remaining recommendations.

**Focus of this submission**

This submission provides details of the monitoring and reporting requirements, and support for consumers for Australian Government-funded residential aged care, addressing the Inquiry’s Terms of Reference.

Additional information on the services provided through the National Aged Care Advocacy Program (NACAP) is provided at Attachment F.

1. The incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistle blowers

**Incident monitoring, reporting and data collection**

An approved provider has a responsibility to comply with the Accreditation Standards that are set out in the *Quality of Care Principles 2014* (see section 54-1 of the Act). The Accreditation Standards are set out in Schedule 2 of the Quality of Care Principles.

The *Quality Agency Principles 2013* and the Accreditation Standards include a specific expected outcome that an approved provider will actively pursue continuous improvement. It is expected that providers will monitor and improve their practice across the expected outcomes. For example, providers are expected to monitor incidents in relation to clinical care, specialised nursing care, medication management, skin integrity, urinary tract and other infections, behavioural management, mobility and dexterity, as well as incidents and risks relating to the safety of the living environment.

Participation in the voluntary National Aged Care Quality Indicator Program for residential care enables approved providers to collect data and receive nationally comparable reports that can be used to inform continuous quality improvement. The program comprises three clinical indicators: pressure injuries; use of physical restraint; and unplanned weight loss.

Residential aged care providers must meet mandatory reporting requirements as specified in the Act. In addition, item 1.2 of the Accreditation Standards require residential aged care service providers to comply with all relevant legislation, regulatory requirements, professional standards, and guidelines, including state and territory requirements regarding the reporting of certain deaths.

Approved providers are responsible for ensuring care recipients are safe from harm and live in a safe, secure and home-like environment.

The Act requires approved providers of residential care to report allegations or suspicions of reportable assaults to the police and the Department to its Compulsory Reporting Centre within 24 hours of becoming aware of the allegation or suspicion of a reportable assault. A reportable assault as defined in the Act (section 63-1AA) means unlawful sexual contact or assault specified in the Accountability Principles or unreasonable use of force on a resident of an aged care home. People are able to lodge complaints with the Complaints Commissioner in the case of an assault, however this does not satisfy the requirements under the Act for compulsory reporting, which must occur through the Department.

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19 Throughout this document ‘residential care’ refers to Australian Government subsidised residential aged care.
21 State and territory legislation requires certain deaths are reported to the relevant state/territory Coroner. The Coroners’ roles include identifying how the reportable death occurred and ways to prevent similar deaths in the future.
22 Refer to Expected outcome 2.2 of the Accreditation Standards.
23 Part 4.3, Aged Care Act.
Certain incidents are not required to be reported by residential providers, such as specific circumstances where an assault was committed by residents with a diagnosed cognitive or mental impairment.

The legislation requires providers to put in place responses for these circumstances where the focus should be on effective behaviour management. This approach enables cases involving residents with a cognitive or mental impairment to be clinically managed by the provider where this is the most appropriate response.

On receiving an assault report (including suspicion of an assault), the Department considers whether the provider has met the timeframes for reporting to the police and the Department. If the provider has not yet reported to the police, the Department will request that the provider make a report to the police immediately. The police are the most appropriate agency to investigate allegations that are criminal in nature. Where the Department has concerns about how a provider has responded to a reportable assault, the Department may refer to the Quality Agency to order a review of the service under the Accreditation Standards or refer the matter to the Complaints Commissioner if a resolution process is a more appropriate approach. If a provider fails to meet its obligations to report assaults to police, the Department may take compliance action.

There are a large number of factors considered in assessing a report which are outlined in a staff manual on compulsory reporting. The factors considered can sometimes be affected by whether the suspected or alleged assault within the service is committed by a carer, another care recipient or a visitor to the service. Some of these factors may include but are not limited to:

- Is there now a safe environment at the service, in extreme cases this may mean whether the alleged perpetrator has been suspended pending results of an investigation (police and/or internal service investigation)?
- Has the alleged perpetrator been placed under supervision, formal discipline or termination of employment?
- Has the alleged perpetrator been retrained in manual handling, behaviour management or elder abuse?
- Has a medical assessment been conducted to determine whether an injury has been sustained and if one exists, determine the extent of the resident/s injuries and treatment required?
- Have appropriate medical or specialist services been involved?
- Has the service informed the resident/s next of kin or guardian of the incident?
- Has the service offered and provided access to counselling or pastoral care?
- Has the service relocated care recipients involved if necessary and adjusted care and behaviour management plans?
- Has the service restricted visiting rights or undertaken to supervise visiting rights of an alleged perpetrator pending the results of an investigation?

The Department will also assess the report against a number of factors to ensure that the provider has taken appropriate action, is providing a safe environment and that any resident involved has received appropriate medical care and is now safe.

Depending on the outcome of the assessment, the Department may take compliance action or make a referral to an appropriate agency. The Department generally makes referrals to the Quality Agency to enable a broader review of resident safety and regulatory compliance to occur.

In addition, all approved providers are required to take reasonable steps to ensure that their staff understand their obligations in reporting reportable assaults. Approved providers also have an obligation to take reasonable measures to protect the identity of any staff member who reports a reportable assault and protect them from victimisation.24

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24 Section 63-1AA (6) and (7), Aged Care Act.
It should also be noted that providers are also required to notify the Department of unexplained absences of residents within 24 hours in circumstances where a resident is absent from a residential care service, the absence is unexplained, and the absence has been reported to the police. Section 25 of the Accountability Principles 2014 details the requirements for unexplained absence of care recipients.

The Department collects broad data on all reports of alleged or suspected assault made by approved providers. This data cannot substantiate any incidents of mistreatment in aged care homes, as providers under the Act are required to report all allegations and suspected assaults regardless of whether there is evidence.

This data is reported annually in the Report on the Operation of the Aged Care Act 1997 (ROACA) and shared monthly with the Quality Agency. This data complements other data held by the Quality Agency and assists them to form a broader picture of quality of care in residential aged care facilities.

In 2016-17, the Department received 2,853 notifications of reportable assaults. Of those, 2,463 were recorded as alleged or suspected unreasonable use of force, 348 as alleged or suspected unlawful sexual contact, and 42 as both. With 239,379 people receiving permanent residential care in 2016-17, the incidence of reports of suspected or alleged assaults was 1.2 per cent.25 The Department referred 130 incidents to the Quality Agency.

Protection for reporting alleged or suspected assaults, including the treatment of whistleblowers

The Act and The Australian Aged Care Quality Agency Act 2013 establishes a range of protections for staff and approved providers who report alleged or suspected reportable assaults.26

A disclosure of information by a person qualifies for protection if the approved provider or a staff member discloses information to a police officer, the Department, the Complaints Commissioner, the Quality Agency, the approved provider or one of the approved provider's key personnel or a person authorised by the approved provider.

The protections only apply if the person making the disclosure has identified themselves, and has reasonable grounds to suspect that the information indicates that a reportable assault has occurred, and is making the disclosure in good faith.

The protections under the Act do not extend to care recipients, their families and advocates, visiting medical practitioners, other allied health professionals, volunteers and visitors. Nor do they extend to disclosures of general failings in care.

Approved providers and their staff members are protected from civil or criminal liability for making the disclosure, and in proceedings for defamation relating to the disclosure. They are also not liable to an action for defamation relating to the disclosure or from someone enforcing a contractual or other remedy against that person based on the disclosure.

For instance, a person’s employment contract cannot be terminated on the basis that disclosure of an alleged or suspected assault breaches the person’s contract. For example, if a staff member’s contract specifies that the staff member must not discuss issues arising in an aged care home with anyone outside the home, a disclosure by the staff member that qualifies for protection overrides the employer’s right to terminate the employment contract. However, the protections only come into effect when the information is disclosed to a person specified under the Act.

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25 This percentage is a measure of the number of reportable assaults received from providers in the financial year compared with the number of care recipients in the permanent aged care population.

26 Section 96-8, Aged Care Act
Approved providers must ensure that staff members are protected from victimisation, detriment and threats because of a disclosure that qualifies for protection. Compliance action may be taken if the approved provider does not comply with this responsibility. The Department may undertake this action through formal regulatory pathways, including the use of a notice of non-compliance or imposing a sanction.

The Complaints Commissioner also receives complaints that may expose abuse or neglect. This allows an alternative way for anyone, including care recipients and their families, to raise concerns about an approved provider’s responsibilities under the Act or under the principles made under section 96-1 of the Act. A complaint may be made anonymously and a complainant may use a pseudonym or ask the Complaints Commissioner to keep his or her identity or the identity of another person identified in the complaint or any other details confidential.

