Approved Provider responsibilities under the *Aged Care Act 1997*

**Approved Provider responsibilities under the Aged Care Act 1997 and related delegated legislation - prescribed evidence**

The Commission may prescribe information collection requirements that are to be recorded as evidence within the scope of the assessment. This is in order to ensure that assessments are focused on matters that are significant for the service and in terms of achieving the Commission’s Regulatory Strategy and program objectives.

Prescribed information is generally set out in CAAT as a standing requirement but can also be defined in a direction to an assessment team from a delegate of the Commissioner. These are usually a matter of observable fact and can be recorded as data collection points that allow the Commission to benchmark and understand significant aspects of performance at a sector wide level.

**Abbreviations**

- ACA - Aged Care Act 1997
- QCP - Quality of Care Principles 2014
- URP - User Right Principles 2014
- RP - Records Principles 2014
- AP - Accountability Principles 2014
- ACQSC - Aged Care Quality and Safety Commission Rules 2018
- O – observation
- I/V – interview
- D – documentation
<table>
<thead>
<tr>
<th>Prescribed item</th>
<th>Legislation source</th>
<th>Standard/s</th>
<th>Example/s of evidence</th>
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<td>Charter of Aged Care Rights (signed by provider) Consumers are provided with information about rights and are given reasonable opportunity for either the consumer or representative to sign acknowledging they have been given this information (provider must include date they encouraged the consumer to sign)</td>
<td>URP – Providers have a responsibility to support consumers to understand the Charter  - s11 (residential) and ss19, 20 (home services) 1/7/19 – 30/9/19 must be completed for existing residential service consumers 1/7/19 – 31/12/19 must be completed for existing home service consumers</td>
<td>1, 6 and 8</td>
<td>O – noticeboards  I/V – consumers/representatives, management, staff  D – signed Charter, evidence of assistance to consumer to understand and sign, policies updated, staff training records, consumer agreement, handbook</td>
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<td>Consumer agreement The consumer must be informed of and helped to understand the terms of their agreement with the provider, including services, rights, fees, assistance with alternate accommodation. The agreement must be in plain English and readily available to the consumer</td>
<td>ACA s59-1 and s61 URP ss 14, 15 and 22</td>
<td>1</td>
<td>I/V – consumer/representative, Management  D – consumer residential or service agreement, handbook</td>
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| Service informs consumers/nominated representatives of site audit, quality review, announced assessment contact visit or review audit | ACQSC Rules ss34, 37, 53, 66, 72 | 1, 8 | O – noticeboard (poster on display)  
I/V – consumers/representatives, management  
D – emails or communication to consumers/representatives/public advocates/guardians |
| Sufficient skilled staff | ACA S54-1 provider must maintain an adequate number of appropriately skilled staff to meet consumer needs | 7 | O – staff practices, unmet needs of consumers, SOFI in areas of high clinical need or dementia specific areas, call bell response times  
I/V – consumers/representatives, management, staff  
D – roster, shift replacement records, training and workforce planning documentation, call bell audits, incident reports, meeting minutes, snapshot of what staff are there and at what level, is level appropriate |
| Sample police certificates and statutory declarations (new staff and those who have lived overseas) – staff, volunteers, contractors | AP Part 6  
RP s9  
ACA s63-1 | 7, 8 | I/V – management, staff  
D – police certificate records/register, staff files, volunteer and contractor records  
D – employment reference checks, bankruptcy status |
| Provider to offer staff influenza vaccination (residential) | QCP s8 Residential service providers must provide staff with access to free annual influenza vaccination and promote the | 3, 8 | O – notice in staff room  
I/V – management and staff |
| Infection control | QCP s2 Part 4.7 - An effective infection control program. | 1, 3, 5, 8 | D – vaccination register/records, personnel files, meeting minutes |
| Broad range of care and services that must be provided to consumers, including: | QCP s7 Care and services that must be provided under Schedule 1 | 1, 3, 4, 5 | O – notices posted around service, washing of hands  
D – An effective infection control program.  
O – service environment, supplies (clinical and personal) available and in use  
I/V – consumers/representatives, staff  
D – stock ordering records, equipment purchases and maintenance records, consumer files, consumer residential agreement and handbook, meeting minutes, roster |
| Security of tenure (residential aged care consumers) | ACA s56-1  
URP ss6, 7, 10 | 1, 5 | O – service environment including personalised rooms  
I/V – consumers/representatives  
D – residential agreement and handbook, documentation around room changes and consultation |
| Minimisation of the use of physical and chemical restraint | QCP Part 4 A  
S15F – physical restraint - involvement of health practitioner, consideration of alternatives, informed consent from consumer or representative  
S15G – chemical restraint – involvement of medical or nurse practitioner, consumer’s representative informed | 1, 2, 3, 8 | O – use of restraints, staff practices  
I/V – consumers/representatives, management, staff  
D – restraint planning, monitoring and authorisation records, consumer files including behaviour management plans, medication records |
|---|---|---|---|
| Responsibilities relating to reporting alleged and suspected assaults (residential) | ACA S63-1AA  
AP Part 7  
RP s8 | 8 | O – consumer behaviours  
I/V – consumers/representatives, management, staff  
D – compulsory reporting records and consolidated register, incident reports, guidance materials, consumer files (behaviour management) |
| Responsibilities relating to unexplained absences of consumers (residential) | ACA s63-1  
AP s25 | 8 | O – consumer behaviours, service environment  
I/V – consumers/representatives, management, staff  
D – compulsory reporting records and consolidated register, incident reports, guidance materials, consumer files (behaviour management) |
| Complaints resolution mechanisms                  | ACA s56-4 Availability of complaints information and mechanisms | 6, 8 | O – complaints information and mechanisms e.g. brochures, forms, suggestion box  
I/V – consumers/representatives, staff  
D – comments and complaints records, meeting minutes, PCI |
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<td>Stakeholders informed about internal and external complaints mechanisms</td>
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| Access to residential service by representatives at all times and advocates (generally business hours) | URP s8                                                         | 1, 6 | O – out of hours access e.g. intercom  
I/V – consumers/representatives, staff  
D – residential agreement and handbook, sign in register |
| Individual budgets and monthly statements for Home Care Package consumers (home services) | URP ss21A and 21B                                             | 1, 8 | I/V – consumers/representatives, service management  
D – budgets and statements, consumer information |
| Unspent Home Care Package funds                   | URP Division 3A                                               | 8    | I/V – consumers/representatives, service management  
D – statements, consumer information, consumer management system |
| Nominated representative contact details          | RP s7 approved provider must keep up to date records of nominated representatives | 1, 8 (information management) | I/V – management, representatives  
D – list of consumer representatives including current contact information, consumer files |
State and Territory legislation responsibilities

