QUALITY REVIEW FOR THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER FLEXIBLE AGED CARE PROGRAM

Australian Government

Australian Aged Care Quality Agency

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Artwork by Dreamtime Creative

Artist's meaning behind the artwork: The central meeting place represents Australian Aged Care Quality Agency supporting quality, flexible and culturally appropriate aged care to older Aboriginal and Torres Strait Islander people, close to their home and community represented by the meeting places outside. The small pathways from the concentric circle is the Quality Agency reaching out to the communities. Everything is connected by the larger pathways representing the importance of hearing, and listening to clients' stories to manage and deliver their care effectively. The star top right represents the Quality Agency always looking for better ways to do things and the patterning within the segments are the different communities.

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Enquiries:
Director Regulatory Performance
Australian Aged Care Quality Agency
PO Box 773
Parramatta NSW 2124
AUSTRALIA

Users of this handbook should refer to the *Australian Aged Care Quality Agency Act 2013* and the Quality Agency Principles 2013.

The Quality Agency is accredited by the International Society for Quality in Health Care (ISQua).

This guide informs our quality reviewer training program.

Contents

Section 1: Quality framework overview

These guidelines describe how quality review of services under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program are carried out.

The purpose of this document is to provide you with an overview and guideline to:

- The Quality Framework
- The Quality Standards
- The Quality Review Process

1.1. Quality framework

The Quality Framework for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (the Program) was developed to provide a set of quality standards for services funded under the Program and a process for monitoring achievements against these standards.

The Program aims to provide quality, flexible and culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to their home and community.

Flexible care services funded under the Program can deliver a flexible mix of residential and community based aged care services that can change as the care needs of the communities vary. Funding is based on an allocation of places and not on the occupancy of places. This provides a constant income stream to allow providers both stability of income and flexibility to manage the delivery of aged care services and respond to community needs. Communities are encouraged to participate in all aspects of the service provision from planning through to the operation of services.

The objectives of the Program are to:

- provide quality, flexible, culturally appropriate aged care services to older Aboriginal and Torres Strait Islander people close to their home and community
- enable these communities to provide a range of services which are able to respond to individual needs of older people within the community
- develop financially viable cost effective and coordinated services, outside the existing conventional program structures
- facilitate community involvement in the care of their older people through the management of the service.

The quality framework includes:

- a set of Standards
- a review process to assess and measure progress against the Standards.

1.1.1. The Quality Standards

The Quality Standards (the Standards) are key elements of the Quality Framework.

In developing the Standards for the Quality Framework, ensuring cultural safety for all service users and promoting continuous improvement were recognised as important. Standards themselves need to be simple in intent, achievable and measurable.

The Quality Standards include:

- two overarching principles - Cultural safety and Continuous quality improvement (CQI) which are incorporated into all aspects of the Standards.
  - 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.
  - Continuous quality improvement (CQI) is about always looking to improve services and outcomes for people. It means looking for better ways to do things.
- two outcomes and process driven Standards - Care delivery and information, and Management and accountability, each with expected outcomes
- suggested practices and processes for each expected outcome.

Refer to section 2 of these guidelines for more detailed information about the Quality Standards.

1.1.2. The quality review process

The quality review process (previously referred to as the Quality improvement cycle), is implemented over two years. The first year includes a formal review against the Quality Standards including self-assessment by the provider and a site visit by a quality review team. The second year includes follow up activities to monitor progress of the results from the quality review against the provider's plan for continuous improvement (PCI) and the Standards.

The quality review process aims to:

- support capacity building for the provider, sector and community
- support continuous improvement while addressing accountability through quality assurance processes
- promote development of internal systems and processes.

The key steps in the quality review process are:

1. **Quality review** (previously referred to as Cycle/Year One):
   - self-assessment and quality review notification
   - site visit schedule

- desk top review
- quality review site visit
- Interim quality review report and response/PCI (previously referred to as Draft report and feedback)
- Final quality review report

2. **Monitoring and assessment contacts** (previously referred to as Cycle/Year Two):

   If a service is not met or part met following the Final quality review decision, monitoring of the service's performance will commence. Monitoring can take a variety of forms, such as:

   - desk assessment contacts
   - site assessment contacts
   - requests for a revised plan for continuous improvement (PCI)

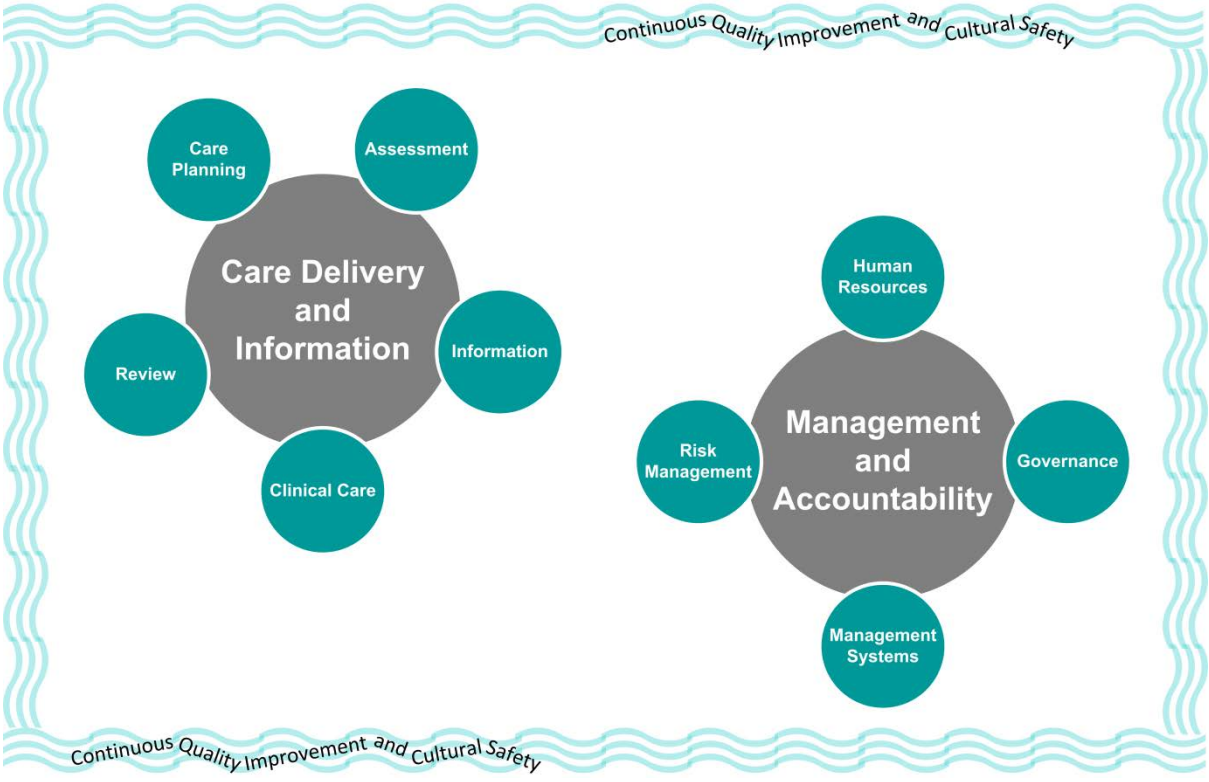
Refer to section 3 in these guidelines for more detailed information about the quality review process, and section 5 for more information about assessment contacts.