While it is not possible to fully safeguard against all assaults in residential aged care services, the regulatory arrangements are designed to ensure providers meet their compulsory reporting obligations to promptly report all allegations and suspicions to the police for investigation.

In addition, a range of whistleblowing protections apply through Commonwealth and state and territory legislation, as outlined in Attachment G. There is Commonwealth legislation providing some protection for whistleblowers in the private sector including the Corporations Act 2001 (Cth), Fair Work Act 2009 (Cth) and the Fair Work (Registered Organisations) Act 2009 (Cth). The Treasury Laws Amendment (Whistleblowers) Bill 2017 proposes to create a single whistleblower protection regime in the Corporations Act to cover the corporate, financial and credit sectors, and creates a new whistleblower protection regime under taxation law to protect those who expose tax misconduct.

While there is state and territory legislation relating to the protection of whistleblowers, generally these only apply to the protection of whistleblowers in the public sector (Public Interest Disclosures Act 1994 (NSW), Public Interest Disclosure Act 2012 (ACT), Public Interest Disclosures Act 2002 (TAS), Public Interest Disclosure Act 2003 (WA), Public Interest Disclosure Act 2008 (NT), Whistleblowers Protection Act 1993 (SA); the Whistleblowers Protection Act 1994 (QLD) and the Protected Disclosure Act 2012 (VIC).

Supports and resources
The Australian Government provides a range of supports and resources to assist providers to respond to incidents commonly encountered in residential aged care services. These evidence-based resources support the sector to deliver quality care for older people, including people living with dementia. The Dementia and Aged Care Services (DACS) fund supports a range of activities focused on improving the quality of care and reducing the incidence of mistreatment of residents in residential aged care facilities, including:

- the Dementia Behaviour Management Advisory Service and the Severe Behaviour Response Teams that enable providers to access short-term support for acute interventions, and services and family carers to access advice 24 hours a day. These services are funded by the Department and delivered by Dementia Support Australia. As part of the service, Dementia Support Australia provides capacity building resources and specific strategies for carers and organisations to improve the care of people living with dementia and minimise the use of restraints.
- Dementia Training Program which offers a national approach to accredited education, upskilling, and professional development in dementia care. The Program focuses on knowledge translation and plays a key role in supporting service providers to implement sustainable practice improvement.
- the Decision-Making Tool Kit - Supporting a restraint free environment in Residential Aged Care which emphasises that a restraint-free environment is a basic human right for all care recipients and provides practical advice on alternate strategies to the use of restraint.
- the Cultura smartphone app that supports the provision of culturally sensitive dementia care by guiding aged care staff to consider how approaches to care might need to be adapted in order to accommodate the individual needs of people living with dementia.
• the **Residential Aged Care Palliative Approach Toolkit** which provides a comprehensive, step-by-step guide to implementing a palliative approach in residential aged care facilities. The Toolkit includes policies and procedures and education for staff, as well as resources for friends and relatives of residents in residential aged care facilities.

2. The effectiveness of the Australian Aged Care Quality Agency, the Aged Care Complaints Commissioner, and the **Charter of Care Recipients’ Rights and Responsibilities** in ensuring consumer protection in residential aged care

**Exchange of information between agencies**

The Department, Quality Agency and Complaints Commissioner all play a role in identifying and responding to concerns regarding the quality of care and other failures by providers to meet their responsibilities under the Act. The three agencies work together to support their respective regulatory functions. Governance and operational arrangements have been jointly developed between the Department and the Quality Agency and between the Department and the Complaints Commissioner to support the linked regulatory functions of the three parties.

These arrangements are formalised through Memoranda of Understanding between the Department and the Quality Agency, and between the Department and the Complaints Commissioner.

The Department can and does take compliance action based on evidence provided to it by the Quality Agency and the Complaints Commissioner. Any action is determined according to the extent and degree of seriousness of the identified non-compliance and risk to care recipients’ welfare.

The Department meets monthly with the Quality Agency and Complaints Commissioner, both separately and collectively, at a national level and at state and territory levels to share information, review current and emerging compliance cases and agree further actions, if necessary. At the national level, the monthly forum provides the opportunity for matters of policy and strategic significance to be raised and discussed.

The arrangements support co-operation to achieve regulatory objectives by describing liaison activities, communication and data exchange protocols, and avenues for resolution of difficulties.

The senior executive of the Department, the Chief Executive Officer (CEO) of the Quality Agency and the Complaints Commissioner also arrange to meet as frequently as needed to discuss any strategic and operational matters, and to raise and consider treatments for emerging trends and compliance risks.

**Australian Aged Care Quality Agency**

**Accreditation and monitoring**

The ongoing performance of residential aged care services against the Accreditation Standards is monitored by the Quality Agency. The Quality Agency undertakes monitoring of a service based on a range of risk factors, such as performance against the standards, compliance history and other intelligence. Government policy requires each residential aged care service to have at least one unannounced compliance monitoring visit each year.
The Quality Agency’s monitoring activities, undertaken in accordance with the Quality Agency Reporting Principles 2013 (Quality Agency Principles) include:

- Each service must complete a plan for continuous improvement. The plans are written and must explain how the service will comply with its obligations of continuous improvement in relation to the standards and address any areas that the Quality Agency has identified as needing improvement.27 The provider must, on request, make a copy of the plan for continuous improvement available to the Quality Agency and to the surveyors conducting a site audit or review audit.28

- Assessment contacts are any form of contact between the Quality Agency and a residential aged care service other than a site audit or review audit. Assessment contact site visits may be announced or unannounced and can be used for a number of purposes, including:
  - assessing the service’s performance against the standards
  - assisting the service’s continuous improvement
  - providing information and education
  - determining if there is a need for a review audit.29

- Review audits are announced or unannounced onsite assessments that involve a complete review of a service’s systems against all expected outcomes of the Accreditation Standards. A review audit may be conducted:
  - if, as a result of an assessment contact, the Quality Agency considers that the organisation may not be meeting the Accreditation Standards
  - if there is a change to the service: for example, change in key personnel, number of ‘allocated resident places’ or the service’s premises have changed since it was accredited
  - when the Department directs the Quality Agency to undertake a review audit.30

Once notified of a site audit, providers must take all reasonable steps to inform care recipients of the date a site audit is to be conducted to give care recipients and their representatives an opportunity to talk to the assessment team at the site audit.31

The Quality Agency interviews at least 10 per cent of care recipients or their representatives about the quality of their care and services during a site audit32 and a review audit.33 Following a site audit or a review audit, the Quality Agency makes a decision on the service’s accreditation status, including whether accreditation should be varied or revoked.34 The Quality Agency provides the Department with a copy of all decisions.

**Accreditation Standards**

One of the ten objects of the Act is to promote high quality care and services and accommodation for care recipients that meets the needs of individuals.35

The Accreditation Standards support this object, being standards for quality of care and quality of life for the provision of residential care. Residential aged care providers are required to meet the following four standards, which are divided into a total of 44 expected outcomes:

Standard 1: Management systems, staffing and organisational development
Standard 2: Health and personal care
Standard 3: Care recipient lifestyle
Standard 4: Physical environment and safe systems.36

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27 Section 2.28, Quality Agency Principles.
28 Section 2.29, Quality Agency Principles.
29 Chapter 2, Part 2, Division 3, Quality Agency Principles.
30 Chapter 2, Part 2, Division 4, Quality Agency Principles.
31 Section 2.12, Quality Agency Principles
32 Section 2.15(2), Quality Agency Principles.
33 Section 2.39(2), Quality Agency Principles.
34 Chapter 2, Part 12, Division C5, Quality Agency Principles.
35 Section 2-1(1)(b), Aged Care Act.
36 Part 2 Division 2, Quality of Care Principles 2014.
The Accreditation Standards stipulate that care recipients retain their personal, civic, legal and consumer rights, and that they are assisted to achieve active control of their own lives within the residential care service and in the community. Residential aged care providers must provide care recipients with information about, and make sure they understand their rights and responsibilities.

A copy of the Accreditation Standards is provided at Attachment H.