Providers have responsibilities under relevant State/Territory legislation which they should be aware of and which should be reflected in internal policies. These relate to such things as fire safety, food safety, building requirements, chemical safety, work health and safety, medication management.

Under Standard 8 Organisational governance, the organisation must demonstrate it has systems and processes to ensure it complies with these responsibilities and effectively manages risk.

Requirement 8.3 that refers to effective systems for regulatory compliance doesn’t measure how an organisation complies with other legislative frameworks but provides an understanding of whether the organisation itself undertakes this task. Quality assessors are not expected to assess against the applicable State/Territory legislation.
Additional responsibilities

Under Standard 8 – Organisational Governance, providers have responsibilities to demonstrate effective governance systems which:

- manage high risk or high prevalence risks associated with care of consumers;
- identify and respond to suspected abuse and neglect of consumers; and,
- support consumers to live the best lives they can.

Standard 8 links with Standard 3 – Personal and clinical care in this regard.

Sound governance systems as referenced in Standard 8 – Organisational Governance are required to support the delivery of care under Standard 3 – Personal and clinical Care. This also includes references to anti-microbial stewardship governance, which is supported under the Antimicrobial Stewardship Clinical Care Standard, as developed by the Australian Commission on Safety and Quality in Health Care.


Providers should be able to demonstrate that a system is in place which acknowledges its role in identifying and responding to abuse or neglect, which may include processes for managing assault, and is available and accessible to consumers and their families, staff and carers and that staff understand their role as part of this system. The system may also involve how the provider notifies visitors to the provider site, including family members and allied health providers for example, of how the system operates.

The organisation is expected to have systems to provide appropriate protections and safeguards around the delivery of care and services, as well as to respond effectively to incidents of abuse, to report this according to the law, and to raise awareness in the organisation to lower the risk of elder abuse.

In addition, providers are expected to demonstrate systems which support consumers to live the best lives they can, in accordance with their wishes. This includes, but is not limited to, systems to demonstrate appropriate note taking and information provided in care plans and records relating to individuals which note and record their preferences.