Section 2: The quality standards

The Quality Standards include:

- two overarching principles:
  - *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
  - *Continuous quality improvement* (CQI) is about always working to improve services and outcomes for people. It means looking for better ways to do things
- two standards each with expected outcomes:
  - Standard 1: Care delivery and information
  - Standard 2: Management and accountability

Figure 2.1 Quality Standards, the two overarching principles, two standards and nine expected outcomes.



2.1. Standard 1: Care delivery and information

Each service user has access to and receives quality aged care services that meets their needs and respects their dignity and individuality.

This is achieved through assessment, planning and regular review of each service user's needs, in consultation with them and their nominated representative/family member/people.

Each service user is fully informed about service choices and their rights and responsibilities as a service user.

This information is provided in a format appropriate to their needs and communicated in a way that is culturally acceptable to each service user.

Expected outcome 1.1: Assessment

Each service user is supported to actively participate in an assessment of their care needs. The assessment is conducted by appropriately experienced staff and considers: eligibility, priority of access, independence, physical, social, emotional and cultural care needs and clinical care needs, where applicable and with the agreement of the service user.

Expected outcome 1.2 Care planning

Each service has a care plan that addresses their identified care needs and preferences. The care plan will be developed in partnership with the service user and/or his or her representative. This will include a cultural support plan which describes how assessed needs and service user preferences will be met in a culturally safe way. The care/cultural support plan includes strategies to maintain privacy and dignity, individual interests, customs and beliefs, independence and family connectedness, at the choice of the service user.

Expected outcome 1.3: Review

Each service user is monitored to ensure: service delivery occurs as planned, their needs are regularly reassessed and the care plan is updated in consultation with the service user to reflect any change in needs and service user preferences.

Expected outcome 1.4: Clinical care

Each service user's clinical care needs are met.

Note: The requirements within this outcome may have limited applicability, or not be applicable to some organisations, depending upon the type of services provided to service users/care recipients.

Expected outcome 1.5: Information

Each prospective service user is fully informed about service choices and their rights and responsibilities as a service user.

2.2. Standard 2: Management and accountability

The service provider has implemented systems and processes which ensure that the organisation is well managed and services are continually improved.

This results in the delivery of culturally safe, quality services that are responsive to the needs of each service user, their representatives, staff and other stakeholders.

Expected outcome 2.1: Governance

The service provider has clear and effective governance processes in place.

Expected outcome 2.2: Management systems

The service provider has clear and effective management systems and practices in place.

Expected outcome 2.3: Risk management

A risk management framework is in place to ensure the safety of service users, staff and other stakeholders, and that quality care services are delivered.

Expected outcome 2.4: Human resources

Effective staff recruitment and retention ensure that service needs are met.

2.3. Plain English version of the Quality Standards

Standard 1: Care delivery and information

Each person gets a quality service to meet their needs.

This happens by assessment, care planning and regular review of each person's needs.

The person and their family are part of this.

People are told about the service, their choices and the rules.

Information is given to people in a way they can understand.

Expected outcome 1.1: Assessment

Finding out what each person needs.

Expected outcome 1.2 Care planning

Working out what will be done, writing it down and carrying it out.

Expected outcome 1.3: Review

Regularly talk to and observe the person to see if their needs have changed. Update the care plan and deliver care to meet the change in needs.

Expected outcome 1.4: Clinical care

Having good systems - to meet people's needs. Making sure things are done well.

Expected outcome 1.5: Information

Telling people about the service in ways they can understand.

Standard 2: Management and accountability

Services are well managed.

Systems are in place to make sure this happens.

Services are culturally safe and acceptable.

Services are high quality.

Services are continually improved.

Services respond to the needs of:

- each service user
- their families
- staff
- and other stakeholders.

Expected outcome 2.1: Governance

The service provider has clear and effective governance processes in place.

Expected outcome 2.2: Management systems

The service provider has clear and effective management systems and practices in place.

Expected outcome 2.3: Risk management

A risk management framework is in place to ensure the safety of service users, staff and other stakeholders, and that quality care services are delivered.

Expected outcome 2.4: Human resources

Effective staff recruitment and retention ensure that service needs are met.

2.4. Overarching principles

Overarching principles are ideals to be incorporated in all aspects of the Quality Standards.

2.4.1. 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.

The Quality Standards take into account the importance of culture to providers and people receiving a service. Each provider and the communities they support have unique and diverse cultural needs.

The concept of culture and cultural safety has been identified as an important component in improving health care with, and for, Aboriginal and Torres Strait Islander people.

Culture is distinctive to a region. Cultural needs and issues may be specific to the individual, their group, or be related to whether they are male or female. Managing a culturally safe environment is a continuous process, as needs and issues may be different for each person.

Each person's needs and issues may be based on their:

- beliefs, values and philosophies (what they think)
- stories, myths, languages, symbols and traditions (what they say)
- lifestyles, customs and behaviours (what they do)
- ambition and expectations (what they want)
- buildings, technology and food (what they make).

It is very important that services respect and accept the culture in their regions. Services must identify the needs and issues of each person they care for, and have a process to manage and deliver this care. This will ensure that:

- individuals receive care that is culturally appropriate and is respectful of him or her, and his or her family and home
- no one is offended or insulted
- service users feel comfortable and safe.

As providers and their communities have unique and diverse cultural needs, the Quality Standards do not focus on what represents culturally appropriate and culturally safe care. Instead, there is emphasis throughout the Quality Standards on the issues that must be considered in assessment, planning and service delivery, in order to identify what each service user considers to be culturally appropriate and culturally safe care.

The Quality Standards include specific requirements which guide and assist a provider in gathering and then acting upon this information. This begins at assessment with hearing the person's life story and carries through to how information is communicated, the way, and by whom, their service is delivered and the environment in which the service is delivered.