The Accreditation Standards allow the residential aged care service to achieve the expected outcomes in a way that suits the characteristics of each individual service and the needs of its care recipients.37

**Responding to concerns about a provider’s performance against the Accreditation Standards**

The Quality Agency’s quality assessment activities provide considerable information about the performance of residential aged care providers against the Accreditation Standards. In addition, the Quality Agency may receive information from the Department, Complaints Commissioner and others. The Quality Agency has a range of ways in which it can respond to concerns about an aged care provider’s performance. These include:

- the decision whether to accredit/re-accredit a service
- the period of accreditation granted to a service
- power to require providers to address specific issues in their plans for continuous improvement
- undertaking assessment contacts, including announced and unannounced site visits
- the ability to undertake a review audit and assess the service’s performance against all of the Accreditation Standards
- powers to vary or revoke accreditation following a review audit
- placing the provider on a Timetable for Improvement
- referring information to the Department
- contact with the aged care provider to assist the process of continuous improvement in relation to the service
- contact with the aged care provider to give additional information or education about the accreditation process or requirements.

The Quality Agency, in accordance with the *Quality Agency Reporting Principles 2013*, provides the Department with information about all decisions, including the decision to accredit, revoke or vary a service’s accreditation. The Quality Agency also notifies the Department when it is not satisfied that a service is meeting its responsibilities under the Act.

Where the Quality Agency identifies a failure that has (or may) place the safety, health or well-being of a care recipient of the service at serious risk, the Department is notified as soon as practicable. The Quality Agency liaises closely with the Department when there are concerns about a provider’s performance, including those providers on a Timetable for Improvement.

**Responding to non-compliance**

The Department receives information about non-compliance from a variety of sources including the Quality Agency, Complaints Commissioner, Annual Prudential Compliance Statements38 and members of the public.

Information provided to the Department is assessed to determine whether non-compliance exists and, if so, the appropriate response. The response is based on the identified risks to care recipients and the approved provider’s compliance with its responsibilities under the Act.

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37 Section 11(1), *Quality of Care Principles 2014*.
38 The Annual Prudential Compliance Statement is a form completed by approved providers of residential care and submitted to the Department in accordance with Part 5 of the Fees and Payments Principles 2014 (No.2) to demonstrate their compliance with the Prudential Standards on an annual basis.
Based on this assessment, the Department may take an administrative approach which involves educating the provider on its responsibilities and monitoring the provider’s return to compliance. Alternatively, where the risk is greater, the Department may issue a Notice of Non-Compliance requiring the provider to return to compliance within a specified timeframe. In relation to quality of care matters, this timeframe usually matches the Timetable for Improvement that the Quality Agency places on the provider (which is generally three months).

Where a provider fails to remedy the non-compliance within the timeframe, the Department may impose sanctions. Sanctions may also be imposed when the Department determines there is immediate and severe risk to care recipients. Common sanctions imposed include: ceasing subsidy for new care recipients; appointment of an advisor or administrator to assist the provider to return to compliance; and training of staff and management. Non-compliance is recorded on the My Aged Care website, accessible to the public.

Under the Act, the Department discloses protected information to the Quality Agency and the Complaints Commissioner to assist them to perform their functions. The Department shares information with the Quality Agency and the Complaints Commissioner on an ongoing basis through: regular meetings; formal referrals; information regarding specific issues or concerns about an approved provider and notifications when sanctions are imposed.

The Department, Quality Agency and the Complaints Commissioner may also disclose protected information to appropriate parties:
- to prevent or lessen a serious risk to the safety, health or well-being of a care recipient
- when there are reasonable grounds to believe that a person’s conduct breaches the standards of professional conduct of a profession of which the person is a member
- when the information is necessary for: enforcement of the criminal law; enforcement of a law imposing a pecuniary penalty; or protection of the public revenue.

**Aged Care Complaints Commissioner**

**Complaints handling**

If a care recipient residing in a residential aged care service, or their representative, has a complaint about the care and/or services provided, the matter should ideally be raised through the provider’s internal complaints process. Most complaints can be addressed quickly by discussing the issue(s) with the service provider. Providers of aged care advocacy services can support residents and their families or representatives to do this.

These requirements are reinforced by the Accreditation Standards and requirements in relation to Resident Agreements, as well as the *Charter of care recipients’ rights and responsibilities – residential care*.

The Accreditation Standards require approved providers to ensure that each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms.

The Resident Agreement must include information on how the service will deal with any complaints the consumer, their carer, family or friends may make. The *Charter of care recipients’ rights and responsibilities – residential care* makes it clear there is the right to complain and take action to resolve disputes, to use advocates, and to do so without fear of reprisal.

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39 Chapter 4, Part 4.4, Aged Care Act.
40 Section 86-3, Aged Care Act and Section 49 Quality Agency Act.
41 Section 59-1, Aged Care Act.
In addition, services are required to advise the person of other mechanisms available to address complaints, including the Complaints Commissioner, and to provide the person with the assistance they require to use those mechanisms. The Complaints Commissioner’s ‘authorised complaints officers’ can visit and collect information from the premises of an approved provider. \(^\text{42}\)

The Complaints Commissioner provides a free service for anyone to raise their concerns about the quality of care or services being delivered to people receiving aged care services funded by the Australian Government.

Complaints can be made openly, confidentially or anonymously. The Complaints Commissioner aims to resolve complaints for individual care recipients quickly and effectively, and to assist aged care providers to improve the quality of their services.

The Act provides for the Complaints Commissioner to direct service providers to make changes where the provider is not meeting its responsibilities. A direction requires the provider to demonstrate how they have met or will meet their responsibilities under the Act. \(^\text{43}\)

The Complaints Commissioner may refer matters to the Department for consideration, and must advise the Department when a provider does not comply with the Complaints Commissioner’s directions. The Complaints Commissioner also refers matters to the Quality Agency to advise of issues of a systemic nature to help inform future quality monitoring of services \(^\text{44}\) and where the Complaints Commissioner considers there is significant risk to care recipients and the Quality Agency needs to take urgent action.

The care recipient has the right to access advocates. Advocacy services provide essential support for care recipients, particularly those who are vulnerable (including those who do not have family, friends or other representatives), or feel they are unable to raise a concern directly with their aged care provider.

The involvement of advocates can form an important part of a provider’s complaint handling process. More information on Australian Government-funded advocacy services can be found on page 16.

**Charter of Care Recipients’ Rights and Responsibilities – residential care**

The Act sets out responsibilities of approved providers of residential care, including that approved providers must not act in a way that is inconsistent with any rights and responsibilities of care recipients that are specified in the User Rights Principles. \(^\text{45}\)

The Charter, which is included in the User Rights Principles, provides the right for care recipients of residential aged care to be treated with dignity and respect, and to live without exploitation, abuse, neglect, discrimination or victimisation. The Charter also specifies that care recipients have the right to complain, to take action to resolve disputes, and to have access to advocates and other avenues of redress. It also outlines that care recipients have the right to be free from reprisal, or a well-founded fear of reprisal, for taking action to enforce his or her rights. \(^\text{46}\) Care recipients who have concerns that their rights have not been upheld are able to make a complaint to the Complaints Commissioner. The Quality Agency also considers whether care recipients understand their rights and responsibilities, and whether the provider has systems in place to comply with the Charter, as part of assessing compliance with Expected Outcomes 3.10 and 3.2 of the Accreditation Standards. These organisations may also refer the matter to the Department, and compliance actions may be taken by the Department if the requirements of the Charter are not met.

\(^{42}\) Section 56-4, Aged Care Act.  
\(^{43}\) Section 15, Complaints Principles.  
\(^{44}\) Part 6, Complaints Principles.  
\(^{45}\) Section 56-1, Aged Care Act  
\(^{46}\) Schedule 1, User Rights Principles
Providers must provide each care recipient with a copy of the Charter. A copy of the Charter is provided at Attachment A.

In addition to the Charter that applies to residential aged care providers and care recipients, the User Rights Principles 2014 also set out a Charter of Care Recipients’ Rights and Responsibilities for Home Care, a Charter of Care Recipients’ Rights and Responsibilities for Short-Term Restorative Care provided in residential care, and a Charter of Care Recipients’ Rights and Responsibilities for Short-Term Restorative Care provided in home care. As part of the Single Quality Framework (SQF), a single Charter to apply across all aged care is being developed. Further information on the SQF is on page 21.

3. The adequacy of consumer protection arrangements for aged care residents who do not have family, friends or other representatives to help them exercise choice and their rights in care

Quality information for consumers

The Australian Government is committed to giving older people, their families and carers greater access to information about quality aged care services, including the standards of care people can expect to receive from aged care services and what to do if these are not being met.

My Aged Care is the Australian Government funded entry point to the aged care system enabling consumers to have their care needs assessed, be supported to locate and access services available to them, and manage their services once they are receiving them.