2.4.2. Continuous quality improvement (CQI)

Continuous quality improvement (CQI) is about making ongoing (continuous) effort to improve the quality of services and outcomes for people. CQI focuses on improving systems, rather than on the performance of people or things. CQI is used in all types of organisations as a method of leadership and management; it is used to assess how well systems are working, the quality of care being provided and to bring about sustained improvement.

The key elements of CQI include:

- accountability
- linking evaluation to planning

- achieving improvement through incremental steps
- being driven by input from all levels of staff, management and other stakeholders
- a commitment to team work
- continuous review of progress.

The benefits of CQI are:

- improved accountability
- improved staff input and morale
- improved services for clients
- ability to recognise and meet changes in service need
- enhanced information management, client tracking and documentation systems.

A variety of people should be involved in CQI, including:

- service users, families and carers
- management, staff and volunteers
- members of Committee/Board of Management
- community members
- advocates.

CQI is guided by the implementation of the quality review process. The quality review process involves prescribed steps that are taken to continually evaluate and improve services and processes, and ultimately outcomes for stakeholders. To be effective, CQI must be a core focus within the service that is understood and accepted by all management and staff.

The quality review process is designed to support providers in developing strong CQI processes and to:

- build on the sector's growing quality culture base
- continue to foster a *Plan-Do-Check-Act* approach
- support ongoing sectoral capacity building for quality improvement.

More information about continuous improvement can be found on our website[1].

[1] http://www.aacqa.gov.au/

2.5. Quality standards and expected outcomes

There are two standards in the Quality Standards: Care delivery and information, and Management and accountability. These Standards are specifically focused on outcomes for service users and on systems and processes to support outcomes for service users.

Each standard has accompanying expected outcomes. Expected outcomes are the results that are expected to be achieved under each standard. In addition, for each expected outcome, suggested practices and processes are included. This information provides a guide to quality reviewers about the relevant considerations in making assessments of service performance against the Standards. It also may be used by providers to guide how they may meet each expected outcome of the Quality Standards.

Presented in the following pages are the National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Standards, expected outcomes and suggested practices and processes.

Standard 1: Care delivery and information

Each service user has access to and receives quality aged care services that meet their needs and respects their dignity and individuality. This is achieved through assessment, planning and regular review of each service user's needs, in consultation with them and their nominated representative/family member/people.

Each service user is fully informed about service choices and their rights and responsibilities as a service user. This information is provided in a format appropriate to their needs and communicated in a way that is culturally acceptable to each service user.

Expected outcome 1.1: Assessment

Each service user is supported to actively participate in an assessment of their care needs. The assessment is conducted by appropriately experienced staff and considers: eligibility, priority of access, independence, physical, social, emotional and cultural care needs and clinical care needs, where applicable and with the agreement of the service user.

What's this about?

Assessment is about making sure that people who want a service and qualify for the service, get the right service to meet their identified needs. The aim of the assessment is to learn from the service user and/or their representative about that person and their care needs.

Learning about the service user's 'Life Story' is an important starting point. The 'Life Story' should collect information about: cultural background, country and language group; family/community connectedness and support and living arrangements; cultural customs, beliefs, needs/practices; preferred leisure interests and activities. This information will form the basis of a cultural support plan and determine the service's approach to providing any care to that service user in a culturally safe way.

Practices and processes:

There are processes that demonstrate assessment of care needs and include active participation of service users and/or their representatives.

The assessment includes each service user's:

- life story
- medical history
- functional, cognitive and sensory status
- nutritional status/needs
- personal care needs
- special care needs
- clinical risk factors

and where applicable,

assessment of the service user's ability to smoke safely, including the need for, and level of, supervision.

Expected outcome 1.2: Care planning

Each service user has a documented care plan that addresses their identified care needs and preferences. This includes a cultural support plan which describes how assessed needs and service user preferences will be met in a culturally safe way. The care/cultural support plan includes strategies to maintain privacy and dignity, individual interests, customs and beliefs, independence and family connectedness.

What's this about?

A care plan must detail all action to be taken by the service to meet the service user's assessed needs and preferences and include a cultural support plan. If looking at the completed assessment and the care plan together, the care plan should clearly show the steps to be taken to address each issue or need identified in the assessment. In other words, assessment identifies the need, and the care plan details the service/s to be provided to meet that need.

The care plan also details who is responsible for delivering that care, and when and where this will occur.

Practices and processes:

There are processes that demonstrate development of care and cultural support plans and includes active participation of service users and/or their representatives.

Staff and volunteers undertaking service user assessments have the necessary skills and competency.

Each service user has a copy of their care plan which addresses:

- all assessed needs and preferences of the service user
- what action is to be taken to meet assessed needs and preferences of the service user in a culturally safe and respectful way

- who is responsible for what care, (staff with the necessary skills and qualifications, family members and/or other providers)
- when and where care is to be received (ensuring a culturally safe environment).

Expected outcome 1.3: Review

Each service user is monitored to ensure: service delivery occurs as planned, their needs are regularly reassessed and the care plan is updated in consultation with the service user to reflect any change in needs and service user preferences.

What's this about?

Review is a way to check the service that was planned, is being delivered as planned, and is meeting the service user's needs.

Review must occur regularly because service users' needs and preferences often change. Regular review should occur at least six monthly and where there is a change in needs between six monthly reviews. This is to make sure that any change in needs and preferences is identified and the care plan is updated to include action to meet these needs.

Change could mean the service user has increased care needs, or decreased care needs where a planned action or goal has been met and is no longer relevant for the service user. In some cases, care plan review might identify that although care needs may not have changed, the action being taken/service delivered might not be effective. Therefore the approach or action may need to be changed.

Practices and processes:

There are processes that demonstrate ongoing review and reassessment as needs and preferences change in consultation with services users and/or their representatives.

Staff and volunteers undertaking service user reviews have the necessary skills and competency.

Service user and care plan review:

- occurs at least six monthly and where service user needs change
- identifies progress against planned goals/actions
- results in any change in needs and preferences are documented in the care plan.

Expected outcome 1.4: Clinical care

Each service user's clinical care needs are met.

Note: The requirements within this outcome may have limited applicability, or not be applicable to some service providers, depending upon the type of services provided to service users/care recipients.

What's this about?

Clinical care is care that is provided or supervised by a registered practitioner, that is, a Doctor, Registered nurse or enrolled nurse. Where clinical care cannot be provided by a registered practitioner, and care is delivered by staff and/or family members, it must be under the supervision of a registered practitioner. In these circumstances, the staff and family members must have received appropriate training and have been assessed as being competent to provide this care.

Special care needs might include: wound management, diabetes management, dialysis, respiratory support or catheter care.

Safe and effective management and administration of medication: involves responsibility for controlling and giving medicines prescribed by a health professional authorised to prescribe, for example, a general practitioner or nurse practitioner, provided there are no legal restrictions on doing so. Control of medication includes safe and secure storage and ensuring that medicines are accessed only by those who are authorised to do so. Administration of medication includes ensuring there is a current order for the medicine from a health professional authorised to prescribe.

Effective assessment, treatment and management of pain: includes making sure pain is assessed, monitored and reviewed to identify pain location, type, frequency, severity and impact on the service user's mobility and general health and well-being. Strategies to manage the pain (medical and non-medical) and evaluate pain are documented in the care plan; pain management strategies are planned and implemented by qualified staff.

Access to specialised palliative care services: includes making sure there is a process to assess service user's palliative care needs; strategies to meet palliative care needs are documented in the care plan; palliative care is planned and delivered by qualified staff; families are supported by the provider to assist in the care of their family member.

Access to other specialist health care/allied health services: includes making sure there is a process to facilitate access and referral of service users to specialist health care/allied health services, when required.

This would require the provider to have knowledge of other relevant providers, keep information about other relevant providers such as contact details and information/brochures or other resources.

Services might include specialist medical or nursing services, allied health services such as speech therapy or a dietician; or services to assist in the management of medication, continence and pain management, behaviour and communication, nutrition and hydration or mobility and dexterity.

Functional care: includes making sure the service user's functional care needs related to self-care, independence, toileting, mobility and other activities of daily living are assessed; strategies to meet functional care needs are documented in the care plan; functional care is planned and delivered by appropriately qualified staff.

Cognitive care: includes making sure the service user's cognitive state including their level of cerebral functioning and behaviour are assessed; strategies to meet cognitive care needs are documented in the care plan; cognitive care is planned and delivered by appropriately qualified staff.

Sensory care: includes making sure that the service user's sensory care needs including eye, ear, nose, taste and skin are assessed; strategies to meet sensory care needs (including the provision and maintenance of any sensory aids) are documented in the care plan; sensory care is planned and delivered by appropriately qualified staff.

Nutritional care: includes making sure the service user's nutritional care needs are assessed; strategies to meet nutritional care needs (including requirements for dietary preferences, restrictions, modifications or assistance) are documented in the care plan; nutritional care is planned and delivered by appropriately qualified staff.

Personal care: includes making sure the service user's personal care needs are assessed; strategies to meet personal care needs (including assistance with eating, washing, dressing, continence management, undertaking dental and oral care, and sleep) are documented in the care plan; personal care is planned and delivered by appropriately qualified staff.

Practices and processes:

There are processes that demonstrate delivery of clinical care is based on needs and preferences of service users.

Each staff member works within their scope of practice.

Clinical care needs include, as applicable:

- special care needs
- safe and effective management and administration of medication
- effective assessment, treatment and management of pain
- access to specialised palliative care services
- access to other specialist health care/allied health services
- functional care
- cognitive care
- sensory care
- nutritional care
- personal care.

Expected outcome 1.5: Information

Each prospective service user is fully informed about service choices and their rights and responsibilities as a service user.

What's this about?

Prospective service users are given all relevant information about the service to help them with their choices and decision making. This information must be given and explained in a way that each service user can understand the service choices and their rights and responsibilities. Providers need to identify when information needs to be given in an alternative format and/or an interpreter may be required to ensure the service user fully understands the information they are given.

This information should include an explanation of how the organisation decides who can receive a service and the services that are available.

If the prospective service user qualifies for a service, they must be offered a service agreement. The service agreement must set out all the related terms and conditions of the service to be provided.

Prospective service users must also be told about all their rights and responsibilities.

They should also be informed about their right to have an advocate represent them in any dealings with the provider, from the first time of contact.

Practices and processes:

There are processes that demonstrate service users are fully informed about the services they receive and they know their rights and responsibilities.

- information about available services and eligibility to receive services is clearly documented. This information is communicated in a manner that is appropriate in format and culturally acceptable to each prospective service user to support choice and decision making
- each service user is offered a service agreement by the provider which sets out the terms and conditions of the service/s to be received and the service user's rights and responsibilities
- the provider ensures that the content of the service agreement is fully explained to each service user (and/or their representative) in a culturally acceptable way prior to entering into the agreement
- a process is in place to enable service users to be represented by an advocate of their choice.

Standard 2: Management and accountability

The service provider has implemented systems and processes which ensure that the organisation is well managed and services are continually improved.

This results in the delivery of culturally safe, quality services that are responsive to the needs of each service user, their representatives, staff and other stakeholders.

Expected outcome 2.1: Governance

The service provider has clear, effective governance processes in place.

What's this about?

Governance means the system by which an organisation is controlled or operates. The provider should implement corporate governance processes so it is accountable to its stakeholders. Generally, the Board of Management/Committee of Management is responsible for governance of the organisation.

The Board/Committee is responsible for ensuring governance and management systems are in place and to ensure there is effective, efficient and quality service delivery. A governance system directs the organisation's ethics, approaches to risk management, compliance, financial management and

administration of all parts of service delivery. Strategic planning, including community consultation, should also be driven by the Board/Committee.

This means the Board/Committee must have skills in governance and an understanding of, and promote culturally safe service delivery. The roles and responsibilities of Board/Committee members should be well documented to ensure there are clear boundaries separating the Board/Committee's governance role from the role of management and staff. There must also be processes in place to record the work the Board/ Committee undertakes.

Practices and processes:

There are processes that demonstrate a clear and effective governance structure and accountability processes.

- Board/Committee members have appropriate skills, knowledge and experience to carry out their role and have an understanding of, and promote culturally safe service delivery
- the roles and responsibilities of the Board/Committee are documented
- meeting minutes and other records demonstrate the Board/Committee carry out their roles and meet their responsibilities
- planning occurs to set strategic directions and promote the delivery of culturally safe quality aged care services
- the service actively engages with and consults the community about the services _available and reflects this in service planning.

Expected outcome 2.2: Management systems

The service provider has clear and effective management systems and practices in place.

What's this about?

This is about having systems and processes in place to make sure the service is well managed, that the provider meets all responsibilities, by-laws and the funding agreement and understands the organisation's financial status. This involves management and staff having a clear understanding of their roles and responsibilities, what they are accountable for, who they report to, when and what they must report.

For example, the day to day management of the organisation may be the responsibility of a Chief Executive Officer (CEO) to whom senior management report. In turn, the CEO would then regularly report to the Board/Committee about the operation of the organisation.

Effective management processes require the planning, development and delivery of services to service users and supports the organisation's strategic direction; there should be a clear link between business plans / operational plans and the strategic plan.

Resources must be well managed to make sure that service users receive quality care services that are delivered in a culturally safe and comfortable environment.