Information to support consumers and help them access aged care services is available on the My Aged Care website. For those people who are unable, or choose not to use the website, information can also be accessed:

- by calling the My Aged Care contact centre on 1800 200 422
- via the Translating and Interpreting Service or National Relay Service for those needing extra assistance
- from printed information resources available from My Aged Care assessors and some service providers.

The Department of Health is continuously looking for opportunities to improve the provision of aged care quality information on the My Aged Care website to facilitate consumer choice and encourage provider performance. Examples of improvements include:

- the inclusion of information about:
  - how to find quality services, and how peoples’ rights are protected (e.g., Resident Agreement, charter of care recipients’ rights and responsibilities, advocacy support, accreditation standards)
  - how to raise concerns about care and services
  - residential aged care services’ accreditation status with links to the Quality Agency’s accreditation audit reports and consumer experience reports, where available.
- a non-compliance service finder to allow consumers to more easily search for current and archived compliance action taken against individual residential aged care services; and
- a participation icon, identifying a provider’s participation in the voluntary National Aged Care Quality Indicator Program for residential aged care services.

A project is also underway to make it easier for consumers to find relevant information about complaints, advocacy and quality on the My Aged Care website through enhancements to the way content is structured.

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47 Section 11, User Rights Principles.
National Aged Care Advocacy Program

The National Aged Care Advocacy Program (NACAP) is funded by the Australian Government under the Act. The program provides free, confidential advocacy support and information to consumers or potential consumers of Australian Government subsidised Home Care Packages, residential aged care services, and the Commonwealth Home Support Programme.

From 1 July 2017, the Older Persons Advocacy Network (OPAN) has been engaged to deliver the NACAP as a single national provider. OPAN delivers NACAP through its network of nine service delivery organisations across Australia. OPAN member organisations provide information and support to consumers or potential consumers of aged care services, their carers and families about their rights and responsibilities when accessing services. Further information about the NACAP services is provided at Attachments B and F.

From 1 July 2017, OPAN will receive $8.8 million over three years for the delivery of the NACAP. This funding includes $1 million in 2017-18 for existing elder abuse prevention activities delivered through the NACAP. This funding is in recognition that activities to address elder abuse are historically embedded within existing advocacy service delivery models and in the case of South Australia, an existing elder abuse program.

The NACAP complements the complaints handling process provided by the Complaints Commissioner.

Consumer Experience Report

The Quality Agency interviews a minimum of 10% of residents or their representatives as part of the re-accreditation audit. The Quality Agency Consumer Experience Report is published from re-accreditation site audits. The report provides information on how, in each residential care service, residents and their representatives experience the quality of care.

Community Visitors Scheme

The Community Visitors Scheme (CVS) program commenced in 1992, providing friendship and companionship through one-on-one volunteer visits to consumers of residential aged care who are socially isolated or are at risk of social isolation or loneliness. In 2013, the CVS was expanded to deliver one-on-one visits to consumers of home care services and group visits in residential aged care homes. The expanded funding was also to enable a greater focus on consumers identifying with special needs.

If a CVS volunteer is concerned about an aspect of a recipient’s care, they are encouraged to seek the advice of their CVS provider’s coordinator.

Guardianship and Administrators

Aged care residents who need help managing their affairs can choose to give someone they know and trust, or a specialist organisation (such as the Public Trustee and Guardian in NSW), the power to make decisions for them.

A guardian is a substitute decision maker about the resident’s lifestyle, medical or health treatment. An administrator acts as a financial manager for the resident’s property and finances.

The arrangements to become a guardian/administrator differ in each state and territory.

Consumer Law

The Australian Competition and Consumer Commission (ACCC) also provides information about consumer rights and accepts complaints about businesses that may have breached the Competition and Consumer Act 2010.
Attachment A  Charter of care recipients' rights and responsibilities - residential care

Aged Care Act 1997, Schedule 1 User Rights Principles 2014

1. Care recipients' rights - residential care
Each care recipient has the following rights:

a) to full and effective use of his or her personal, civil, legal and consumer rights;
b) to quality care appropriate to his or her needs;
c) to full information about his or her own state of health and about available treatments;
d) to be treated with dignity and respect, and to live without exploitation, abuse or neglect;
e) to live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation;
f) to personal privacy;
g) to live in a safe, secure and homelike environment, and to move freely both within and outside the residential care service without undue restriction;
h) to be treated and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect;
i) to continue his or her cultural and religious practices, and to keep the language of his or her choice, without discrimination;
j) to select and maintain social and personal relationships with anyone else without fear, criticism or restriction;
k) to freedom of speech;
l) to maintain his or her personal independence;
m) to accept personal responsibility for his or her own actions and choices, even though these may involve an element of risk, because the care recipient has the right to accept the risk and not to have the risk used as a ground for preventing or restricting his or her actions and choices;
n) to maintain control over, and to continue making decisions about, the personal aspects of his or her daily life, financial affairs and possessions;
o) to be involved in the activities, associations and friendships of his or her choice, both within and outside the residential care service;
p) to have access to services and activities available generally in the community;
q) to be consulted on, and to choose to have input into, decisions about the living arrangements of the residential care service;
r) to have access to information about his or her rights, care, accommodation and any other information that relates to the care recipient personally;
s) to complain and to take action to resolve disputes;
t) to have access to advocates and other avenues of redress;
u) to be free from reprisal, or a well founded fear of reprisal, in any form for taking action to enforce his or her rights.

2. Care recipients' responsibilities - residential care
Each care recipient has the following responsibilities:

a) to respect the rights and needs of other people within the residential care service, and to respect the needs of the residential care service community as a whole;
b) to respect the rights of staff to work in an environment free from harassment;
c) to care for his or her own health and well-being, as far as he or she is capable;
d) to inform his or her medical practitioner, as far as he or she is able, about his or her relevant medical history and current state of health.
Attachment B  Overview of the aged care system and reforms

Overview of the aged care system
The aged care system provides care and services to older Australians who need assistance with daily activities. Aged care services are available to frail, older Australians (typically aged 65 years and older, or 50 years and older for Aboriginal and Torres Strait Islander people). These services are intended to help older Australians remain independent and connected to their communities for as long as possible.

The Australian Government provides the majority of funding to the aged care sector (the Australian Government provided around $17.1 billion in funding in 2016-17) and regulates aged care service delivery to ensure that older Australians can access safe and quality care.

To access Australian Government funded aged care services, a person must be independently assessed as having care needs that can be appropriately met through available aged care services. Based on the outcome of that assessment, a person may be referred to one of the following aged care services.

Aged care programs under the Aged Care Act 1997 and associated principles

Residential care
Residential care provides care and accommodation to older people who are unable to continue living independently at home. The services provided through residential care include personal care services (help with the activities of daily living such as dressing, eating and bathing); accommodation; support services (cleaning, laundry and meals); and access to some allied health services. For people who need almost complete assistance with most activities of daily living, residential care can provide 24-hour care.

A person with a permanent residential care approval may be admitted to any residential care place that meets the resident’s needs, subject to availability of places, the provider’s ability to deliver the required care and services, and the provider’s agreement. Each residential aged care service must deliver care and services in accordance with the care recipient’s care needs, as outlined in the Quality of Care Principles.

Home Care Packages Program
The Home Care Packages Program provides a coordinated package of care for older people who want to stay at home. Four different package levels are available, depending on a person’s needs.

Services include: support services, including washing, ironing, cleaning, gardening and home maintenance, home modifications and transport; personal care, including help with showering, bathing, dressing and mobility; nursing, allied health and other clinical services, including hearing services and vision services; and care coordination and case management.

Flexible care
Flexible care acknowledges that the needs of care recipients may require a different care approach than that provided through mainstream residential care and home care. Under section 49-3 of the Act, and the Aged Care (Transitional Provisions) Act 1997, flexible care is defined as ‘care provided in a residential or community setting through an aged care service that addresses the needs of care recipients in alternative ways to the care provided through residential aged care services and home care services’. There are four types of flexible care under the Act:

- The Transition Care Programme provides time-limited, goal-oriented and therapy-focused packages of services to eligible older people after a hospital stay. Transition care places may be delivered flexibly in either a residential or a home/community setting. The Transition Care Programme is jointly funded by the Australian Government and state and territory governments, and managed by state and territory governments.
• The **Short-Term Restorative Care Programme** is a new program, the first places for which were allocated in 2017, which provides short-term care to support older people to stay in their own home living independently after a setback, like an illness or a fall. Short-Term Restorative Care may be delivered in a home setting, a residential setting, or a combination of both.