Financial, human and physical resources must be allocated in a way to ensure the service can continue to deliver the expected level of service. Effective management processes ensure there is enough money, people and materials/equipment allocated to deliver quality care services in a culturally safe and comfortable environment.

Providers are also required to have appropriate information management systems in place. These systems must ensure that service users' right to privacy, dignity and confidentiality in relation to the use of and collection of their personal information is observed.

This includes having clear processes to inform service users and staff about the service's practices and policies in relation to privacy, dignity and confidentiality.

Policy issues to consider include: why information is collected, what information is collected; how the information is used; who it may be shared with and under what circumstances; who has access to this information within the service and the measures taken to ensure the information is safe and secure.

Information management systems must also ensure that this information is accessible, as required to meet the needs of each service user, staff, management and regulatory bodies.

Providers are accountable for the service they provide to stakeholders. Therefore stakeholders must have access to culturally acceptable feedback, complaint and allegation processes.

Providers are required to have a continuous quality improvement program (or plan for continuous improvement (PCI) in place to monitor and ensure ongoing improvement of services. The continuous quality improvement program should include a number of ways to monitor and improve the care and services provided to service users and the management systems and practices of the provider.

The provider is responsible for making sure that stakeholders are informed about the continuous quality improvement program. It is expected that management and staff would be active in the program and that the service has a Quality Improvement Plan that is regularly reviewed and updated.

The provider should also be able to show how the service works in partnership with other organisations to maximise access to services and/or enhance service delivery, where appropriate, to benefit the service user.

Practices and processes:

There are processes that demonstrate clear and effective management systems for delivery of service and management of information.

- the provider understands and complies with the funding agreement, including the Service Provider Guidelines
- the provider understands and complies with regulatory and relevant legislative requirements
- management and staff accountabilities and delegations are documented, relevant to their roles
- service planning and development occurs and aligns with the organisation's strategic directions

- financial, human and physical resources are allocated and used in ways that support quality care services that are delivered in a culturally safe and comfortable environment
- information management systems are in place to ensure service users' right to privacy, dignity and confidentiality in relation to the use of and collection of personal information
- information management systems are in place to ensure the safe and secure storage of documents and records, and enable effective use of information to meet the needs of each service user, staff, management and regulatory bodies
- a process to manage positive feedback, complaints and allegations is in place which is effective, accessible, and culturally acceptable to stakeholders
- the provider works in partnership with other organisations to maximise access to services and/or enhance service delivery
- a continuous quality improvement program is in place to monitor and improve:
  - the care and services provided to service users, and
  - the management systems and practices of the provider.

Expected outcome 2.3: Risk management

A risk management framework is in place to ensure the safety of service users, staff and other stakeholders, and that quality care services are delivered.

What's this about?

Risk management is about having systems and processes in place to make sure service users, staff and other stakeholders are safe and quality care services are delivered. A risk management framework assists with identifying actual or potential risks and strategies are in place to minimise or control those risks. This includes taking steps to prevent risks occurring and/or having planned action to treat the risks, should they occur.

Some risks can directly result from a service's operations, for example, ineffective financial management, being uninsured, a breach in privacy and confidentiality, unsafe work practices or the use of poorly maintained equipment. Other risks that do not result from a services operations, for example, a change in government policy impacting on funding or environmental events such as floods, are thought of as external risks.

A Risk Management framework should include policies and procedures to describe an organisation's approach to managing risk, which starts with having processes to identify and assess risks. Risks are then generally rated and prioritised in relation to the likelihood of the risk occurring and the impact or consequences if they do.

When thinking about risk, consider the following: what will be the result for the organisation and/or stakeholders if this happens? What steps can be taken to lessen the chances of this happening? What action must be taken if this does happen?

In this way risks can be prioritised and strategies to minimise the occurrence/impact of the risk documented. This process is usually documented in a risk management plan and/or risk register that is regularly reviewed and updated.

Practices and processes:

There are processes that demonstrate the application of a risk management framework in all areas of service operations.

- effective financial management processes are in place to ensure the service is, and remains, financially viable; financial risks are identified and managed in an appropriate manner
- an asset management program is in place
- purchased goods and services are of a standard that ensure the delivery of quality aged care services
- procedures are in place to identify and address potential risks associated with the physical environment, chemicals or dangerous goods, and work practices
- procedures are in place for the management of natural disasters and other emergency
- events
- effective infection control procedures are implemented
- procedures are in place to identify and manage risk related to:
  - service delivery
  - laundry services
  - kitchen and food storage and food handling
  - cleaning
  - fire equipment
  - open fire supervision
  - physical environment
  - chemical and dangerous goods.

Expected outcome 2.4: Human resources

Effective staff recruitment and retention ensure that service users' needs are met.

What's this about?

Human resource management focuses on processes to make sure there are the right number of appropriately skilled staff at all times to deliver safe services. This requires effective selection and

recruitment processes that include adequate screening of applicants. Screening should include interview, checking of qualifications and references, and a police check.

Work force planning and monitoring is required to ensure there are the right number of appropriately skilled staff to deliver services. This would include appropriate allocation and rostering of staff and managing staff leave/absences. Staff retention involves looking at staff turnover rates and the strategies the service uses to minimise turnover.

The organisation should also have processes to ensure staff and volunteers are supported with training and development activities relevant to their role on an ongoing basis. This should commence with appropriate induction to the organisation. Ongoing training could include both mandatory training and role-related development activities. Support for staff training and development might include an appropriate budget allocation, a training plan/calendar and strategies to assist staff in attending training.

A performance appraisal system should be in place and appraisal regularly conducted.

Ideally the appraisal tool should consider: performance since the last appraisal, achievement of goals, supervision, training or other support needs required and goal setting for the next period. The appraisal process should be conducted in partnership between the appraiser and the staff member and include steps to be followed where there is any disagreement about the appraisal. The performance appraisal system should also include a clear process for managing employees whose performance does meet the organisation's expectations.

Practices and processes:

There are processes that demonstrate there are sufficient staff to deliver the care and services to meet the needs and preferences of service users, including:

- recruitment and retention processes ensure sufficient staffing levels are maintained at all times for the delivery of safe services
- services are provided by appropriately skilled staff that have an understanding of the cultural needs of the key stakeholders, including service users
- all staff and volunteers have a current police check that complies with the funding agreement
- staff and volunteers are provided with training and development activities relevant to their role
- an effective performance appraisal process is implemented for staff and volunteers.

Section 3: The quality review process

The quality review process (previously referred to as Quality Improvement Cycle) outlines:

- the steps which measure and assess provider performance against the Standards
- support for the providers to meet and continually improve their quality performance against the Standards.

The design of the quality review process aims to:

- support capacity building for the provider
- support continuous quality improvement while addressing accountability through quality assurance processes
- promote development of internal systems and processes.

The quality review process for a service is implemented over two years. The first year involves the service undergoing a quality review, and the second year involves monitoring of the service's progress in meeting the Standards.

3.1. Planning for the quality review

3.1.1. Confirming quality review dates and service details

Planning for the quality review starts approximately three to six months before a service is due for their quality review. We will contact you via telephone to discuss and confirm a suitable date for the quality review.

Following our phone call to you, we will also seek confirmation for details about your service. This information is required to assist in the planning and scheduling of the quality review.

Details to be confirmed include:

- location(s) of the service including locations from which the services/programs are being delivered
- details of the quality review contact person
- services or programs delivered from the service

We will also discuss the process of self-assessment to prepare for your quality review.

3.1.2. Self-assessment notification

You are required to submit a self-assessment as a part of the quality review process. At the same time the quality review dates and service details are being confirmed, we will notify you of the need to complete a self-assessment and the due date. You will be given six weeks from the date of the notification to submit a self-assessment. The self-assessment tool that is to be used is available for download from our website and includes:

- an assessment matrix
- a self-assessment rating against each expected outcome of the two quality standards and quality improvement actions.

For more information about self-assessment and guidelines about how to complete a self-assessment go to our website.

3.2. Notification of quality review

Once the quality review is planned and a date confirmed, you will be sent written notification of the dates of the quality review.

Notification of the quality review is also sent to the Department of Health (the department).

3.3. Proposed site visit schedule

Following notification of the quality review, the quality review team leader will contact you via telephone to discuss arrangements for the on-site visit, including the site visit schedule. The site visit schedule outlines the quality review process on the day of the visit and planned interviews.

We will send you the proposed site visit schedule no later than seven calendar days before the quality review. It outlines the proposed timeframe for the visit and provides time to be set aside to speak with service users and staff. Please note that the site visit schedule is intended only as a guide; it may need to be adjusted on the day.

Figure 3.2: Example site visit schedule

Approx. time	**Day 1 Quality Reviewer 1**	**Approx. time**	**Day 1 Quality Reviewer 2**
9:00 am	Entry meeting	**9:00 am**	Entry meeting
9:30 am	Documentation review Discussion with management: Standard 2	**9:30 am**	Documentation review Discussion with care coordination personnel: Standard 2
11:00 am	Interviews with service users/representatives	**11:00 am**	Discussion with care coordination personnel: Standard
12:00 pm	Documentation review/notes	**12:00 pm**	Discussion with direct care staff and/or volunteers - Standard 1
12:30 pm	Quality reviewer break and meeting	**12:30 pm**	Quality reviewer break and meeting
1:15 pm	Discussion with care coordination personnel and client liaison officers - Standard 1	**1:15 pm**	Meeting with support staff group: care delivery and service user rights; and/or meeting with volunteers
2:30 pm	Discussion with personnel and follow-up any outstanding issues	**2:30 pm**	Documentation review- organisational documents and client files
4:30 pm	Exit meeting	**4:30 pm**	Exit meeting
5:00 pm	Leave the service	**5:00 pm**	Leave the service

During the telephone conversation, the team leader will advise you of documentation that will need to be made available during the on-site visit. The discussion will also include how the quality review team will be able to access the documents.

For example, if your service is located on a large site and documentation is located at various parts of the site it may be more useful and time efficient for the documents to be gathered in one location prior to the quality review team arriving on site. It is also important that where documents are being stored electronically on a computer, you make arrangements for a member of your staff to be able to sit down with the quality review team to go through the documents - especially if passwords and security protections are placed on accessing these files. Alternatively it may be more time efficient to provide the password (or a temporary password) to the quality review team to access these files on their own while on-site.

3.4. Self-assessment and desktop review

3.4.1. Self-assessment

As stated earlier, you are given six weeks to complete and return your self-assessment. Self-assessment is an integral part of continuous improvement as it involves your service looking at how things are done, what is achieved, and your performance against the Standards. This helps to identify your service's strengths, weaknesses and opportunities for improvement.

Self-assessment enables you to:

- confirm areas where you are meeting the Quality Standards
- identify gaps in your current systems and processes that do not meet the Standards
- plan action to address any identified gaps in your systems and processes, prior to the on-site quality review being conducted
- identify additional opportunities for improvement, even where the Standards are met, to support continuous improvement.

Once the self-assessment is completed and returned to us, it will form the basis of the desk top review.

For more information about self-assessments and for guidelines on completing one, go to our website.

3.4.2. Desk top review

A desk top review involves a quality reviewer contacting you via telephone where we will discuss your self-assessment and areas to prioritise during the on-site quality review. The quality reviewer will also examine other information such as, records of previous review findings and/or other relevant information provided in the self-assessment.

3.5. Quality review site visit

The size, complexity and number of services being delivered from the service determine the length of the visit and the number of quality reviewers assigned to conduct the visit. These details will have already been confirmed and notified to you prior to the on-site quality review.

During the quality review, the team will assess the quality of care and services provided through the service against the Quality Standards. The quality review will be a collaborative approach and focus on acknowledging good practice and encouraging the development of sustainable quality systems.

The service's performance will be assessed against each expected outcome of the Quality Standards by applying the following ratings:

- Met: written and verbal evidence clearly demonstrates that your service meets all the requirements of the expected outcome.
- *Part met:* written and verbal evidence clearly demonstrates that your service meets only part of the requirements of the expected outcome.
- *Not Met:* written and verbal evidence clearly demonstrates that your service does not meet the requirements of the expected outcome.
- *Not Applicable:* a not applicable rating may apply, where your service does not provide clinical care to service users (refer to expected outcome 1.4).

The on-site quality review process will include the following:

1. entry meeting
2. tour of the site
3. collecting information
4. regular meetings
5. exit meeting

3.5.1. Entry meeting

The purpose of the entry meeting is to explain the purpose of the visit and how it will be conducted. Additionally the quality review team will confirm who at the service is in charge for the day and the staff available to meet with the team. The team will also confirm the site visit schedule - if there are any charges that need to be made to the schedule it will be discussed at the entry meeting.

3.5.2. Tour of the site

A tour of the site may be required to observe the physical environment from which services are delivered or being run from. It may also be useful to the quality review team to determine the location of where documentation is being stored.

3.5.3. Collecting information

There are many ways in which the quality review team will collect information during the site visit. They include the following:

- Documentation review: service user information and records, staff/carer/volunteer information and records, policies, procedures, forms or reports.