• The **Multi-Purpose Services (MPS) Program** is a joint initiative of the Australian Government and state and territory governments which provides integrated health and aged care services for small rural and remote communities. An MPS must deliver residential care and at least one other health or aged care service, which typically includes home care, acute or sub-acute hospital care, community health and other health related services. The Program supports services to exist in regions that cannot viably support standalone hospitals or aged care homes.

• **Innovative Care** arrangements support people with aged care needs who live in state or territory funded supported accommodation facilities that were at risk of entering residential care at the time the pilots commenced. This program services a small cohort of clients and is not accepting new entrants.

**Grant-funded programs (not under the Aged Care Act 1997)**

• The **Commonwealth Home Support Programme** provides entry-level services focused on supporting people to undertake tasks of daily living. The services aim to reduce early admission to residential care by supporting people to be more independent at home and in the community. Services under the program are provided on an ongoing or episodic basis, depending on need. Services include, but are not limited to: goods, equipment and assistive technology, home maintenance, transport, meals, home modifications, social support groups, allied health and therapy services, individual social support, home care, personal care, nursing, centre-based respite, flexible respite and cottage respite.

• The **National Aboriginal and Torres Strait Islander Flexible Aged Care Program** is a flexible care program that funds organisations to provide culturally appropriate aged care for Aboriginal and Torres Strait Islander people close to their communities.

**Other programs**
The Department manages a number of other programs to support older people and the aged care system. These include:

• The **Commonwealth Continuity of Support** (CoS) Programme developed to respond to the Council of Australian Governments’ commitment to continue to support a closed cohort of people aged 65 and over and Aboriginal and Torres Strait Islander people aged 50 and over, who are currently in receipt of state administered specialist disability services but are ineligible for the National Disability Insurance Scheme (NDIS) at the time of NDIS implementation in a region.

• The **Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel** (SDAP) which, while not an aged care service in the traditional sense, provides culturally appropriate local solutions to address the challenges of maintaining and delivering quality aged care services to Aboriginal and Torres Strait Islander communities and people living in remote areas. SDAP consists of suitably qualified organisations engaged by the Department to provide specialist advice and assistance to eligible aged care providers.

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48 Respite care is an important support service for frail older people and their carers, and is provided in a number of settings to allow greater flexibility for carers and consumers. Short-term respite is available in Australian Government funded aged care services, through the Home Care Packages, or through the Commonwealth Home Support Programme.
- The **National Aged Care Advocacy Program** provides free, independent and confidential advocacy support to older people receiving or seeking to receive Australian Government funded aged care services. From 1 July 2017, the Older Person’s Advocacy Network has been engaged to deliver the National Aged Care Advocacy Program through its network of nine service delivery organisations (one in each state and territory, two in the Northern Territory). Each provides a nationally consistent model of individual advocacy, information and education focused on the rights of older people in need of aged care. Advocacy services ensure that the rights of aged care consumers are supported, and that they are empowered to make informed decisions about their care.

- The **Community Visitors Scheme** provides regular volunteer visits to older people receiving Australian Government funded residential aged care or home care services who are socially isolated or at risk of social isolation or loneliness. The Community Visitors Scheme plays an important role in improving the quality of life of older people through friendship and companionship.

- **Dementia-specific sector support programs** make a positive difference in the lives of people with dementia, their carers and families by supporting the dementia care workforce to deliver quality care. These are delivered through the Dementia Training Program, which offers a national approach to accredited education, upskilling, and professional development in dementia care; and the Dementia Behaviour Management Advisory Service and the Severe Behaviour Response Teams which enable access to short-term support for acute interventions where aged care providers need help to care for someone experiencing behavioural and psychological symptoms of dementia.

### Aged care reforms

The aged care system is evolving to ensure it is able to deal with population ageing and changing consumer needs. The aged care system is moving from a predominantly provider-administered system to one that is consumer-driven and market-based. Reforms have focussed on improving consumer choice, and ensuring aged care funding is affordable and sustainable for government.

Aged care reforms to date have been strongly influenced by the 2011 Productivity Commission report *Caring for Older Australians* and include: development of the My Aged Care portal, contact centre and referral processes; reforms to means testing arrangements; partial deregulation of accommodation pricing; the introduction of the Commonwealth Home Support Programme; the introduction of more levels of home care package and consumer directed care in home care; encouraging ageing in place by removing the distinction between high and low care for permanent residential care; and some freeing up of residential care place allocation.

The most recent reforms include: the Increasing Choice in Home Care reforms, which provide greater choice for consumers over who provides their home care package; and the introduction of the Short-Term Restorative Care Programme.

### Future reform

**Independent Legislated Review of Aged Care 2017**

A critical input to future reform is the independent *Legislated Review of Aged Care 2017* (Legislated Review) undertaken by Mr David Tune AO PSM. The Legislated Review was required to consider and examine the impact of aged care reforms announced in 2012. The final report was tabled in both Houses of Parliament on 14 September 2017 and makes 38 recommendations for future reform to make the aged care system more consumer-centred and sustainable. The Government is carefully considering the findings and recommendations from the Legislated Review.

**Review of National Aged Care Quality Regulatory Process**

As outlined on page 5, the Government intends to implement Recommendation 8 replacing announced re-accreditation audits with unannounced audits. The remaining nine recommendations are being considered by Government in the context of other Reviews and reform activities that have bearing on aged care quality as outlined below.
**Australian Law Reform Commission Report Elder Abuse – A National Legal Response**

On 1 October 2017, the Attorney-General announced a range of initiatives to better protect the rights of older Australians. This included $250,000 to support Elder Abuse Action Australia in establishing a national elder abuse peak body.

In order to better understand the nature, scale and scope of elder abuse, the Government will provide $590,000 for the next stage of research by the Australian Institute of Family Studies.

The Government is also sponsoring the 5th National Elder Abuse Conference on Monday 19 February 2018.

**Aged Care Workforce Strategy Taskforce**

On 1 November 2017 the Government announced an expert taskforce to develop a wide-ranging workforce strategy, focused on supporting safe, quality aged care for senior Australians. The taskforce is Chaired by Professor John Pollaers and will consult widely before reporting to the Minister for Aged Care on 30 June 2018.

**Current aged care reforms that are being developed in consultation with the sector include:**

**Residential care funding**

Work is currently underway to investigate alternative approaches to determining residential care funding that delivers more stable funding arrangements.

The Australian Government commissioned two reports to help guide this reform and both are available on the Department’s website. The first report by the University of Wollongong “Alternative Aged Care Assessment, Classification System and Funding Models Report” explored alternative options and tools for residential care funding. The latest report, “Review of the Aged Care Funding Instrument” by Applied Aged Care Solutions, examines options for significant amendments to Aged Care Funding Instrument, to make it more contemporary and robust.

No decisions have been made on the recommendations in these reports and the next step in the reform process is a Resource Utilisation and Classification Study (RUCS). The RUCS is a landmark study which will provide a solid evidence base on what drives care costs in residential aged care, both at the resident level and facility level, with a focus on the differences in costs between different groups of residents. The study will be the focus of reform work over the next 12 months and will inform Government’s consideration of all reform options. The Department has been engaging with aged care providers and peak bodies on reform options and RUCS progress through RUCS Sector Reference Group meetings, conference presentations, and aged care peak body meetings.

**Future care at home reform**

The Department released a public discussion paper (July-August 2017) to seek views on how best to support older Australians to remain living at home and in their communities. The Department is working closely with an advisory group established by the National Aged Care Alliance to consider the feedback from the sector. The Government will consider options for future reform in light of stakeholders’ views, and in the context of the recommendations in the Legislated Review.

**Single Aged Care Quality Framework**

As part of the shift to a more market-based system where the consumer drives quality, the Government is developing a Single Aged Care Quality Framework.

The Department is co-designing the Single Aged Care Quality Framework with the sector, which includes engaging technical expertise and undertaking public consultation.
This Framework includes:

- a single set of aged care standards for all aged care services\(^{49}\)
- improving arrangements for assessing provider performance against quality standards
- enhanced information on quality to help consumers to make choices about the care and services they need.

**Draft Aged Care Quality Standards**

The Department undertook public consultations on a draft set of quality standards and options for improving the assessment arrangements during March and April 2017.

Feedback from the public consultations supported the use of a single set of quality standards and in particular, the draft standards’ emphasis on the consumer and the outcomes that consumers experience. This is being achieved through:

- references to the consumer’s needs, goals and preferences
- each draft standard being expressed in three ways:
  
  - a statement of outcomes for the consumer
  - a statement of expectation for the organisation
  - organisational requirements to demonstrate that the standard has been met.
- the focus on consumers being empowered to exercise choice and influence the care and services they receive to the extent that they wish. Consumer dignity and choice are critical concepts that apply across all the draft standards.

The Department, in conjunction with a technical advisory group, has used feedback from the public consultation to refine the draft standards to ensure they accurately reflect standards of care and the emphasis on consumer choice and outcomes expected by the community and sector.

**With regard to:**

- Medication management
  
  In addition to requiring clinical care to be best practice, the draft standards require each service to have an effective clinical governance framework in place that includes the management of high impact or high prevalence risks associated with the care of consumers, including for risks associated with medication management.

- Complaints handling
  
  The requirements in the draft standards in relation to feedback and complaints have been developed in close consultation with the Complaints Commissioner to ensure that they are consistent with contemporary best practice complaints management. The content of the draft standards reflects the key stages of effective complaints management as described in the *Better practice guide to complaints handling in aged care services*. For example, the requirement to demonstrate open disclosure aligns the draft standards with contemporary practice regarding the principles of open communication and transparent processes, including acknowledgement and apology when failings are identified.

The draft standards are being tested and piloted. Following Government approval, legislative amendments will be required for their implementation from 1 July 2018.

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\(^{49}\) There are currently four sets of aged care quality standards (the Accreditation Standards, the Home Care Standards, the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme (NATSIFACP) Quality Framework Standards and the Transition Care Standards. The new aged care standards, when finalised, will apply to organisations providing: residential care, home care, flexible care (including innovative care services, multi-purpose services (in a manner consistent with the spirit and intent of the standards), short-term restorative care and transition care), and Commonwealth Home Support Programme and NATSIFACP services.
Quality assessment arrangements
Feedback from the public consultations also supported a risk-based assessment process across aged care services and reinforced that the primary concern of the quality arrangements must remain on consumer safety. On possible improvements to the quality assessment process, a number of suggestions were made regarding the accreditation methodology, with many respondents emphasising that the assessment process needs to strengthen its focus on consumers. Stakeholders reported components of the existing quality assessment framework that should be retained include: consumer and representative input in the assessment process; the focus on continuous improvement; monitoring and assessment based on performance; the appropriateness of the current typical three-year audit cycle; and the independence of the Quality Agency.

Further development of the quality assessment arrangements under the Single Aged Care Quality Framework will be informed by implementation of the Carnell/Paterson Review’s recommendations.
Attachment C  Regulatory arrangements for aged care programs, other than mainstream residential care, that provide aged care in residential settings

Flexible care
Flexible care acknowledges that in some circumstances a different care approach than that provided through mainstream residential and home care is required. While flexible care services are not considered ‘residential care’ for the purposes of the Act, many of these programs can be offered in a residential care setting.

Common arrangements
Due to the nature of these programs, each program has its own unique quality, reporting and complaints arrangements, however, some similarities do exist.

Under the arrangements for each flexible care program, providers are expected to have a process in place for the management of complaints. Additionally, the Complaints Commissioner is able to accept and investigate complaints relating to these services, however, the Complaints Commissioner’s purview may be limited in some programs.

With the exceptions noted below, all providers who provide flexible care under the Act are required to meet certain responsibilities, including Parts 4.1, 4.2 and 4.3 of the Act, where they apply to flexible care services.

Transition Care Programme
The state and territory governments are the approved providers for all transition care services, however, in most jurisdictions, services are sub-contracted out to service providers.

The quality arrangements for the transition care agreement are set out in the Act and associated principles, the Transition Care Payment Agreement (an agreement between the Australian Government and the state and territory governments in their role as the approved providers of transition care) and the Transition Care Programme Guidelines (Guidelines).

The payment agreement and Guidelines outline the:

- Transition Care Programme Quality Improvement Framework, covering safety (including management and reduction of risks including falls and incidents of abuse, and the physical environment), and identifies key internal and external safety and quality drivers, including quality standards and review processes
- Transition Care Programme Quality Standards, which focus on optimising independence and well-being, a multidisciplinary approach and seamless therapy focused care, care recipients rights and responsibilities, and a reiteration of the provider’s responsibility to meet their responsibilities under the Act, with failure able to lead to non-compliance action.

Additionally, the Guidelines provide a list of the care and services that must be provided to care recipients, tailored to the care setting. This list indicates the basic level of care that must be provided, if required by care recipients.

In recognition of the role of the state and territory governments as approved providers, the state and territory health complaints bodies should be the first external point of call for complaints.

Reporting of health outbreaks, such as influenza outbreaks, can occur through the Public Health Units in each state/territory.

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Short-Term Restorative Care (STRC) Programme

Providers delivering services under the STRC Programme are required to comply with the Flexible Care Standards contained in the Quality of Care Principles. The standards that apply to the STRC Programme align with those that exist in relation to residential care and home care:

- if STRC services are delivered in a residential care setting, providers are required to meet the Accreditation Standards set out in Schedule 2 to the Quality of Care Principles
- if STRC services are delivered in a home care setting, providers are required to meet the Home Care Standards set out in Schedule 4 to the Quality of Care Principles.

The Quality Agency monitors service delivery in accordance with the processes that currently exist for monitoring residential aged care services and home care services. Importantly, there are no additional accreditation or quality review requirements in those instances where the provider is an approved provider of STRC and also an approved provider for residential care or home care. Consistent with compliance activity for other types of aged care under the Act, compliance action may be taken against approved providers who do not meet their responsibilities.

The STRC Programme also provides scope for services to be externally accredited, where they are operated by providers new to the aged care system and are accredited under another quality standard (issued by a government body or a non-government body approved by the Department for this purpose).

The Act and the User Rights Principles outline the rights and responsibilities of approved providers and care recipients, including that providers must offer care recipients a flexible care agreement.

Innovative Care

Innovative care was originally established in 2001-02 to pilot new approaches to providing aged care, not to provide ongoing aged care services. The current range of innovative care services are an extension of a pilot established in 2003 to support people with aged care needs who live in state or territory funded supported accommodation facilities who were at risk of entering residential care at the time the pilots commenced.

The quality arrangements applying to innovative care services by the Department are detailed in the Aged Care (Conditions of Allocation) Determination 2016. According to the determination, the provider must:

- demonstrate a commitment to continuous improvement through participation in an externally recognised quality improvement cycle
- ensure that the care and services provided are of a high quality and adequately address safety and security issues in relation to the provision of care and services to care recipients.

As noted above, the Complaints Commissioner is able to examine concerns about flexible care services. However, the Complaints Commissioner is unable to examine concerns that are not related to a provider’s responsibilities under the Act which could include the state funded components of the service.

Multi-Purpose Services (MPS)

The National Quality Improvement Framework for Multi-Purpose Services (the Framework), agreed to by the Australian Government and state and territory governments, requires MPS to provide a level of quality care consistent with community expectations and in a manner consistent with the spirit and intent of the aged care standards, where appropriate.

Under the Terms and Conditions for MPS Agreements, providers are obliged to comply with either the Charter of care recipient rights and responsibilities – residential care or the Charter of care recipient rights and responsibilities – home care.
Service providers must have appropriate complaints handling and resolution processes in place. Where a complainant is dissatisfied, the complaint must be referred to the relevant state and territory complaints body. The Complaints Commissioner is able to receive and investigate MPS complaints.

**National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)**

The Quality Framework for the NATSIFACP provides a set of Quality Standards for service providers, and a process for the Australian Aged Care Quality Agency to monitor achievements against these standards. The Quality Standards include two overarching principles - Continuous Quality Improvement (CQI) and cultural safety. Cultural safety is about recognising, respecting and nurturing the unique cultural identity of Aboriginal and Torres Strait Islander people and meeting their needs, expectations and rights.

Under the Terms and Conditions for NATSIFACP Agreements, service providers are required to set culturally appropriate standards and foster continuous improvement of the quality of care provided to care recipients. Service providers will be required to meet the new aged care standards and participate in the new quality assessment process, once the Single Aged Care Quality Framework is introduced.

Service providers must also comply with the *Charter of care recipient rights and responsibilities – residential care* or the *Charter of care recipient rights and responsibilities – home care* in all aspects in the provision of services to care recipients and have a transparent and accessible complaints handling policy in place. The complaints handling policy must acknowledge the complainant’s right to complain directly to the service provider, outline the process for both dealing and resolving the complaint, and provide options for escalation both within and outside the service provider’s organisation. The Complaints Commissioner is able to receive and investigate NATSIFACP complaints.