- Observations: can assist in corroborating verbal and/or written evidence. Observations can include:
  - access to the centre/building
  - safety and/or security measures
  - the general maintenance and state of facilities and equipment
  - staff interactions with stakeholders
  - service user activities
  - stakeholder privacy and confidentiality
- Stakeholder interviews: can assist in corroborating written evidence or observations. Interviews may be conducted with management, staff, volunteers, carers and service users (and/or their representative). All information shared during an interview is kept confidential. We will use any information forwarded to assist in guiding and making an assessment. However, we are not able to provide individual feedback about matters raised in interviews.

It is important to obtain feedback from staff and some service users, either face to face or by telephone, regarding the services delivered. Appropriate staff must be made available for this purpose during the quality review.

3.5.4. Regular meetings

Regular meetings are held to ensure that:

- the quality review team can communicate their findings including any gaps found and seek further information where necessary
- you are given the opportunity to provide further information regarding service delivery and performance
- you are kept well informed of findings.

The frequency and timing of these meeting will depend on the circumstances of the review as well as the needs of the quality review team and information identified.

3.5.5. Exit meeting

At the exit meeting the quality review team will meet with management and the person in charge for the day to discuss the information collected and to provide a verbal summary of their quality review findings. They are also informed of the next steps in the quality review process. If any issues or areas of concern were found during the visit, the quality review team would have already communicated this to you prior to the exit meeting. There should be no surprises or new information brought up at the exit meeting.

Issues indicating failure to meet the Quality Standards or potential serious risk to service users' safety, health and wellbeing may be identified by a quality review team during the quality review. These are reported to us immediately, and we consider this information and decide whether any

action is required. If there is serious risk to the safety, health or wellbeing of service users, we will notify the department immediately. For more information about serious risk refer to our website.

3.6. Interim quality review report and response (PCI)

Following the on-site visit the quality review team writes up a report - the interim quality review report (previously known as the draft report). This report contains:

- an Executive Summary
- an Assessment Matrix
- review findings
- quality reviewer recommended rating for each expected outcome(met, part met or not met)
- quality improvement actions.

The interim quality review report will be sent to you within seven calendar days of the end of the quality review. You will be invited to submit a response to the interim quality review report within 28 calendar days from the date the interim report is sent to you.

3.6.1. Failure to meet the Quality Standards and plan for continuous improvement (PCI)

If the interim report recommends the service fails to meet the Quality Standards (any part met or not met expected outcomes) you are required to submit a revised PCI detailing the current and intended improvement actions/strategies to rectify the failure. The suggested quality improvement actions detailed in the interim report should form the basis of your PCI. You will be given 28 days from the date the interim report is sent to you to submit a PCI.

A sample template of our PCI is available for download from our website. You can choose to use a format of your own however it must cover the same information in our template as a minimum.

The quality review team will review your PCI and consider if it addresses actions required to meet the Quality Standards. The team leader may contact you to clarify information in the PCI. An independent decision-maker will then consider the information in the Interim quality review report and the PCI in preparing the Final quality review report.

If the PCI is not provided within the 14 day timeframe, a decision will be made and the Final quality review report with the decision will be sent to you.

3.7. Final quality review report

The information presented in the interim quality review report, the provider's response and/or PCI (if received) and any other relevant information is considered in making the final decision on compliance.

The Final quality review report includes:

- a summary of findings
- assessment of the service's performance against the Quality Standards

- whether each expected outcome is met, part met or not met
- suggested improvement actions
- other relevant information.

The Final quality review report decision is made and sent to you no later than 42 calendar days following the date the interim quality review was sent.

The department is sent a copy of the Final quality review report.

3.8. Monitoring and assessment contacts

Where your service has failed to meet the Quality Standards following the Final quality review report, your service will undergo monitoring in order for us to track your progress towards meeting the Quality Standards. Monitoring may include the following:

- assessment contacts (on-site visits or desk support)
- progress reports through submission of a revised plan for continuous improvement (PCI).

For more information about assessment contacts refer to section 5 of these guidelines.

3.8.1. Case management

Our approach to managing the assessment and monitoring of services is referred to as 'case management'. The purpose of case management is to protect the safety, health and wellbeing of service users by initiating timely action to address risks of poor care and services and to support improvements.

Case management decisions may take into account a range of information, including information from the public or the media or awareness of administrative changes or governance issues that have the potential to affect a service's performance.

We adopt a case management approach when deciding upon actions and through our visit program in relation to each service and provider. There is a case management committee in each state office through which appropriate actions are planned. A national case management committee meets weekly to review case progress and actions.

Our case management approach means that new information received about a service or a provider is considered along with other information we receive to determine if any action is warranted and what this action should be. In this way, our visit program to services is based on an assessment of all information that we have about each service.

3.9. Decision making process

Decisions made take into account the quality review team's report, provider responses to the quality review team's report, a service's PCI or any other information received from the provider, and other information known about the service. Quality review decision-makers are senior staff appointed by our Chief Executive Officer and trained to make decisions. Quality review teams do not make quality review decisions.

The decision-maker not only determines whether a service meets the Quality Standards, but also applies all of our information about a service to determine the timing and focus of future quality review activities.

Section 4: Recognition between programs

When an Aboriginal and Torres Strait Islander Flexible Aged Care service is funded separately to provide Commonwealth Home Care Packages, the provider will also participate in reviews under the Home Care Standards and may report on the same information required under this Quality Framework (or vice versa).

We will co-ordinate our visit planning so that reviews of performance under each program can occur simultaneously.

Section 5: Assessment contacts

An assessment contact is any form of contact between the Quality Agency and your service other than a quality review. The purpose of an assessment contact can be for one or more of the following reasons:

- to assess your performance against the Quality Standards
- to assist your process of continuous improvement
- to identify whether there is a need for a quality review of your service
- to give you additional information or education about the quality review process and requirements.

The form and frequency of assessment contacts is decided on a case-by-case basis. We consider the particular circumstances of your service and the level and frequency of monitoring required.

An assessment contact can be in the form of a site visit or a telephone call (assessment contact - desk). In most cases an assessment contact will take the form of a site visit. However there will be times where the nature of the information being follow-up does not require a site visit and a telephone call to the service will be appropriate (assessment contact - desk).

5.1. Assessment contact timeframes

The time spent on site or over the phone is dependent on the size of the service, the number and types of services being delivered and the scope of the assessment contact.

Where an assessment contact has been arranged in the form of a site visit the provider will be notified at least 14 days prior to the proposed date of the visit.

5.2. What happens during an assessment contact?

The scope of an assessment contact includes case-specific matters, or evaluation of progress in addressing failure to meet the Quality Standards, or information we have received from the department.

The assessment contact is an opportunity for you to demonstrate performance against the Quality Standards, so it is essential that management and staff are involved.