**Commonwealth Continuity of Support (CoS) Programme**

The CoS arrangements will see a closed cohort of approximately over 8,000 people who are currently receiving state administered specialist disability services receive ongoing support, either through the new CoS Programme or an existing aged care programme. During the transition to full scheme, CoS service providers will continue to operate under existing state and territory disability based quality and safeguards systems.

A new, nationally consistent National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework is currently being developed for full scheme implementation of the NDIS. Under this framework, the Australian Government is establishing new national functions for provider quality assurance and complaints handling, including investigating serious incidents.

Once this Framework is in place, the Commonwealth CoS Programme for older people will be covered under these arrangements. This will ensure all people with disability are covered by a single quality and safeguards system, regardless of their age. This system is expected to be in place from 1 July 2018.

Under the CoS arrangements, grant recipients are required to:
- adhere to the Quality Standards as outlined in the National Standards for Disability Services (National Standards) or state/territory quality and safeguards requirements in their jurisdiction
- support and recognise User Rights as outlined in the National Standards or state/territory requirements
- undertake service planning and delivery which is responsive to diversity as outlined in the National Standards
• ensure all staff, volunteers and executive decision makers delivering services are suitable for the roles they are performing
• ensure that they meet staffing and training requirements under the National Standards and outlined in the CoS Programme Manual.

Like other programs, grant recipients are expected to have an internal complaints process in place, however grant recipients must also meet any state/territory legislation relating to the handling of complaints. Clients can also contact the Commonwealth Ombudsman to investigate a complaint.

Grant recipients are required to comply with relevant state/territory government policies and guidelines and all legal requirements relating to the reporting, document and dealing with critical/serious incidents.

Grant recipients must develop activity continuity and transition out plans to address any risks associated with being unable or unwilling to continue to deliver services, including in the event of a serious incident such as a natural disaster.
Functions and powers of the CEO, Quality Agency
Extract from Part 3, Division 1 of the Australian Aged Care Quality Agency Act 2013

12 Functions of the CEO
The CEO has the following functions:

a) to accredit residential care services in accordance with the Quality Agency Principles, and the Accreditation Standards made under the Aged Care Act 1997;

b) from 1 July 2014, to conduct the quality review of home care services in accordance with the Quality Agency Principles, and the Home Care Standards made under the Aged Care Act 1997;

c) to register quality assessors of residential and home care services in accordance with the Quality Agency Principles;

d) to advise the Secretary about aged care services that do not meet the Accreditation Standards or the Home Care Standards;

e) to promote high quality care, innovation in quality management and continuous improvement amongst approved providers of aged care;

f) to provide information, education and training to approved providers of aged care in accordance with the Quality Agency Principles;

g) such other functions as are conferred on the CEO by this Act, the Aged Care Act 1997 or any other Commonwealth law;

h) such other functions (if any) as are specified by the Minister by legislative instrument;

i) to do anything incidental to or conducive to the performance of any of the above functions.

13 Powers of the CEO
The CEO has the power to do all things necessary or convenient to be done for or in connection with the performance of his or her functions.

Note: use and management of public resources must comply with the requirements in the Public Governance, Performance and Accountability Act 2013.

Functions of Aged Care Complaints Commissioner
Extract from Part 6.6, Division 95A of the Aged Care Act 1997

95A-1 Aged Care Complaints Commissioner
(1) There is to be an Aged Care Complaints Commissioner.

Functions of Aged Care Complaints Commissioner
(2) The functions of the Aged Care Complaints Commissioner are as follows:

(a) the functions relating to complaints and other concerns conferred on the Commissioner by the Complaints Principles (see section 94A-1);

(b) to educate people about, and develop resources relating to, best practice in the handling of:

(i) complaints that relate to responsibilities of approved providers under this Act and the Principles made under section 95-1; and

(ii) matters arising from such complaints;

(c) any other functions conferred on the Commissioner by the Complaints Principles for the purpose of this paragraph;

(d) any other functions conferred on the Commissioner by this Act;

(e) to advise the Minister, at the Minister’s request, about matters relating to any of paragraphs (a), (b), (c) and (d).
Attachment E  Improving the sharing of information across sectors

Closer links between the aged care and health care sectors may facilitate: greater sharing of client information and best clinical practice; increased knowledge of the arrangements within each system (including mechanisms for raising concerns about care); and better outcomes for consumers. A number of initiatives are in place to support this goal.

An enhanced web form has been introduced on My Aged Care to better support health professionals, including general practitioners (GPs), to refer non-urgent patients to aged care services. The Department has also undertaken initial exploratory work on creating linkages between My Health Record and My Aged Care, with the longer-term vision to build connectivity between My Aged Care and My Health Record. This work includes developing options to further streamline referrals for health professionals including the use of secure messaging to support GPs making referrals from their existing clinical information systems.

The Australian Government, along with all state and territory jurisdictions, has committed to work on coordinated care reforms to improve health outcomes for patients with chronic and complex conditions through the April 2016 Council of Australian Governments’ Heads of Agreement on Public Hospital Funding. The following core activities are to be included in all agreements: data collection and analysis; care coordination services; and system integration. In addition to the core activities, each jurisdiction has nominated activities relating to the agreed priority areas, one of which is aged care integration.

In addition, on 1 July 2015 the Australian Government established 31 Primary Health Networks (PHNs), with two key objectives:
- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improving coordination of care to ensure patients receive the right care, in the right place, at the right time.

PHNs are independent, not-for-profit organisations with governance structures that incorporate local clinical and community advice. They are a central point of fund holding, and are responsible for planning and commissioning primary healthcare services. PHNs also have a critical role in integrating primary care with other elements of the health system such as public hospitals and by supporting the coordination of care in a patient-centred model. These relationships provide the basis for progressing local service integration, including establishing shared clinical care pathways to provide better patient experience. As a key part of strengthening primary care and access to services, PHNs play an important role in supporting general practice by providing education and training to GPs and facilitating continuous quality improvement.

The Government has determined six key priorities for targeted work by PHNs, including aged care, mental health, Aboriginal and Torres Strait Islander health, population health, health workforce and eHealth.
Attachment F  National Aged Care Advocacy Program (NACAP)

The Older Persons Advocacy Network (OPAN) is funded to provide free, confidential and independent advocacy support to older people, their families and representatives across Australia.

An advocate can:
- give consumers information about their aged care rights and responsibilities;
- listen to consumers concerns;
- help consumers to resolve concerns or complaints with their aged care service provider;
- assist consumers in making decisions about the care they receive;
- speak with service providers on behalf of consumers; and
- refer consumers to other agencies when needed.

Who can access advocacy services?

Anyone receiving or looking to receive Australian Government funded aged care services can use an advocacy service, including people who:
- live in an aged care home;
- receive aged care services in their own home, for example through a home care package or the Commonwealth Home Support Programme;
- receive transition care;
- have previously received an aged care service; and/or
- are helping someone who is receiving aged care services.

More information

Further information about advocacy services can be found by calling the National Aged Care Advocacy Line on 1800 700 600 (freecall) or by visiting the Older Persons Advocacy Network website at: [http://www.opan.com.au/opan-network/](http://www.opan.com.au/opan-network/).
Attachment G  Legislation in relation to the protection of whistleblowers

**Aged Care Act 1997**
- Section 96-8 of the Act establishes a range of protections for staff and approved providers who report alleged or suspected assaults.

**Corporations Act 2001**
- Part 9.4AAA – Protection for whistleblowers
- The Corporations Act provides protection for whistleblowers if the information disclosed indicates that a company has, or may have, contravened a provision of the Corporations legislation.

**Treasury Laws Amendment (Whistleblowers) Bill 2017**
- The Bill proposes to create a single whistleblower protection regime in the Corporations Act to cover the corporate, financial and credit sectors, and creates a new whistleblower protection regime under taxation law, to protect those who expose tax misconduct.

**Fair Work Act 2009 (Cth)**
- Pt 3-1 of the Fair Work Act prohibits employers from taking action to the prejudice of employees for certain prescribed reasons, including where the employee “is able to make a complaint or inquiry… *in relation to* his or her employment” (section 341(1)(c)(iii)).

**Fair Work (Registered Organisations) Act 2009 (Cth)**
- This Act provides protections for whistleblowers reporting misconduct by employer organisations and unions (i.e. only applies to an organisation registered under the *Fair Work (Registered Organisations) Act 2009*).
- Provides protection in the private sector only as any potential whistleblower would need to belong to a registered organisation.
- Part 4A – Protection for whistleblowers
  - The person disclosing information must be an officer, employee or member of an organisation
  - Disclosure must be made to the Fair Work Commission, or to the people listed under s 337A(1)(b) of the Act
  - Discloser qualifies for protection under Part 4A if the discloser has reasonable grounds to suspect that the information indicates one or more instances of disclosable conduct by the organisation or an officer or employee of the organisation.
  - Section 338B - Protections:
    - Discloser is not subject to any civil or criminal liability for making the disclosure and no contractual or other remedy may be enforced, and no contractual or other right may be exercised, against the person on the basis of the disclosure.
State legislation related to the protection of whistleblowers

- **Whistleblowers Protection Act 1993 (SA):**
  - Objective of Act is to facilitate the disclosure, in the public interest, of maladministration and waste in the public sector and of corrupt or illegal conduct generally.

- **Whistleblowers Protection Act 1994 (QLD):**
  - This Act provides protection for disclosures about unlawful, negligent or improper public sector conduct or danger to public health or safety or the environment.
  - Types of information that can be disclosed:
    - Public officer may disclose official misconduct or maladministration, negligent or improper management affecting public funds, danger to public health or safety or environment.
    - However, anybody may disclose danger to person with disability (as defined under the Disability Services Act 2006 (QLD) or to environment from particular contraventions (e.g. Clean Air Act 1963).
    - ‘Disability’ is defined under the Disability Services Act 2006 (QLD) as a person’s condition that is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment and results in a substantial reduction of the person’s capacity for communication, social interaction, learning, mobility or self-care or management, and the person needing support.
  - Protections:
    - A person is not liable, civilly, criminally or under an administrative process, for making a public interest disclosure
    - Absolute privilege in a defamation proceeding
    - Reprisal unlawful.

- **Protected Disclosure Act 2012 (VIC):**
  - The purpose of this Act is to encourage and facilitate disclosures of improper conduct by public officers and public bodies and to provide protection for persons who make those disclosures

Other State and Territory legislation relating to protection of whistleblowers in the public sector:

- **Public Interest Disclosures Act 1994 (NSW)**
- **Public Interest Disclosure Act 2012 (ACT)**
- **Public Interest Disclosures Act 2002 (TAS)**
- **Public Interest Disclosure Act 2003 (WA)**
- **Public Interest Disclosure Act 2008 (NT)**
Attachment H  Accreditation Standards

Part 2 Division 2, Quality of Care Principles 2014
Part 1—Management systems, staffing and organisational development
1 Standards relating to management systems, staffing and organisational development

(1) This Part specifies the standards relating to management systems, staffing and organisational development for the provision of residential care.

Principle

(2) Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Intention of standard

(3) This standard is intended to enhance the quality of performance under all accreditation standards, and should not be regarded as an end in itself. It provides opportunities for improvement in all aspects of service delivery and is pivotal to the achievement of overall quality.

Management systems, staffing and organisational development

<table>
<thead>
<tr>
<th>Item</th>
<th>Column 1 Matter indicator</th>
<th>Column 2 Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Continuous improvement</td>
<td>The organisation actively pursues continuous improvement.</td>
</tr>
<tr>
<td>1.2</td>
<td>Regulatory compliance</td>
<td>The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.</td>
</tr>
<tr>
<td>1.3</td>
<td>Education and staff development</td>
<td>Management and staff have appropriate knowledge and skills to perform their roles effectively.</td>
</tr>
<tr>
<td>1.4</td>
<td>Comments and complaints</td>
<td>Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms.</td>
</tr>
<tr>
<td>1.5</td>
<td>Planning and leadership</td>
<td>The organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service.</td>
</tr>
<tr>
<td>1.6</td>
<td>Human resource management</td>
<td>There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives.</td>
</tr>
<tr>
<td>1.7</td>
<td>Inventory and equipment</td>
<td>Stocks of appropriate goods and equipment for quality service delivery are available.</td>
</tr>
<tr>
<td>1.8</td>
<td>Information systems</td>
<td>Effective information management systems are in place.</td>
</tr>
<tr>
<td>1.9</td>
<td>External services</td>
<td>All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals.</td>
</tr>
</tbody>
</table>
Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia
Submission 72

Part 2—Health and personal care
2 Standards relating to health and personal care

(1) This Part specifies the standards relating to health and personal care for the provision of residential care.

Principle

(2) Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

<table>
<thead>
<tr>
<th>Health and personal care</th>
<th>Column 1 Matter indicator</th>
<th>Column 2 Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>The organisation actively pursues continuous improvement.</td>
<td></td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about health and personal care.</td>
<td></td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Management and staff have appropriate knowledge and skills to perform their roles effectively.</td>
<td></td>
</tr>
<tr>
<td>2.4 Clinical care</td>
<td>Care recipients receive appropriate clinical care.</td>
<td></td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff.</td>
<td></td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences.</td>
<td></td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Care recipients' medication is managed safely and correctly.</td>
<td></td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>All care recipients are as free as possible from pain.</td>
<td></td>
</tr>
<tr>
<td>2.9 Palliative care</td>
<td>The comfort and dignity of terminally ill care recipients is maintained.</td>
<td></td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Care recipients receive adequate nourishment and hydration.</td>
<td></td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Care recipients' skin integrity is consistent with their general health.</td>
<td></td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Care recipients' continence is managed effectively.</td>
<td></td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>The needs of care recipients with challenging behaviours are managed effectively.</td>
<td></td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Optimum levels of mobility and dexterity are achieved for all care recipients.</td>
<td></td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Care recipients' oral and dental health is maintained.</td>
<td></td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Care recipients' sensory losses are identified and managed effectively.</td>
<td></td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Care recipients are able to achieve natural sleep patterns.</td>
<td></td>
</tr>
</tbody>
</table>
Part 3—Care recipient lifestyle

3 Standards relating to care recipient lifestyle

(1) This Part specifies the standards relating to care recipient lifestyle for the provision of residential care.

**Principle**

(2) Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

### Care recipient lifestyle

<table>
<thead>
<tr>
<th>Item</th>
<th>Column 1 Matter indicator</th>
<th>Column 2 Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Continuous improvement</td>
<td>The organisation actively pursues continuous improvement.</td>
</tr>
<tr>
<td>3.2</td>
<td>Regulatory compliance</td>
<td>The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about care recipient lifestyle.</td>
</tr>
<tr>
<td>3.3</td>
<td>Education and staff development</td>
<td>Management and staff have appropriate knowledge and skills to perform their roles effectively.</td>
</tr>
<tr>
<td>3.4</td>
<td>Emotional support</td>
<td>Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis.</td>
</tr>
<tr>
<td>3.5</td>
<td>Independence</td>
<td>Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.</td>
</tr>
<tr>
<td>3.6</td>
<td>Privacy and dignity</td>
<td>Each care recipient’s right to privacy, dignity and confidentiality is recognised and respected.</td>
</tr>
<tr>
<td>3.7</td>
<td>Leisure interests and activities</td>
<td>Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them.</td>
</tr>
<tr>
<td>3.8</td>
<td>Cultural and spiritual life</td>
<td>Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.</td>
</tr>
<tr>
<td>3.9</td>
<td>Choice and decision-making</td>
<td>Each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people.</td>
</tr>
<tr>
<td>3.10</td>
<td>Care recipient security of tenure and responsibilities</td>
<td>Care recipients have secure tenure within the residential care service, and understand their rights and responsibilities.</td>
</tr>
</tbody>
</table>
Part 4—Physical environment and safe systems
4 Standards relating to physical environment and safe systems

(1) This Part specifies the standards relating to physical environment and safe systems for the provision of residential care.

Principle

(2) Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

<table>
<thead>
<tr>
<th>Physical environment and safe systems</th>
<th>Column 1 Matter Indicator</th>
<th>Column 2 Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>The organisation actively pursues continuous improvement.</td>
<td></td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>The organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about physical environment and safe systems.</td>
<td></td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Management and staff have appropriate knowledge and skills to perform their roles effectively.</td>
<td></td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients’ care needs.</td>
<td></td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Management is actively working to provide a safe working environment that meets regulatory requirements.</td>
<td></td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks.</td>
<td></td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>An effective infection control program.</td>
<td></td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Hospitality services are provided in a way that enhances care recipients’ quality of life and the staff’s working environment.</td>
<td></td>
</tr>
</tbody>
</table>