As issues are identified, quality reviewers may speak with key personnel and seek clarification or ask for more information. It is important all information which shows how well you perform is made available to the team.

Issues indicating failure to meet the Quality Standards or potential serious risk to service users' safety, health and wellbeing may be identified by a quality review team during an assessment contact. These are reported by the quality reviewers to us immediately, and we consider this information and decide whether any action is required. If there is serious risk to the safety, health or wellbeing of service users, we will notify the department immediately. For more information about serious risk refer to our website.

5.3. What happens after an assessment contact?

The quality review team writes a report following the assessment contact. This report includes information about the service's performance against the Quality Standards and progress in undertaking continuous improvement. The provider may be invited to submit a response to the assessment contact report before the decision is made.

When making a decision, the following information is considered:

- the service's past and current performance against the Quality Standards (including serious risk)
- the quality review team's Assessment contact report
- information (if any) received from the provider in response to the Assessment contact report
- information (if any) received from the department
- whether the decision-maker is satisfied the service will undertake continuous improvement, measured against the Quality Standards.

It is possible for the decision-maker to come to a different view than that of the quality review team's recommendation. Generally, the decision-maker has other information about the performance of the service. The decision-maker may be aware of changes that have been made at the service after the quality review team completed the assessment contact.

A decision regarding the assessment contact is made within 21 days of the completion of the assessment contact. Once the decision is made, a copy of the Assessment contact report, as well as the decision regarding the assessment contact and any future activity arrangements, will be sent to you.

Section 6: Complaints and feedback

You can provide feedback or make a complaint about the quality review process at any time.

6.1. Complaints

We are not responsible for the handling or investigation of complaints regarding aged care matters. This responsibility is tasked with the Aged Care Complaints Scheme (the Scheme).

The Scheme provides a free service to anyone who wishes to raise concerns about the quality of care or services being delivered by aged care services subsidised by the Australian Government, including:

- Residential care
- Home Care Packages
- Commonwealth Home Support Program
- Flexible care, including National Aboriginal and Torres Strait Islander Programme, Multipurpose Services and Innovative Care including Transition Care

For more information visit the Aged Care Complaints Scheme website[2].

6.2. Feedback

We encourage providers to give feedback about the quality review process at any time, whether this is in writing, by calling through to our offices or speaking to the quality review team during a site visit. The feedback you provide us about the quality review process enables review and continuous improvement of the way we conduct quality reviews.

A provider may make a complaint about any aspect of the quality review process or the conduct of a quality reviewer at any time. In the first instance, providers are encouraged to discuss their complaint with the quality review team leader who may be able to resolve the issue. Alternatively, the provider may prefer to put their complaint in writing via email or letter to the applicable Quality Agency state office. Contact details of our state offices can be found on our website.

To help us address your complaint the following is required from the provider:

- specific detail about the nature of the complaint
- evidence the provider has to back up the complaint
- confirmation about the provider's nominated representative (and contact details) with whom the Quality Agency should liaise during the management of the complaint.

Someone from our management team will be responsible for investigating any complaint and we will respond as soon as practicable.

[2] http://agedcarecomplaints.govspace.gov.au/

Section 7: Glossary of terms

Term	Description
Care assessment	A process of holistically identifying individualised care or service needs. This can include determining eligibility and priority of access. The comprehensiveness of the assessment must reflect the program or service type being delivered.
Care recipient	An individual in receipt of care and/or services from a provider. Home Care Packages 'consumer' or 'care recipient' under the Act or 'carer' under the respite program or may not be receiving a direct care/support service themselves.
Carer	A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person without payment for their caring role other than a pension or benefit.
CHSP	Commonwealth Home Support Program.
Complaint	An expression of dissatisfaction or concern about something. May be expressed orally or in writing through a formal process or as part of other feedback.
Continuous improvement	A documented system used by providers to continuously review their processes and activities and implement changes to improve the way they provide services to care recipients.
Corroborate	To substantiate or confirm.
Department	The Australian Government Department of Health.
EO	Expected outcome.
Evidence	Something that provides proof or an example.
Expected outcome	Requirement of the Quality Standards; Result to be achieved.
Final quality review report	A document given to the provider following the Interim quality review report (and the response time given). The report will outline the decision made about the service's performance against the Quality Standards. It will specify whether each of the expected outcomes are met, part met or not met and where applicable the area(s) for improvement to ensure the service meets the Standards.
Home Care Packages Program	An Australian Government funded co-ordinated package of services tailored to meet the person's specific care needs, with eligibility determined by an Aged Care Assessment Team. There are four levels of packages.
Interim quality review report	A document provided to the provider following a quality review which includes an assessment of the service's performance against the Quality Standards, the outcome of met or not met against each expected outcome of the Standards and any other matters the quality reviewer(s) considers relevant.

Term	Description
PCI	Plan for continuous improvement
Plan for continuous improvement	A document that lists the actions a provider will undertake to address any corrective action (including unmet requirements) and opportunities for improvement. The plan for continuous improvement sets out the processes for implementing and evaluating necessary actions.
Policies	Statements of intent, providing guidance related to expected standards to be achieved, based on regulatory and contemporary practice. Policies should describe what is done and why it is done a specific way.
Procedures	Guiding steps for the action to be taken to implement a policy. Procedures explain how to perform activities or tasks, specifying who does what and when and with what equipment or tools.
Process	The steps, people and materials required to complete an activity or task.
Prospective service user	A person who has made an enquiry regarding receiving services and/or is considering receiving services or care from a provider.
Provider	An organisation funded or approved to provide services under one or more of the Australian Government programs.
Quality review	The process of reviewing the quality of services delivered against the Quality Standards. The process includes notification of a quality review, Self-assessment, a site visit, an Interim quality review report, a Plan for continuous improvement and if applicable a timetable for improvement and/or monitoring/follow-up activities.
Quality review decision maker	Quality review decision-makers are senior staff appointed by the Chief Executive Officer and trained to make decisions. Quality review teams do not make quality review decisions.
Quality review team leader	The quality review team member responsible for the coordination of the quality review and contact person for the provider.
Quality reviewer	A member of the staff of the Australian Aged Care Quality Agency to whom powers or functions of the CEO of the Australian Aged Care Quality Agency in relation to the quality review of services have been delegated under 54 (1) of the *Australian Aged Care Quality Agency Act 2013.*
Representative	An individual acting on a care recipient's behalf at the request of the care recipient and with the care recipient's permission.
Review	The process of ensuring that service provision is responsive to the service user's current and emerging needs.
Stakeholder	Any person or organisation that the provider is involved with, including other providers; care recipients, their carer's and/or families; government departments; suppliers; the local community
Timeframe	A period of time during which something occurs or is expected to occur.